

SELF-ESTEEM AND ABUSED ELDERLY WOMEN

BY

JACQUELINE SWEIDEN

A Thesis  
Submitted to the Faculty of Graduate Studies  
in Partial Fulfillment of the Requirements  
for the Degree of

MASTER OF ARTS

Department of Sociology  
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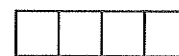
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SELF-ESTEEM AND ABUSED ELDERLY WOMEN

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A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements for the degree of

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## ABSTRACT

To date, the primary focus of research on elder abuse has been on definitional problems, risk factors and theories of causality, the prevalence and types of abuse, abuser and victim profiles, and the efficacy of various intervention approaches. Relatively little research has focused on the effects of elder abuse on its victims in terms of self-esteem issues. Most of the available literature on this topic has been extrapolated from wife abuse and child abuse literature. However, to draw excessive parallels between victims of elder abuse and victims of other forms of family violence, in the absence of data specific to the abused elderly, may be to overlook the unique situation of the abused elderly.

The research presented here uses data from qualitative interviews with twenty abused women, ages sixty to eighty-four. Eleven of the women had been abused by their spouse and nine had been abused by an adult child. The impact of abuse on the self-esteem of these women and their use of four coping strategies are examined. These strategies include attribution to self, psychological centrality, reflected appraisal, and social comparison. The existence of a relationship between the impact of abuse and the use of strategies is also explored.

Results indicate that low self-esteem is not necessarily characteristic of abused elderly women. The women abused by their spouses had begun a process of restoration of their self-esteem which had been eroded as a result of the abuse. The self-esteem of the women abused by their adult children, however, did not appear to have been eroded as a result of the abuse. Possible reasons for these differences are explored, as well as the differences which were found to occur in the relationship between the impact of abuse and the women's use of the four coping strategies. Implications for future research are discussed.

## ACKNOWLEDGMENTS

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The assistance and encouragement of the staff of the Elder Abuse Resource Centre -- Penny Yellen, Suzanne Belisle, Maria Wasylkewich, and Betty Chartrand -- was invaluable. My friends, both near and far, provided me with moral support and helped me keep things in perspective. I am grateful to Ron Krug, who provided much-needed technical assistance. A special 'Thank You' goes to the women I interviewed. Their generosity of time, and the courage to share their stories with me made this thesis possible.

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## CHAPTER ONE

### INTRODUCTION

In recent decades the illusion of the family as "... an oasis of love and caring" (Steinmetz, 1988:31) has gradually been shattered. Contributing to the demise of this illusion is the reality of domestic violence. The sixties brought an awareness of child abuse and the seventies focused attention on wife abuse. Now, a 'new' form of family violence, elder abuse, has come to public awareness (Schlesinger, 1988).

Yet elder abuse is not a new phenomenon (Steinmetz, 1988). Instead, as has been the case with other forms of domestic violence, "... elder abuse has suffered from selective inattention -- a mechanism by which we simply choose to overlook that which we find upsetting" (Steinmetz, 1988:31). Until recently, therefore, elder abuse has been ignored and recognition of it as a social problem has been slow. Throughout the last decade, however, both public awareness of elder abuse and interest in it as a research topic have flourished to the point that it can no longer be ignored. As Kosberg (1988: 43) states

... the 1980s have certainly been the decade devoted to elder abuse. Since the latter part of the 1970s to the present, researchers, academicians, professionals in applied settings, and policy-makers at all levels of government have given increasing attention to elder abuse.

According to Quinn and Tomita (1986), the 'first wave' of research into the subject of elder abuse was undertaken in the late 1970s and early 1980s. These groundbreaking studies focused primarily on the victims in an attempt to formulate a composite 'profile of the abused,' and paved the way for a 'second wave' of

research in the middle to late 1980s. Many of these later studies examined characteristics of the abusers, substantiated earlier claims of the prevalence of elder abuse, and began to generate new theories to explain its occurrence. As a result, the growing body of literature in this area now includes numerous theoretical explanations for the existence of an abusive relationship between an elder and members of his/her family, as well as discussions of definitional dilemmas, the incidence and types of abuse, abuser and victim profiles, risk factors, and the efficacy of various intervention approaches (Anetzberger, 1987; Kosberg, 1988; Pillemer 1985; Pillemer, 1986; Pillemer and Finkelhor, 1988 and 1989; Steinmetz, 1988; Wolf, 1986; Wolf and Pillemer, 1989).

Throughout the existing literature, however, relatively little attention has been given to the effects of elder abuse on its victims in terms of self-esteem. Most of the available literature on this topic has been extrapolated from the literature on wife abuse and child abuse. Indeed, there are certain similarities between the situations of the abused elder and the abused wife and child. However, to draw excessive parallels between elder abuse and other forms of family violence can be limiting. It is only through information collected from the abused elderly themselves that their unique needs can best be served (Pillemer, 1986).

The research presented here focuses on issues related to self-esteem and the abused elderly. Specifically, three research questions are addressed: 1) What, if any, impact does being the victim of elder abuse have on self-esteem? 2) What strategies do abused elderly women employ for protection of their self-esteem? 3) What, if any, relationship exists between the impact of abuse and the strategies employed by abused elderly women for protection of their self-esteem?

The research begins with a review of the existing literature on elder abuse, focusing on definitions, prevalence in Canada, and the various theoretical explanations for elder abuse which have been offered. Owing to the relative

absence of literature on the topic of self-esteem and elder abuse, an examination of the literature on self-esteem and battered women is presented next. Then, issues related to the aging self, including those strategies which elderly individuals use to negotiate their sense of self or self-esteem are examined. This is followed by a discussion of symbolic interactionism as a theoretical framework from which to examine issues of self-esteem. Then, the qualitative methodology used for the research is outlined, including a description of the sampling procedure, sample characteristics, and data collection and analysis. This is followed by the findings, which are reported separately for women abused by their spouses and those abused by an adult child. The concluding chapter provides a summary of the findings, as well as a discussion of the limitations of the research and implications for future research.

## CHAPTER TWO

### REVIEW OF THE LITERATURE

Three bodies of literature are relevant to an investigation of self-esteem and the abused elderly. First is the literature on elder abuse, which highlights the definition, prevalence, and explanations for the existence of an abusive relationship. There is also the literature on self-esteem and battered women, which offers insight into the effect of an abusive relationship on the self-esteem of its victim. Then, there is the literature which addresses the strategies by which the elderly actively construct their sense of self in the face of threats to it. Each of these bodies of literature are reviewed here, showing the relationship of each to issues of self-esteem and the abused elderly. Attention turns first to the literature on elder abuse.

#### WHAT CONSTITUTES ELDER ABUSE?

It has been suggested that one of the greatest obstacles to a clear understanding of elder abuse is the confusion arising from the use of varying definitions (Pedrick-Cornell and Gelles, 1982). Although definitions of elder abuse abound, some differentiate between abuse and neglect, while others do not; still others distinguish between passive neglect and active neglect. For example, Health and Welfare Canada (1986) defines elder abuse and elder neglect as follows:

Elder Abuse: may include the infliction of physical injury, restraint, financial exploitation, threats, ridicule, insult or humiliation, forced isolation (physical or social), or forced change in living arrangement.

Elder Neglect: is the refusal or failure to care for the older person whether intentional or unintentional (i.e., laziness or inadequate knowledge). This could include abandonment, withholding or non-

provision of food, health care, companionship or assistance (Health and Welfare Canada, 1986).

Much of the early literature defined elder abuse in such a way as to include the aspect of neglect. One such definition frequently cited in the Canadian literature on elder abuse is that given by Shell (1982) in her report on elder abuse in Manitoba. She defines abuse as

... any act of commission or omission which results in harm to the elderly individual and is not restricted to physical harm but rather includes financial, psychological, and social abuse (Shell, 1982: 1).

More recently, researchers have emphasized the need to define elder abuse in terms of each of the dimensions of which it is comprised. Again, variations occur. However, certain dimensions upon which there appears to be the greatest degree of consensus have been identified and defined as follows:

1. Physical abuse: the infliction of physical pain or injury by means of physical assault or coercion, including sexual abuse;
2. Psychological (emotional) abuse: provoking the fear of violence or isolation, including verbal abuse, humiliation, intimidation, derogation, infantilization, and any other act which diminishes the individual's sense of dignity or self-worth;
3. Material (financial) abuse: the illegal or improper use of funds or other resources, including theft, embezzlement, or withholding or misuse of funds;
4. Neglect (active or passive): intentional or unintentional failure or refusal to fulfill a caregiving role, such as denial of food, medication, or other aspects of health care and maintenance (Podnieks and Pillemer, 1990; Wolf and Pillemer, 1989; Shell, 1982).

## PREVALENCE OF ELDER ABUSE IN CANADA

Prior to 1990, estimates of the prevalence of elder abuse in Canada were based largely on studies done in the United States which indicated that 4 percent of the population over age sixty-five were victims of abuse (Pillemer and Finkelhor, 1988). It was not until 1990 that national Canadian data became available. The National Survey on Abuse of the Elderly in Canada (Podnieks and Pillemer, 1990) involved a telephone survey of two thousand Canadians over the age of sixty-five living in private households. The objectives of the study were to identify the prevalence and the circumstances of abuse of the elderly population in Canada (Podnieks and Pillemer, 1990).

The study revealed that 4 percent of all elderly persons living in private dwellings in Canada had experienced some form of abuse or neglect. Using figures from the 1986 Census, Podnieks and Pillemer (1990) translate this into 100,000 elderly Canadians. The study also indicated that of the four categories of abuse, material abuse is the most widespread, with a prevalence rate of 2.5 percent. Chronic verbal aggression (psychological abuse) was identified as the second most common form of abuse, affecting 1.4 percent of the elderly population; physical violence was next, affecting 0.5 percent. Neglect was identified as the least common form of maltreatment, with a prevalence rate of 0.4 percent. It was also revealed that almost 19 percent of victims of elder abuse, or approximately 19,000 elderly Canadians, are victims of multiple forms of abuse; that is, they suffer from more than one form of maltreatment (Podnieks and Pillemer, 1990).

It has been suggested that these figures may represent only the tip of the iceberg. Certain difficulties are often associated with the investigation of elder abuse. These include conceptual problems, such as in the definition of elder abuse, and the methodological difficulties of locating and gaining access to victims, and the reluctance of victims to speak about their abuse. Such difficulties may preclude

a precise representation of the magnitude and scope of the problem of elder abuse (McDonald et al., 1991).

### THEORETICAL EXPLANATIONS FOR ELDER ABUSE

To date, many theoretical explanations for elder abuse have been suggested. However, few have been rigorously tested and much debate exists as to the ability of any one of them to adequately account for the existence of elder abuse. Indeed, Phillips (1986) aptly describes the situation, stating

When social phenomena have long traditions in society and short scientific histories, the initial theories derived to explain their existence are often blends of tradition, social myth, conventional wisdom, folklore, and the best fit that theoreticians and clinicians can make with the existing scientific knowledge at the time. In the search for remedies, assumptions are made and concepts are borrowed from other areas; some fit, but many do not. Such has been the case with elder abuse (Phillips, 1986: 107).

While recognizing these limitations, an overview of theoretical explanations for elder abuse is presented. Although these explanations do not directly address issues of self-esteem, they are relevant. Many of the situational characteristics discussed in relation to these explanations also appear in the literature on battered women and self-esteem. Thus, these explanations provide a link between elder abuse and battered women; as such, they shed light on issues of self-esteem in the abused elderly. The theoretical explanations for elder abuse presented here include theories of intergenerational transmission of violent behavior, intra-individual dynamics, external stress, social isolation, dependency of an elder, and dependency of the abuser.

### Intergenerational Transmission of Violent Behaviour

This explanation for elder abuse is based on social learning theory which posits that violence is a learned response. According to social learning theory, a child learns to be violent in the family setting through the experience of having a violent parent as a role model (Pillemer, 1986). A child who witnesses violence towards others in the home, or one who is a victim of it, learns that violence is a normative response to frustration, anger, or other stresses. As an adult, the individual relies on this learned behaviour in similar situations and responds with violence or other abusive behaviour. This theory is widely used as an explanatory model for the 'cycle of violence' associated with child abuse.

The concept of a 'cycle of violence' suggests that abused children grow up to become child abusers. Considerable support for this concept is found in the child abuse literature. Most notably, a national survey on family violence by Straus and colleagues (1980) found that physical punishment at the hands of either parent was positively associated with violence toward one's own children, and that children who had been exposed to their fathers' violent behaviour toward their mothers had a higher rate of violence toward their own children. The argument in favour of a 'cycle of violence' in child abuse is further strengthened by the finding by Owens and Straus (1975) that being exposed to violence as a child correlates with a general approval of violence as an adult.

While there is a widespread belief that children who are abused grow up to abuse their parents in old age, recent research findings generally disagree with this position. The work reported by Pillemer (1986), Wolf (1986), Wolf and Pillemer (1989), and Godkin et al. (1989) found no evidence to support the premise that abusers of the elderly had themselves been victims of child abuse. Nevertheless, it has been suggested that such findings need not be the final word.

Both Pillemer (1986) and Wolf (1986) agree that although the 'cycle of violence' may not be a cause per se of elder abuse, it is likely one of several contributing factors. The degree to which it contributes, however, is still uncertain. On the basis of its ability to explain child abuse, Wolf (1986) suggests that the role of a 'cycle of violence' in elder abuse continue to be investigated. Further research is needed that specifically explores the connection between having been abused as a child and being an abuser of an elder.

### Intra-Individual Dynamics

Theories of intra-individual dynamics attribute abusive behaviour to any number of personality problems or pathological characteristics of the abuser. Developmental disabilities, mental retardation, mental illness, substance abuse, and psychological or emotional problems have all been identified (Pillemer, 1986; Anetzberger, 1987).

Throughout the literature on family violence, support has been indicated for individual psychopathology as an explanation for both child and spouse abuse, albeit not without criticism. Gelles (1974) argues that studies which claimed such support did not test hypotheses; rather, they offered after-the-fact explanations for deviant behaviour that had already occurred. He also maintains that the proponents of intra-individual theories fail to agree upon and are unable to identify the specific traits which characterize abusers (Anetzberger, 1987). In the face of such criticism, researchers in child and spouse abuse are now increasingly less likely to attribute family violence to the psychological state of the abuser (Pillemer, 1986).

However, Pillemer (1986) suggests that abusers of the elderly may, in fact, have psychological problems. This assertion is borne out by numerous studies using control groups of non-abused elders and interviews with elderly victims in order to examine the incidence of mental and emotional problems of abusers. For

example, Wolf and Pillemer (1989) found that abused elders were much more likely to report psychological or emotional disturbances on the part of their caregivers or relatives than were non-abused elders. More specifically, 79 percent of the abused elderly reported that their relative had some degree of mental or emotional problems; only 24 percent of the controls reported such problems. Relatives of the abused elderly (36 percent) were also considerably more likely to have been hospitalized in a psychiatric institution than were those of the control group (7 percent) (Wolf and Pillemer, 1989).

A study by Godkin et al. (1989) concurred with these findings. In their sample, 41 percent of abusive family members had a history of mental or emotional illness and 46 percent had suffered a decline in their mental health prior to the abuse. Among family members in the non-abuse sample, only 5 percent had a history of mental illness and only 5 percent had suffered a decline in mental health (Godkin et al., 1989).

Support for a relationship between alcohol abuse and abusive behaviour towards an elder has also been found. Forty-five percent of the abused elders in Wolf and Pillemer's (1989) study reported alcohol abuse by their relatives compared to only 7 percent in the control group. Godkin et al. (1989) found that alcohol abuse by relatives occurred in one-third of the cases in the abused group; it did not occur at all in the comparison group.

These findings suggest that the psychological status of the abuser is an important factor in explaining elder abuse. However, in light of the tendency to discount individual psychopathology in instances of child and spouse abuse, the question still remains -- in what way do abusers of the elderly differ from perpetrators of other forms of domestic violence, who have not consistently been found to be more mentally or emotionally impaired? One explanation, offered by Pillemer and Wolf (1989), is that abusive behaviour towards an elder is a stronger

violation of normative behaviour than either child or spouse abuse. Thus, a greater degree of psychopathology may exist among elder abusers, since they engage in a more deviant behaviour than other abusers (Wolf and Pillemer, 1989).

Aside from being highly controversial and speculative, this explanation remains untested. It begs for further exploration of elder abuse with a focus on the role of abuser psychopathology. However, this focus need not have the overtone of labeling the perpetrators of abuse as "villains." It may simply mean that caregiving responsibility has fallen into the wrong hands. It is only through further research that more light will be shed on this issue (Wolf and Pillemer, 1989).

#### External Stress

As used in the family violence literature, external stress refers to stress experienced by the abuser other than that arising from his/her interpersonal relationship with the victim. It includes stress related to marital conflict, economic difficulties and unemployment, as well as life-cycle stresses such as the death of a spouse, divorce or marriage, and the birth or death of a child. It does not include the stresses said to be associated with giving care to a dependent elder.

Although a positive relationship has been found by numerous investigators between these stresses and both child and spouse abuse, no such relationship has been found to exist as an explanation for elder abuse (Pillemer, 1986). In their comparison of abused and non-abused elders, Wolf and Pillemer (1989) found no significant differences between the two groups with regards to stresses external to the abusive relationship. It was only with respect to those stresses resulting directly from the relationship, such as an arrest of the abuser for violent behaviour, where differences were found. Other life stresses -- unemployment, financial problems or divorce, for example -- were no more prevalent in the abused group than in the control group.

Similarly, Godkin et al. (1989) found no significant differences between the abused and comparison groups with respect to death, divorce or financial problems of the abuser. They did find, however, that nearly two-thirds (60 percent) of the abusive relatives had experienced recent changes in their family relationships and that two-fifths (41 percent) had undergone changes in their living arrangements prior to the onset of abuse. For relatives in non-abusive relationships, the figures were 15 percent and 0 percent, respectively (Godkin et al., 1989). While these findings may appear contradictory to those reported by Wolf and Pillemer (1989) above, they are not necessarily. Changes in family relationships and in living arrangements may be integral to an abusive relationship.

It has been suggested that although certain dimensions of external stress may appear in situations of elder abuse, they are more likely to exacerbate an already abusive situation than to cause it directly. Indeed, there is general consensus throughout the recent literature that external stress alone cannot explain elder abuse; other predisposing factors must exist. By itself, external stress does not account for why some relationships become abusive and others do not (Pillemer, 1986; Wolf, 1986; Godkin et al., 1989).

### Social Isolation

Social isolation refers to the lack of regular contact with individuals outside the home who may be a source of support and assistance. Social isolation is widely recognized as being a contributing factor to family violence. It is well documented in the family violence literature that social isolation is characteristic of families and/or abusers in cases of child abuse and spouse abuse (Anetzberger, 1987; Godkin et al., 1989). The existence of a social support network has been found to be an important moderator of life stress and a mechanism through which family tensions may be diffused and, thus, prevented from rising to levels that may

precipitate abuse. In addition, frequent contact with others outside the home makes it more difficult to hide an abusive relationship (Pillemer, 1986; Wolf and Pillemer, 1989).

On this basis, investigators of elder abuse have hypothesized that abused elders are likely to be more socially isolated than non-abused elders. Godkin et al. (1989) found that almost 19 percent of the abused elderly in their study had no social contacts and over one-third (36 percent) had suffered recent losses in their support system. In the comparison group, only 6 percent were without social contacts and 4 percent had suffered recent losses in their support system (Godkin et al., 1989).

Wolf and Pillemer (1989) reported that the abused elderly in their study had fewer contacts outside the home and found their social situations to be less satisfactory than the control group. Yet no significant differences were found between the two groups on the availability of help if needed. In concluding that the abused elderly appeared more isolated than the non-abused, they suggest that the critical variable may be the degree to which outsiders are involved in a home where abuse occurs. The greater this involvement, the less easily a relative can be abusive without incurring negative sanctions (Wolf and Pillemer, 1989).

While these findings indicate a positive relationship between social isolation and elder abuse, they do not show that isolation causes abuse. In fact, isolation may be the result of abuse. In order to avoid detection, the abuser may limit the victim's social contacts or, alternatively, the victim may prefer to remain secluded. In either situation, there is a cyclical effect. Those who may be able to offer some support to the victim are prevented the opportunity of doing so, allowing the abuse to continue, if not worsen; this leads to further isolation of the victim (Wolf and Pillemer, 1989).

In light of the above, social isolation cannot be upheld as a causal explanation for elder abuse. However, as with other forms of family violence, social isolation is characteristic of elder abuse and may contribute to the worsening of an abusive situation.

### Dependency of an Elder

Perhaps the most commonly held belief about elder abuse is that it occurs as a result of the increasing dependence of an elder on a caregiver. A growing body of gerontological research indicates that much of the care and assistance required by the impaired elderly in order to remain living in the community is provided by family members. This may take the form of providing a place to live, help with self-care, financial support, or emotional support (Connidis, 1989). Based on investigations into the stress associated with the demands of providing such care, many researchers have concluded that the growing dependency of an elderly person increases the likelihood of abuse occurring (Pillemer, 1985). Thus, the elder's dependency is seen as the cause of the caregiver's abusive behaviour.

In agreeing with this position, Steinmetz (in Pillemer, 1985) maintains that with parents' advancing age, families undergo 'generational inversion', in which elderly parents become increasingly dependent on their offspring for financial, physical, and emotional support. As this dependency increases, so, too, does the potential for abuse. The caregiver, who resents the elder's dependency, feels trapped and responds by being abusive towards the elderly parent.

In this regard, abuse of the elderly has been likened to child abuse. Davidson (1979) contends that a child is abused by parents who, because of their own lack of needs satisfaction, resent the child's dependency. By the same token, she suggests, adult children who assume a caretaking role to parents may become

abusive as a result of their own lack of needs satisfaction and the ensuing resentment of their parents' dependency (Davidson, 1979).

A persuasive argument for the position that abuse is a consequence of an elder's dependency has been made on the basis of exchange theory. According to Dowd (1975), the partner in an exchange relationship who is less dependent on that exchange for gratification of needs holds a power advantage. This advantage can be used to make the exchange partner comply with one's own wishes. As applied to elder abuse, then, abusive behaviour is explained as the result of a power advantage which the abuser wields over an impaired and dependent elder who is unable to retaliate.

Initially, this explanation for elder abuse received much support. It paralleled certain aspects of the theories of intrafamily violence used to explain child and wife abuse, and appeared to be supported by empirical data. In addition, its basic premise adapts well to a framework for intervention which calls for the provision of services to alleviate the elder's dependency and the caregiver's stress. Recently, however, the rationale for this explanation of elder abuse has been challenged.

On a theoretical level, questions have arisen with reference to the power advantage of the abuser in the exchange relationship. If one person holds power over another in a relationship by virtue of his/her position of being the least dependent on that relationship, then why would abuse, particularly physical abuse, be necessary? If the elder is severely dependent, the caregiver should have resources other than abusive behaviour at his/her disposal (Pillemer, 1985).

On an empirical level, this explanation of elder abuse has been criticized on the grounds that it does not explain why some dependent elderly are abused by their family members and others are not; abuse occurs in only a small proportion of families who assume caregiving responsibilities for their elders. Thus, no direct

correlation between an elder's dependency and the existence of an abusive relationship with a caregiver can be assumed (Pillemer, 1985). On the basis of these criticisms, it has been suggested that "... this form of dependency does not provide an adequate explanation of elder abuse" (Pillemer, 1985: 147).

### Dependency of the Abuser

As an alternative to the explanation that elder abuse occurs as a result of an elder's dependency on a caregiver, Pillemer and Finkelhor (1989) argue that a situation of 'reverse dependency' exists. They maintain that the abuse does not occur as a result of the dependency of an elder on a caregiving relative; rather, it is the dependency of the relative on the elder which results in the abusive behaviour.

A theoretical basis for this explanation can be found in exchange theory. Exchange theory posits that interaction between individuals involves exchanges through which the individuals seek to maximize rewards (benefits) and minimize punishments (costs). The exchanges occur according to the law of distributive justice, which refers to a perceived balance of the costs and benefits of the interaction. This law is violated when an individual perceives an imbalance in the exchange due to differential access to resources, such as money, status, the ability to provide instrumental services, or personal attributes. This perceived imbalance translates into a perception of powerlessness within the relationship (Phillips, 1986). Feeling powerless and lacking other resources with which to restore power, the individual resorts to abuse as a means of compensating for the perceived lack of power (Finkelhor, 1983).

Pillemer and Finkelhor's (1989) hypothesis that elder abuse occurs as a result of 'reverse dependency' can be explained within this framework. The dependency of a relative on his/her elder for financial or other support leads to feelings of extreme inadequacy and powerlessness. Such feelings on the part of an

adult may be particularly acute because they so strongly violate society's expectations for normal adult behavior (Pillemer and Finkelhor, 1989). In this context, the relative becomes abusive. He/she wishes to restore the power or to punish the person perceived as responsible for the powerlessness. Since there are few, if any, alternate resources available with which to do so, he/she responds with abuse.

Support for this argument is found in Pillemer's (1985) case-control study of abused elderly. His analysis showed that the abused elderly were no more functionally impaired than the control group. However, he found that the majority of the abusers were dependent on their victims; 64 percent were financially dependent on their victims and 55 percent were dependent for housing. In the control group, financial dependence was reported by only 38 percent and housing dependence was reported by 30 percent. The abusers included spouses and children who were disabled, cognitively impaired, or mentally ill (Pillemer, 1985).

These findings were corroborated by Pillemer and Finkelhor (1989). Again, the abused elderly were found to be no more functionally disabled or dependent on a caregiver than were the non-abused. The abusive relatives, on the other hand, were found to be substantially more dependent on the elderly they abused than were the relatives in the control group, particularly in the areas of financial support, housing, and housekeeping. Thus, it was concluded that elder abuse is not a manifestation of the victim's dependency needs, but of the abuser's (Pillemer and Finkelhor, 1989).

This interpretation runs contrary to the conventional one which says that elder abuse results from caregiver stress arising from the dependency of the elder. However, it appears to be gaining strength as research into the factors associated with elder abuse provides increasing empirical support for it (Greenberg et al., 1990).

This brief review of the literature on elder abuse provides a background for an exploration of issues of self-esteem and the abused elderly. What is noticeably absent from this literature, however, is specific reference to self-esteem. Although there is some mention throughout the literature on elder abuse that, as with battered women, the abused elderly suffer from low self-esteem, studies which specifically investigate this are few. Therefore, it is necessary to examine the literature on self-esteem and battered women, as well as the literature that deals with the management of self in old age. Attention turns first to self-esteem among battered women.

#### BATTERED WOMEN AND SELF-ESTEEM

According to the literature on victimization, a number of personal assumptions on which individuals operate are shattered by the experience of victimization. One of those assumptions is the view of oneself in a positive light (Janoff-Bulman and Frieze, 1983). The family violence literature concurs with this, indicating that all victims of family violence suffer from diminished self-esteem (Pagelow, 1984). Studies of battered women, specifically, reveal that the experience of being battered has a negative effect on the victims' self-esteem. As a consequence, battered women exhibit low self-esteem. The more severe the abuse and the longer it persists, the poorer is the victim's self-esteem (Walker, 1979; Mills, 1984; Sinclair, 1985; Trimpey, 1989; Hoff, 1990).

Walker (1979) offers one explanation for this. She says that women in abusive relationships are subjected to repeated psychological as well as physical abuse. The abusive partner may accuse her of infidelity, or make threats against her life. He may question her intelligence, her competence as a wife, mother, or wage-earner, and stress her inferiority in the relationship. Eventually, she begins to

incorporate his judgements into her own, thereby diminishing her own sense of self-worth. Pagelow (1984) agrees with this assessment of the process by which self-esteem is eroded, saying

When a woman has been told often enough that she is worthless, ugly, stupid, and sexually unsatisfactory by the man she married and loved ... she comes to accept it as her self-image (Pagelow, 1984: 81).

Trimpey (1989) maintains that low self-esteem among battered women is part of a stress-response syndrome that also includes fear, depression, and anxiety. Mills (1984) adds passivity and guilt, and claims that all of these characteristics are related to self-esteem. Indeed, there is compelling evidence that the low self-esteem of battered women results from, or is at least associated with, certain other characteristics.

The first of these characteristics is the women's perception of powerlessness in the relationship. Hoff (1990) found that the battered women she interviewed perceived themselves as being in a powerless position with respect to their abusive partners. Their sense of powerlessness may lead them to feel a lack of control over their situation and to believe that nothing they do will change the situation. This may lead to a chronic feeling of helplessness regarding the situation (Sinclair, 1985). Walker (1979) describes this as 'learned helplessness'. Similarly, the abused elderly may perceive themselves to be in a position of powerlessness in relation to their abuser. As a result, they tend to defer to the wishes of their abuser, whom they see as being in control of their situation (Kosberg, 1988).

A second characteristic deals with internalization of blame for the abuse. It appears that it is not uncommon for the battered wife to believe that she is to blame for the beatings she receives. She may believe that she provokes the

violence, no matter how severe or arbitrary it may be, or that she deserves to be beaten because she did something wrong or because she is not a good wife. She may see herself as having failed in the relationship (Sinclair, 1985). Such is also commonly the case with victims of elder abuse. They may believe that they deserve the abuse as a result of deficiencies in the relationship in the past, particularly if the abuser is an adult child, or because their need for assistance is a burden on the abuser (Kosberg, 1988).

A third characteristic of battered women is that they tend to harbor feelings of shame at being abused by their 'chosen' mates -- the men they love and the father of their children (Hoff, 1990). The shame they feel may motivate them to keep silent about the violence which, in turn, protects their abusive partners from detection and from outside intervention (Sinclair, 1985; Finkelhor, 1983). Victims of elder abuse also tend to feel ashamed and they, too, may remain silent because of it. If they are being abused by a child, the shame and humiliation they may feel at being abused by someone they have raised and cared for may be particularly acute (Kosberg, 1988).

Fourth, battered women tend to perceive themselves as being dependent on their abuser, whether the dependence is real or not. Battered women frequently express a lack of confidence in their ability to 'make it' without a man. By leaving an abusive situation, they will be on their own to cope with the problems of child care, the economic reality of being a single parent, the search for alternate housing, as well as having to guard their personal safety. Many women fear leaving a situation which, although harmful, may be perceived as being better than the alternatives simply because it is a known situation (Hoff, 1990). By staying in an abusive relationship, a woman "... is at least dealing with a known entity ... compared to the many unknowns she may face if she leaves" (Hoff, 1990:47). In terms of elder abuse, most victims are not necessarily dependent on their abuser.

Nonetheless, many tend to perceive themselves as being so, particularly if they live with their abuser. Their fear of being 'put out on the street' or into an institution may keep them quiet about the abusive relationship, which ultimately helps to perpetuate it (Kosberg, 1988).

One further characteristic of the situation of battered women is that of isolation. An abused woman tends to become isolated both socially and emotionally. Her shame, embarrassment and guilt over the situation may keep her quiet about the abuse. She may be terrified of reprisals from her partner if he finds out that she has told anyone, or she may be convinced that people will believe it is her fault. The physical evidence of the battering may keep her at a distance from others; friends and relatives may be alienated by the purposely obnoxious or irritating behaviour of her spouse. If she does attempt to seek help, her partner may sabotage her attempts (NiCarthy, 1982). To this, Sinclair (1985) adds:

Her social isolation limits the opportunities for realistic feedback that might modify her perceptions of her situation. Her loneliness then serves to increase her dependence on her partner, the very person who promotes the isolation. The cycle is complete. She is forced to accept his definition of her value as a person (Sinclair, 1985: 32).

This is not unlike the situation of the abused elderly. They, too, may remain isolated from friends and relatives as a result of being in an abusive situation (Wolf and Pillemer, 1989).

There is also evidence indicating that the lack of self-esteem among battered women may be compounded by a deficiency in coping skills (Finn, 1985; Sinclair, 1985). Finn (1985) studied the stresses and coping behaviours of battered women. He found that in response to being battered, women experience stresses

from a variety of sources, but that they are deficient in the coping skills necessary to deal with those stresses. His findings suggest that

... they [battered women] are less likely than the general female population to utilize active, problem solving behaviors, and more likely to use passive strategies when dealing with problem situations. The battered women tended not to meet problems "head on" and work towards solutions ... Thus the kinds of coping strategies used by the battered women are the least likely to alter their circumstances (Finn, 1985: 346).

According to Johnson and Ferraro (1991), however, some battered women are able to alter their circumstances. They do so by developing a victimized self -- a sense of self that emerges as a result of experiencing repeated abuse.

Johnson and Ferraro (1991) report that battered women often respond to their situations by adopting a set of rationalizations and belief systems that allow them to maintain the feeling of being in a good, or at least an acceptable marriage. These may include denial of the abuse, blaming themselves for the abuse, or blaming external forces, such as their spouses' unemployment, alcoholism, or mental illness. They use these rationalizations "... to make sense of their feelings, to make rational what might otherwise be seen as irrational" (Johnson and Ferraro, 1991: 662).

For many battered women, these rationalizations continue through a lifetime of abuse. They live their entire lives experiencing abuse from their spouses, but do not develop a victimized self. Others, however, reach a point when the abuse is no longer rationalized. Once this turning point is reached, a reinterpretation of the abuse takes place.

What had been rationalized as acceptable is recast as dangerous, malicious, perhaps life-threatening ... events that previously had

been defined as acceptable, although unpleasant, aspects of the relationship begin to take on new meanings. Violence, which had been rationalized as either insignificant in its consequence, beyond the abuser's control, or necessary to the relationship ... is now redefined as abuse or battering (Johnson and Ferraro, 1991: 662-663).

A new sense of self, organized around the experience of victimization, then emerges in order to accommodate this redefinition. This victimized self involves feelings of being exploited, and a new interpretation of the causes and consequences of this exploitation (Johnson and Ferraro, 1991).

This process of redefinition may result from progressive and gradual realizations on the woman's part or it may be triggered by dramatic events or crises which act as catalysts to it. One such catalyst may be a sudden change in the severity of the violence, which causes the woman to realize that her life may be in danger. Another may be an increase in the visibility of the violence. Violence witnessed by others, especially by those who are highly regarded by the victim, is less easily rationalized than violence which occurs in private. A third catalyst may be a change in the resources available to the woman. Roy (1979) found that the most common reason given for remaining in an abusive marriage was having nowhere else to go. Thus, the availability of a shelter may trigger the redefinition process; so, too, may securing a job or having the last child leave home. Changes in the abusive relationship itself may also act as a catalyst. Walker (1979) notes that violent incidents are usually followed by periods of remorse and thoughtfulness on the part of the abuser. As the relationship progresses, however, these periods may become shorter, less frequent, or disappear altogether, leading to the loss of hope that things will improve. Any or all of these may serve to foster the emergence of a sense of victimization (Johnson and Ferraro, 1991).

Initially, the victimized self is all consuming. It tends to override all other aspects of the self and become the perspective by which all other aspects of life are interpreted. Once women develop a victimized self, they become motivated to do something about their situation. They may become sufficiently motivated to leave the abusive relationship or they may remain in the relationship, but with a renewed and realistic determination to make changes. Either way, they take steps towards rebuilding their lives. Such actions are likely to have the effect of causing the disintegration of their sense of victimization (Johnson and Ferraro, 1991).

For those who do effect a change in their situation, then, the victimized self tends to dissolve over time and be replaced with a renewed sense of self and a more positive sense of self-esteem. Thus, for most women, the victimized self tends to be temporary (Johnson and Ferraro, 1991). However, the sense of victimization felt by battered women may never disappear altogether. "For all who experience it, it becomes incorporated into an individual's biography as lived experience" (Johnson and Ferraro, 1991: 663).

The extent to which the phenomenon of the victimized self occurs among abused elderly women is not well documented. Whether they, too, reach a turning point in their abusive relationships and whether they experience changes in their self-esteem, such as those described by Johnson and Ferraro (1991), remains relatively unexplored. To explore these issues requires an investigation of self-esteem from a life course perspective and an examination of changes which occur in self-esteem over time.

Issues of self-esteem among abused elderly women were addressed by Podnieks (1992) in follow-up interviews with twenty-eight female respondents from the National Survey on Abuse of the Elderly in Canada (Podnieks and Pillemer, 1990). She found that the abused elderly women she interviewed "...

were anything but powerless or helpless" (Podnieks, 1992: 38); neither were they particularly lacking in self-esteem or coping strategies. Instead, she found that

... on reviewing the life experiences of these adults, it was abundantly clear that they had a realistic perspective on life and have been able to cope with "the hand dealt to them" -- even when this meant enduring mistreatment (Podnieks, 1992: 39).

However, these results regarding issues of self-esteem in abused elderly women should be interpreted with caution. The interviews covered many aspects of these women's lives; the focus was not specifically on issues of self-esteem in relation to elder abuse. Furthermore, as this study appears to be one of the very few to address the issue of self-esteem in the abused elderly, the conclusions drawn from it should not go unchallenged. It becomes evident, then, that further research is needed into the questions surrounding self-esteem and the abused elderly.

Attention now turns to another body of literature relevant to such research. As mentioned earlier, the literature on the management of self in old age will be examined.

### THE AGING SELF

Thus far, the literature on elder abuse and the literature on self-esteem and battered women have been examined for their contributions to an investigation of issues of self-esteem and the abused elderly. One final body of literature needs be explored; it deals with the strategies which elderly individuals use to negotiate their sense of self and their self-esteem. Attention now turns to that literature, which examines the motivations for an active, aging self and the processes through which the aging self is actively constructed.

Both self-esteem and self-concept are involved as part of these processes. Self-concept and self-esteem represent, respectively, the cognitive and affective dimensions of self. Self-concept refers to how one perceives and describes their self characteristics; that is, the description one would give of oneself as an object. Self-esteem refers to the judgements and evaluations one makes about one's characteristics (Breytspraak, 1984; George, 1980). Both of these concepts are integral to understanding the aging self in that they form the basis of motivations for an active self.

### MOTIVATIONS FOR AN ACTIVE SELF

People seek to create and maintain stable, coherent identities, and they prefer to evaluate their identities positively (Schwartz and Stryker in Rosenberg, 1979). This assertion translates into the two motives behind an individual's active self. The first one is the motive of self-esteem -- the desire to think positively of oneself; the second is the motive of self-consistency -- the wish to maintain a consistent image of oneself. Both these motives have strong emotional and behavioural consequences, since neither are satisfied passively. Individuals actively undertake to satisfy these motives in order to protect their selves (Rosenberg, 1979; Breytspraak, 1984).

### Self-esteem

High self-esteem is innately satisfying, and low self-esteem is not. Perhaps that explains why the drive to protect and enhance one's self-esteem is considered a major determinant of human thought and behaviour. It is suggested that those who have high self-esteem will likely employ strategies to enhance it. Those with a lower self-esteem will be concerned with maintaining a minimally satisfactory

level (Breytspraak, 1984). It has also been argued that the self-esteem motive is the dominant motive in an individual's motivational system (Rosenberg, 1979).

According to James (in Atchley, 1982) self-esteem results from the fit between one's ideal self (what we would like to be) and one's perceived actual self (what we think we are). He expressed the relationship as an equation in which he used the terms pretension and success to denote ideal self and actual self.

$$\text{Self-esteem} = \frac{\text{Success (perceived actual self)}}{\text{Pretensions (ideal self)}}$$

If this relationship holds true, then self-esteem can be raised either by increasing the numerator or by decreasing the denominator. In other words, self-esteem can be enhanced just as much by giving up pretensions (lowering one's standards of an ideal self) as by achievement of those standards (success). Either we lower our expectations of ourselves or we achieve more in order to improve our self-esteem (Breytspraak, 1984; Atchley, 1982).

Atchley (1982) suggests that the aging individual is more likely to do the former. It is, he says, the lowering of one's expectations (one's concept of the ideal self) which contributes significantly to the high self-esteem found in older people. He maintains that as individuals age, they reach a greater degree of self acceptance; the evaluation of one's ideal self comes more into line with that of one's actual self. Thus, the discrepancy between the ideal self and the actual self diminishes, and self-esteem is enhanced (Atchley, 1982).

It must be recognized, however, that there is a limit to how far one goes in reducing expectations. Competence also enters into James' equation in terms of successful achievement of goals. What is necessary, then, is to find a reasonable balance between competence (success) and pretensions (Breytspraak, 1984).

### Self-consistency

"Self-consistency refers to the motive to act in accordance with one's self-concept and to maintain it intact in the face of potentially challenging evidence" (Rosenberg, 1979: 57). People behave in a manner that is consistent with the image they have of themselves and interpret any experience contradictory to that image as a threat. Therefore, it is not uncommon for people to selectively perceive information, as it allows them to maintain what appears to them to be consistency, even if it is not; it is the perception of consistency that is most important (Rosenberg, 1979; Breyspraak, 1984). People need this perception of consistency, because without a stable image of one's self, they have little sense of direction and may become unable to act (Rosenberg, 1979; Breyspraak, 1984).

The self-consistency motive is manifested in behaviour which the individual perceives as being congruent with his/her self-concept and his/her perceptions of other persons' definitions of his/her behaviour (Secord and Backman, 1961). It is important to note here that while this behaviour is consistent with one's self-concept, it may be situation specific. That is, people behave differently in different situations and they may not recognize the inconsistencies in their behaviour. On that basis, Gergen (1968) argues for the possibility of multiple selves. Mischel (1971) qualifies his agreement by saying

... while what people *do* tends to be relatively situation specific, they categorize and conceptualize themselves fairly stably with dispositional terms and motives that go far beyond the information directly available from observation of behaviour (Mischel, 1971: 422).

According to Atchley (1982), the disposition towards self-consistency increases with age on three accounts. First, by the time we reach old age, we have

had ample time in which to discover our self in different situations and, thus, to develop a stable self-concept. Second, as one is divested of certain roles in old age, the potential for conflict among the various aspects of the self is reduced. Third, most adults age in an environment which is familiar to them. As a result, they have less of a need to discover a new self-concept and more of a desire to maintain a stable one (Atchley, 1982; Breyspraak, 1984).

That is not to imply that desire for self-consistency is not strong at younger ages. Both the self-consistency motive and the self-esteem motive play major roles in human thought, feeling, and behaviour at all stages of life (Rosenberg, 1979). This provides the basis for the argument that the self, even in old age, is always active and not just reactive (Breyspraak, 1984). It is in the process of satisfying these motives that the self is actively constructed.

### TOWARDS AN ACTIVE SELF

As stated earlier, the motives of self-esteem and self-consistency are not satisfied passively; active measures are taken. It is through the measures discussed here that the self is actively constructed and behaviour takes on meaning: (1) attribution to self (2) psychological centrality (3) reflected appraisals, and (4) social comparisons.

#### Attribution to Self

In an attempt to bring order and stability to their lives, people search for causality in their behaviour. Their successes and failures are attributed either to external (environmental) factors or to internal (personal) factors. If the cause is attributed to the environment, the self is not implicated in the outcome of the behaviour. If, however, the cause rests in the person, self-esteem is much more vulnerable, particularly if the outcome of the behaviour is perceived as failure

(Breyspraak, 1984). Incorrect attribution of causality, then, can have drastic consequences for the aging self.

Older individuals may frequently find themselves in situations in which their perceived failings are falsely attributed to their age, instead of to other factors which may be equally or more important. For example, it is not uncommon for physicians (and elderly persons themselves) to attribute symptoms of illness or physical discomfort to age when, in fact, there is an underlying disease process having little or nothing to do with the aging process (Matthews, 1979; Breyspraak, 1984). An elderly individual who is forced to retire assumes it is because of a diminishing ability to perform his/her job, when it may be related more to the economic situation of the employer (Breyspraak, 1984). In both situations, perceived failings are incorrectly attributed to personal, rather than to situational factors. As a result, the elderly individual may be left to internalize his/her shortcomings and the damage to self can be significant (Breyspraak, 1984).

It is for this reason, perhaps, that in determining causality, individuals prefer to take credit for their successes and pass the failures off to external causes. In this way, the self is protected. If the relationship becomes reversed, the self is threatened (Breyspraak, 1984).

### Psychological Centrality

"Some self aspects contribute more to an overall sense of integration and consistency than others" (Breyspraak, 1984: 88). Those aspects of self that contribute significantly, are central to one's self-esteem; those that do not, are peripheral to it. In order to assess the significance of a particular characteristic to self-esteem, it is first necessary to have an indication of how important that characteristic is to the individual. If it is important, its presence or absence will

bear upon their self-esteem; if it is not, self-esteem will remain untouched (Rosenberg, 1979; Breytspiraak, 1984).

In the same vein, changes in self-esteem are related to centrality. It is extremely difficult to alter one's self-esteem when the dimension affected is central to the individual. On the other hand, a change in self-esteem is relatively easily rendered when the change involves peripheral aspects, as they are less crucial to a sense of self-consistency (Breytspiraak, 1984).

Psychological centrality becomes increasingly important to the aging self then, as aging individuals make changes in their conceptualization of self. In order to enhance their self-esteem and preserve their self-concept, aging individuals must be able to restructure the self in terms of what is central and what is peripheral. This involves rearranging or redefining the centrality of certain roles, some of which may no longer be available to them to the same degree (Breytspiraak, 1984; MacRae, 1990).

The older women that MacRae (1990) studied redefined their role as mothers. For a majority of the women she interviewed, the role of mother had been central to their lives and to their self-esteem. Now, they are no longer involved in full time, active parenting as they once were, and they are less directly involved in their children's lives. However, "... mothering... has been redefined to deal primarily with functions such as concern and worry, or mother as advisor" (MacRae, 1990: 259). While the mothering role is no longer central to their lives, it continues to be a source of meaning and self-esteem for them (MacRae, 1990).

According to Breytspiraak (1984) self-esteem may be threatened in old age if the aging individual is not able to rearrange the centrality of physical functioning. She argues:

Inevitably the older person is faced with physical changes and declines. If one cannot deemphasize a level of physical functioning and put in its place emphasis on other qualities such as the wisdom of experience, then there will surely be some despair (Bretytspraak, 1984: 89).

Kaufman's (1986) findings appear to agree with that assertion. Among those with whom she spoke, health and physical functioning were an important influence on the extent to which certain activities were possible. Yet, she makes the point that in and of themselves, they were not a source of meaning to her elderly respondents. Even those with considerable physical limitations did not feel that those limitations hindered the meaningfulness of life for them. "What people do, the content of the activities themselves, does not determine the meaningfulness of daily life" (Kaufman, 1986: 108). Other factors emerged as more important, such as the ability to be able to choose what one will do (Kaufman, 1986).

### Reflected Appraisals

As mentioned previously, the self is sensitive to the perceived appraisals of others. Even though those perceptions may not coincide with what others actually think, they have consequences for one's self (Bretytspraak, 1984). As Rosenberg (1979) points out "It is not others' attitudes towards us but our *perception* of their attitudes that is critical" (Rosenberg, 1979:65).

Shrauger and Schoeneman (1979), examining empirical evidence for reflected appraisals in more than fifty studies, found that people's perceptions of themselves agree substantially with the way they think others perceive them. However, there is very little agreement between people's perceptions of themselves and how they are actually viewed by others (Shrauger and Schoeneman, 1979). Rosenberg (1979) also cites numerous studies in which the relationship between

one's own evaluation and the perceived evaluation of others is stronger than the relationship between one's own evaluation and the actual evaluation of others (Rosenberg, 1979).

According to Gecas (1982), there are several reasons for this phenomenon, the most important being the effect of the self-esteem motive. He contends that our need to enhance self-esteem is such that it has a distorting effect on our perceptions, to the effect that our perceptions of others' evaluation of us are biased toward favourable assessments. We select as meaningful not only those appraisals which we perceive as positive, but also those sources which result in positive appraisals (Gecas, 1982). Furthermore, according to Goffman (1959), we manipulate the presentation of our self to others in order that their appraisals be positive ones.

Markus and Wurf (1987) support this position. They maintain that

People may bias their chances of receiving congruent feedback by the way they seek information in an interaction .... people may be biased to seek, and hence to receive, confirmatory feedback ... Feedback that is congruent with one's self-conceptions is self-affirming and can have positive affective consequences (Markus and Wurf, 1987: 326).

That is not to say, however, that an individual always receives feedback which confirms his/her own evaluation. When this does not occur, the individual may either act in accordance with the disconfirming feedback, act against it, or cognitively reconcile the discrepancy. To act in accordance with it may or may not lead to the individual internalizing others' perceptions. Whether the individual will act against it depends upon a number of factors such as whether he/she views the discrepancy as positive or negative, the size of the discrepancy, the perceived costs and rewards of doing so, and the opportunities for doing so. Cognitive strategies

used to cope with disconfirming feedback include selective inattention, selective memory, and selective interpretation. These strategies allow the individual to reinterpret the disconfirming feedback so as to see it as irrelevant or as not disconfirming; thus, the integrity of the self is preserved (Markus and Wurf, 1987).

The elderly are no exception in their desire for the positive and confirmatory appraisal of others. In fact, there are those who argue that elderly individuals are in greater need of positive appraisal as a result of their vulnerability to the negative stereotypes that society holds of them (Breytspraak, 1984). The extent to which this is so, remains unclear. However, it is evident, that elderly individuals are, indeed, selective of whom and what they chose as reference points for appraisals.

Matthews' (1979) study of older women exemplifies this selectivity. The elderly women in her study sought to maintain their self-esteem in the face of what they considered to be threats against it. For them, maintenance of self-esteem meant not defining themselves as old and not being defined by others as old. To avoid being viewed as old, they sought to avoid those whose appraisals of them would define them as old. In addition, they sought to avoid situations in which others would be likely to define them as old. For many of these women this often meant avoiding contact with younger people, who they believed held demeaning attitudes towards them as 'old,' and avoiding settings where they would be outnumbered by much younger people. It also meant avoiding situations in which the fact of their poor hearing or eyesight -- characteristics that define them as old -- would become apparent (Matthews, 1979). In this way, they minimized the risk of threats to their views of themselves as 'not old', thus preserving their self-esteem.

### Social Comparisons

"Social comparison is the process in which individuals assess their own abilities and virtues by comparing them to those of others" (Gecas, 1982: 6). The degree to which the outcome of this assessment is negative or positive depends largely on who or what is being used as a point of comparison. In addition, we manipulate the comparison to our advantage in order to either maintain or enhance a positive view of our self (Breytspraak, 1984).

There are two ways in which we make social comparisons. One is to compare ourselves to those who are similar in terms of the trait being evaluated. The tendency is to then make comparisons downwards with those who are likely to rank lower. The second source of comparison is ourselves; we compare our present situation against our past (Breytspraak, 1984).

For the aging individual, comparisons against one's past are unavoidable in spite of their potential for negative consequences, as such comparisons may serve to highlight perceived losses and disabilities. However, there may also be positive results. The individual may see certain qualities of self in a new light, such as a sense of increasing wisdom, more freedom, and fewer demands upon one's time. Such qualities may also become more central to the self than they once were, thereby bringing a renewed sense of accomplishment to the aging self (Breytspraak, 1984; Furstenberg, 1989).

Older persons also seek comparisons with similar others, most notably, other older people. The outcomes of these comparisons are usually positive (Breytspraak, 1984). People compare themselves to age peers and although they may think their own situation is less than ideal, they see that, relatively speaking, their situation is preferable to that of certain others. Atchley (1982) calls this relative appreciation.

A study by Hochschild (1973) illustrates relative appreciation among older women living in a seniors' apartment building. These women engaged in what has been called a "poor-dear hierarchy." The self-esteem of some of the women was enhanced by the knowledge that other women in the building had more health problems or had children who did not visit them as often (Hochschild, 1973). Atchley (1982) argues that

This process is the logical opposite to the concept of relative deprivation, in which people feel that they are less fortunate than others. Older people probably show a sizeable bias toward relative appreciation rather than relative deprivation (Atchley, 1982: 393).

In considering the active aging self, then, several observations can be made. First, the evidence indicates that the processes used in construction of an active self are likely used throughout one's life and that these processes continue to remain active in old age. Studies have repeatedly shown that the majority of older people hold positive views of themselves and that self-esteem tends to increase with age (Atchley, 1982). In light of this, it can be inferred that the majority of the elderly successfully employ these techniques, in varying degrees, as strategies with which to preserve and enhance their selves.

Second, the preceding discussion presented these strategies in isolation from one another. They have intentionally been separated into distinct divisions for the purposes of clarification. Such divisions seem rather simplistic; it is not likely that they operate in isolation from one another. It is more conceivable that they interact with one another and work harmoniously in an attempt to provide the balance necessary for an integrated sense of self.

Third, the motives of self-esteem and self-consistency, as well as the strategies which satisfy them are inherently social processes (Breytspraak, 1984:

93). Individuals do not form attitudes and opinions about themselves without feedback from others, nor do they act upon them in social isolation. There is continuous interaction between individuals and their social environment. This interaction between person and environment is integral to the development of self, for the self is both producer and product of the environment in which it is formed (Breytspraak, 1984).

In the context of aging, this relationship may undergo certain alterations. It has been suggested that the physical and social changes which accompany aging may transform the person-environment relationship from one of interdependence to one in which the individual becomes increasingly dependent on the environment and progressively vulnerable to having his/her behaviour controlled by the environment (Breytspraak, 1984). Even so, it has been argued that the aging self is still able to remain actively involved in influencing the environment so that the fit between environment and self-concept is maintained (Breytspraak, 1984). Thus, the process of development of self in old age is not only an active one, it is interactive.

... we must not lose sight of the reality that development is always an inherently interactive process between the person and the broader social and physical environment (Breytspraak, 1984: 96).

Implicit in this interactive process is the fact that self development is inextricably culturally and historically bound. While there may be certain universal truths about the nature of self, they must be approached with caution. Cultural variations, cohort effects, and differences in social characteristics and personal history must be taken into account when studying the aging self (Breytspraak, 1984).

The aspect of personal history under consideration here is that of abuse. One could reasonably speculate that the magnitude and nature of threats to one's self brought on by being a victim of elder abuse would not only impact upon one's self-esteem, but would also alter or preclude the ability to develop adequate strategies for protecting one's self-esteem.

### SUMMARY

This review of the literature has focused on three bodies of literature. The literature on elder abuse, the literature on battered women, and the literature on the management of self in old age have been discussed in terms of their relevancy to an investigation of self-esteem among the abused elderly.

If one considers the literature on self-esteem of battered women in relation to coping strategies for victims of elder abuse, it would be reasonable to conclude that the abused elderly are likely to have low levels of self-esteem and utilize inadequate and passive coping strategies. The similarities between the characteristics said to be associated with low self-esteem among battered women and the situation of the abused elderly lend support to such a conclusion.

In spite of evidence indicating that it is the abuser who is, in fact, in a position of dependency and perceived powerlessness, many abused elderly may perceive themselves as powerless in the face of their abusers and see themselves as dependent upon them. They may be loathe to reveal their abusive situation for fear of the alternatives over which they feel they have no control. From the perspective of the abused elder, these alternatives might include further and harsher abuse, being 'put out on the street,' having to rely upon the 'charity of outsiders,' or the threat of institutionalization (Kosberg, 1988).

Fear of nursing home placement may be greater than fear of abuse. Elders may feel they have no alternative but to tolerate the abuse in order to maintain their independent or semi-independent living situation and avoid institutionalization (Schene and Ward, 1988:17).

Victims of elder abuse are also likely to believe that they deserve the abuse. Elderly individuals who receive assistance from family members reportedly often believe that the strain of this responsibility causes the abusive behaviour towards them; others may believe that they are being paid back for any abusive behaviour they may have exhibited towards their children in the past (Kosberg, 1988).

In addition, elderly individuals who are abused by their children frequently feel shame, humiliation, and guilt at being mistreated by a child they have raised (Kosberg, 1988). It has been suggested that they tend to internalize the blame for the abuse, feeling that to be abused by one of their children is to admit a major deficiency in themselves (Schlesinger and Schlesinger, 1988). Finally, their shame, fear, and guilt may keep them silent, ultimately isolating them from others who may be of assistance. Thus, the abuse remains undetected and is allowed to continue (Wolf and Pillemer, 1989).

It follows, then, that the self-esteem of the abused elderly is likely to be diminished, and that the abused elderly are unlikely to be able to utilize coping strategies such as attribution to self, psychological centrality, reflected appraisals, and social comparisons to actively negotiate a positive sense of self or self-esteem.

### RESEARCH QUESTIONS

From the review of the literature presented in the preceding pages, certain questions arise relating to issues of self and self-esteem among the abused elderly. The research presented here addresses the following three questions with specific reference to abused elderly women:

1. What, if any, impact does being the victim of elder abuse have on self-esteem?
2. What strategies do abused elderly women employ for protection of their self-esteem?
3. What, if any, relationship exists between the impact of abuse and the strategies employed by abused elderly women for protection of their self-esteem?

### THEORETICAL PERSPECTIVE

#### Symbolic Interactionism

The theoretical perspective from which these questions are investigated is that of symbolic interactionism. A symbolic interactionist perspective views human behaviour as being social in nature; it is the product of an individual's social interactions and the meanings which are attached to those interactions. In the course of interacting with others, an individual interprets the actions of others and then uses those interpretations as the basis for his/her own actions. The motivation for one's own actions, then, is the meaning which the individual attaches to the actions of others. Thus, human behaviour is driven by the meaning which arises out of social interaction (Hewitt, 1991).

... Among the most important meanings are those related to the self, for interactionists conceive human beings as self-referential creatures for whom the self is among the most important objects (Hewitt, 1991: 30).

From a symbolic interactionist perspective, human behaviour is always directed towards an object. Characteristic of human behaviour is the unique capacity for individuals to act as the object of their own behaviour; they are both subject and object in their interactions (Hewitt, 1991).

... human beings have self-consciousness. They act toward themselves with purpose much as they act toward the external world with purpose. They take themselves -- their feelings, their interests, their images of self -- into account as they act (Hewitt, 1991: 26).

The self as object becomes a major focus for one's actions. The self strives to develop positive, coherent images of oneself and searches for a sense of security within the social environment. In doing so, the self as object becomes an important focus for meaning as well as for behaviour (Hewitt, 1991). The mechanism through which the self is objectified and the role of the self in behaviour is central to a symbolic interactionist perspective of human behaviour.

... the self [is] formed in a context of societal and individual factors ... it in turn becomes the means through which contact is made with the world. The self is the point at which the individual and society join, and thus it must also be the basis for all action (Breytspraak, 1984: 14).

### The Concept of Self

The term self does not easily lend itself to definition; it is often easier to say what the self is not.

... the self is not a "thing" a person has, but is a *process* that requires human interaction to come into existence and is continually developing and changing (Kimmel, 1980: 46).

Although it is uniquely human, the self does not refer to the body; neither is it something we are born with. Rather, the self develops through the process of social interaction and continues to develop and change throughout the course of one's life (Kimmel, 1980).

Mead (in Hewitt, 1991) described the self as a process consisting of two phases, the I and the Me, that are in continuous interaction with one another.

... "I" designates the "subject" phase of the process, in which people respond as acting subjects ... "Me" labels the "object" phase of the process, in which people imagine themselves as objects in their situation (Hewitt, 1991: 85).

The I refers to the phase of the self that carries out an act. The initial part of any act involves a subject who becomes aware of the environment and the objects within it towards which the action must be directed. The I is the immediate response to a stimulus in the environment; it exists only for the moment. As soon as an individual begins to be aware of his/her response, the Me begins to take over (Hewitt, 1991).

The Me is the phase of the self that is able to take oneself into account as an object in the environment towards which the action is being taken. The Me is able to see one's self as others do. In doing so, the Me attempts to determine the attitude of others towards one's own action. The Me reflects upon the action of the I from the other's point of view and makes adjustments to the action; the I then responds accordingly. Once the adjusted action is underway, the Me comes back into play, further adjusting the action of the I. Thus, the process of alternation between the I and the Me continues. It is this process which forms the self. "The self is the I, the me, and their interaction" (Kimmel, 1980: 47).

The self develops through the process of interaction with one's social and physical environment. The self receives continuous feedback from the interaction of its I and Me components with other selves.

... Fundamental to a notion of self is the idea that we build or destroy our selves at least partly by sensitivity to the appraisals we perceive that others have of us (Breytspraak, 1984: 15).

In interaction with others, the self is constantly seeking a social identity -- a sense of security and place in society which is achieved through identification with and acceptance by others (Hewitt, 1991). The appraisals that we perceive others to have of us are central to that identity. These appraisals are mediated by feedback from the Me with regard to how the self is perceived by others. On the basis of that feedback, the self responds with behaviour that is meant to be in line with what we perceive others' opinions, expectations, or attitudes of our self to be (Hewitt, 1991; Kimmel, 1980). This process through which the self develops, then, is essentially a social one.

The importance of the emphasis on the self as a process cannot be understated. To think of the self in substantive terms is to lose the essence of it as an on-going and active process of development (Chappell and Orbach, 1986).

The social process is an evolving process. The self is always "becoming." However slowly, gradually, or subtly, the self is always changing (Chappell and Orbach, 1986: 87).

This change, however, does not preclude consistency, for "... change and consistency are simultaneous processes of the self" (Kimmel, 1980: 73). There is a tendency for individuals to perceive their behaviour as being consistent over time, even when it is not. There is also a tendency to select social situations perceived as being relatively consistent with past situations, and, to perceive present situations as being more consistent with the past than they really are. This need for consistency of self is based on the premise that social interaction depends on people behaving fairly consistently (Kimmel, 1980).

From a symbolic interactionist perspective, the self is a process of development which occurs throughout one's life. It is a social process in that it develops through interaction with others. The self is seen as the link between society and the individual, and as such, is the basis for behaviour.

Symbolic interactionism assumes that human beings, no matter what their age, actively construct and negotiate their self. This self is joined in a dialectical relationship with society, meaning that the self is central to understanding the individual's engagement in society (Breytspraak, 1984). From this perspective it seems clear that whether young or old

... we are not passive creatures absorbing and reacting to what happens around us and in us, but rather are always involved in interpreting, constructing, and reconstructing what happens. Somewhere in that process is to be found the meaning of our selfhood (Breytspraak, 1984: 47).

## CONCLUSION

This chapter has focused on a review of the literature relevant to an examination of issues of self-esteem in the abused elderly. The literature on elder abuse, the literature on self-esteem and battered women, and the literature on the aging self have been discussed. The research questions which arise from this literature are: 1) What, if any, impact does being the victim of elder abuse have on self-esteem? 2) What strategies do abused elderly women employ for protection of their self-esteem? 3) What, if any, relationship exists between the impact of abuse and the strategies employed by abused elderly women for protection of their self-esteem? A brief discussion of symbolic interactionism as the theoretical

perspective from which to address these questions has also been presented. The next chapter describes the qualitative methodology used in the research.

## CHAPTER THREE

### METHODOLOGY

This chapter outlines the methodology used to examine issues of self-esteem among abused elderly women. It includes a description of the sampling procedure, sample characteristics, data collection, and data analysis.

#### SAMPLE

The sample consists of clients selected from the files of the Elder Abuse Resource Centre (EARC). Clients who had used the services of the Centre from its opening in 1990 until April 1993 are included. The sample is limited to abused elderly women who have sought help or advice in dealing with abusive relationships. Due to the sensitive nature of the issue of elder abuse, it was anticipated that these were the individuals who were most likely to be willing to discuss the issue.

The Elder Abuse Resource Centre was established in Winnipeg in 1990 to address the need for services to abused elders. It serves those seniors aged 60 years and over, living in the community, who have been abused by someone with whom they are in a relationship of trust -- family, friends, neighbours. The abuse falls into any one or more of the four previously defined categories of abuse: physical abuse, psychological/emotional abuse, financial abuse, and neglect. Clients use the services of the Elder Abuse Resource Centre of their own volition; intervention in cases of elder abuse is not mandated by law in Manitoba.

The Elder Abuse Resource Centre functions as a liaison between existing community services and abused elders and their families. The Centre provides information and referral services, assessment, counselling, crisis intervention, education and public awareness programs, and volunteer peer support programs.

Because of the potential benefit of the research to the Centre's work, the Director of the Centre allowed access to client files for the purpose of being interviewed for the research.

A target number of 30 respondents was set, following Lofland and Lofland's (1984) suggestion that a sample of 20-25 is reasonable in qualitative research. The eligibility of respondents was determined on the basis of certain criteria, including gender, relationship to abuser, and age.

Only female clients, abused by either a spouse or an adult child, and of varying ages, were selected. Consistent with reports throughout the literature, Canadian data show that the majority of victims of elder abuse are women. Podnieks and Pillemer (1990) found that in absolute numbers, female victims outnumber males almost two to one. Statistics from the Elder Abuse Resource Centre (1992) indicate that women comprise 81 percent of the victims of reported cases of elder abuse. These statistics also indicate that victims are almost evenly divided among the age groups 60-69 years, 70-79 years, and over 80 years. With regards to the perpetrators, some reports indicate that spouses are the most frequent abusers (Pillemer and Finkelhor, 1988; Wigdor, 1991); some say it is adult sons (Shell, 1982); others say adult daughters (Lau and Kosberg, 1979; Schlesinger and Schlesinger, 1988). Podnieks and Pillemer (1990) found that the perpetrator varies according to the type of abuse. Statistics from the Elder Abuse Resource Centre (1992) show 36 percent of abusers to be spouses, and another 39 percent to be adult children (25 percent are sons and 14 percent are daughters). Thus, the elder abuse cases reported to the Centre are committed almost equally by spouses and adult children. Other relatives and friends account for the remaining 25 percent.

Table 3-1 illustrates the target sample of 30 based on these characteristics. An equal number (15) of clients abused by spouses and by children were targeted.

Within each of these two categories, five were to be from the 60-69 age group, five were to be from the 70-79 age group, and five were to be from the over 80 age group.

TABLE 3-1: Target Sample

		Age Groups		
		60-69	70-79	80+
Relationship to Abused	Spouse	5	5	5
	Child	5	5	5
		10	10	10
		30		

This approach was used to ensure that all age groups were represented and that abuse by spouse and by children were equally represented. By randomly selecting clients according to these criteria, it was anticipated that the various types of abuse would be adequately represented.

Certain other criteria were also involved in the selection process. Only those clients who had a reasonable command of the English language and who were mentally competent were eligible. Clients were considered ineligible if there was any possibility of danger to the researcher (from the abuser) by going to interview the client. Information of this nature was available from the client's file or from the staff of the Elder Abuse Resource Centre.

Using a random numbers table, clients were selected according to the above criteria and then contacted regarding their willingness to be interviewed. Contact was either by means of a letter (see Appendix A) and a follow-up phone call, or by phone call only. In many cases, it was inappropriate to send a letter because of the possibility that the abuser would read it first, resulting in reprisals to the elder and/or in the elder's refusal to participate. Information regarding the most

appropriate means of contacting clients was obtained through consultation with the staff of the Elder Abuse Resource Centre.

A total of 30 respondents were selected in this manner. Only five agreed to be interviewed. The reasons for this were varied. A number of the clients had contact with the Elder Abuse Resource Centre as many as three years previously. For some, the issue had been resolved to their satisfaction and they were not prepared to open old wounds by granting an interview. Many claimed to be unaware that contact had been made with Elder Abuse Resource Centre on their behalf and appeared bewildered by the request for an interview. Some were irate that their file had been made available to the researcher. Others were simply not willing to discuss their situation. In total, 11 refused. Another ten could not be reached as their address and phone number had changed, one person had died, and three were not contacted.

Given the difficulties with the initial random sampling procedure, a new approach was decided upon and the target number was revised to 20 respondents. First, members of a support group for abused elderly women at the Elder Abuse Resource Centre were approached regarding participation. A presentation was made to the group to explain the purpose and the nature of the research. Participants were invited to volunteer to be interviewed. As there was no response from the eight group members, it was decided to proceed with follow-up phone contact with those members of the group whom it was safe to contact. Only one person agreed to be interviewed (one woman from the group had already been interviewed through the random sampling method).

Second, a list of potential respondents was compiled from the files of the Centre, starting with the most recent clients, and based on the criteria of abuser relationship, competence, English language ability, and safety factor. The list was reviewed with the staff of the Elder Abuse Resource Centre. Initially, a staff

member from the Centre contacted the clients to explain the research being conducted and to ask if they would be willing to speak with the researcher. Those who agreed were then contacted by the researcher and arrangements were made for the interview. Of those contacted in this way, seven agreed and three refused. Later, due to time constraints on the staff of the Centre, potential respondents were contacted directly by the researcher. Another seven respondents were obtained through direct contact; one refused. Table 3-2 illustrates the number of respondents obtained through each of the sampling approaches.

TABLE 3-2: Sampling Approaches

	FINAL SAMPLE		REFUSALS	
	n	%	n	%
Random Sampling	5	25	11	52
Support Group	1	5	6	29
EARC Contacted First	7	35	3	14
Direct Researcher Contact	7	35	1	5
Total	(20)	(100)	(21)	(100)

A total of 20 women were interviewed. Of the 20 respondents, eleven were abused by their spouse and nine were abused by adult children. The respondents' ages ranged from 60 to 84 years, with the average age being 70 years. There were ten respondents in the 60-69 age group, eight in the 70-79 age group, and two in the over 80 group. This is illustrated in Table 3-3.

TABLE 3-3: Final Sample

		Age Groups			
		60-69	70-79	80+	
Relationship to Abused	Spouse	8	3	0	11
	Child	2	5	2	9
		10	8	2	20

The final sample differs from the target sample in that there are fewer respondents who were abused by a child than by a spouse in the 60-69 age group, and more respondents who were abused by a child in both the 70-79 and 80+ age groups. In addition, the age group 80+ is under represented, given that statistics from the Elder Abuse Resource Centre indicate almost equal numbers of abused elderly in the three age groups indicated.

#### Comparison of Sample and Refusals

The final sample represents three types of abuse -- physical, emotional, and financial abuse; neglect was not represented in this sample. The majority of the respondents (16) did not live with their abuser. The length of time in the abusive relationship ranged from several months to 47 years. Thirteen of the 20 respondents were no longer in the abusive relationship. In terms of health and functional ability, 11 respondents had no functional limitations whatsoever, meaning that they were independent in all aspects of activities of daily living (ADL) and personal care. Five respondents had minor health complaints with minimal functional limitation. They were independent in most aspects of ADL and personal care, and required only occasional assistance. Four respondents had major disabilities and functional limitation. Their mobility was severely limited

and they required assistance in many aspects of ADL and personal care. Appendix C gives further details on respondent characteristics.

Information obtained from the files of the Elder Abuse Resource Centre indicates that among the 21 refusals, fourteen were abused by their spouses and seven were abused by adult children. Their ages ranged from 61 to 81 years, with the average age being 69 years. Three types of abuse were represented among the refusals -- physical, emotional, and financial; neglect was not represented. The majority of those who refused an interview (13) were living with their abuser. Of the 21, 11 were still in an abusive relationship. In two cases it was unknown whether the abusive relationship continued. Using the guidelines for health status described above, five of the refusals had no functional limitations, nine had minor health complaints with minimal limitation of function, and three had major disabilities and limitation of function. In four instances, health status was unknown. See Appendix B for further information on refusals.

Table 3-4 compares respondents and refusals in terms of forms of abuse. In both groups, individuals had been subjected to more than one form of abuse. Emotional abuse was the most frequent form of abuse for both respondents and refusals -- 100 percent and 90 percent respectively.

TABLE 3-4: Forms of Abuse\*

	RESPONDENTS		REFUSALS	
	n	%	n	%
Physical Abuse	11	55	12	57
Emotional Abuse	20	100	19	90
Financial Abuse	12	60	9	43
Neglect	-	-	-	-

\*Information on refusals was obtained from the files of the Elder Abuse Resource Centre. Percentages do not add up to 100% as more than one type of abuse per respondent was possible.

Table 3-5 compares other respondent and refusal characteristics. Certain differences are noted. The majority of respondents (16 or 80 percent ) were not living with their abusers, compared to 13 or 62 percent of the refusals. Only seven respondents (35 percent) were still involved in an abusive relationship, compared to eleven (62 percent) of the refusals. With regards to health status and functional ability, the respondents were less limited than were the refusals. Eleven (55 percent) of the respondents had no functional limitations, compared to only five (24 percent) of the refusals.

TABLE 3-5: Respondent & Refusal Characteristics\*

		RESPONDENTS		REFUSALS	
		n (20)	%	n (21)	%
Abuser	spouse	11	55	14	67
	child	9	45	7	33
Lives with Abuser	yes	4	20	13	62
	no	16	80	8	38
Still in Abusive Relationship	yes	7	35	11	52
	no	13	65	8	38
	not known	-	-	2	10
Health and Function	no limitation	11	55	5	24
	minor limitation	5	25	9	43
	major limitation	4	20	3	14
	not known	-	-	4	19
Initial Contact with EARC	self	9	45	10	48
	friend/family	2	10	3	14
	police	4	20	3	14
	other agency	5	25	5	24

\*Information on refusals was obtained from the files of the Elder Abuse Resource Centre.

Certain similarities are also noted. Among respondents and refusals alike, the majority were abused by a spouse -- 11 or 55 percent and 14 or 67 percent, respectively. In both groups, initial contact with the Elder Abuse Resource Centre was self initiated; that is, 45 percent of respondents and 48 percent of refusals. The second most frequent means of initial contact was through other agencies. Also in both groups, the majority had extensive involvement with the Elder Abuse Resource Centre. Thirteen (65 percent) of the respondents and 14 (67 percent) of the refusals availed themselves of a number of support services of the Elder Abuse Resource Centre. This is in comparison to 7 (35 percent) of the respondents and 6 (29 percent) of the refusals who had either minimal or no direct contact with the Elder Abuse Resource Centre. (See Appendices B and C).

#### DATA COLLECTION

A qualitative approach to data collection was taken, as it was appropriate to the research questions under investigation. The situations and experiences of the abused elderly in terms of self-esteem are the types of "amorphous social experiences" (Kotarba in Lofland and Lofland, 1984: 14) which lend themselves ideally to the qualitative process. In addition, Podnieks (1992) remarks on

... the need for qualitative research to obtain more data about the lives of older people as perceived *by them*. We must make the elderly partners in the research to find out the sources of meaning held by them, how they come to terms with their lives (including the abusive situations), how they are able to put it all together (Podnieks, 1992: 43).

In all cases, participation was on the basis of informed consent (see Appendix D for Respondent Consent Form). All interviews began with an explanation of the purpose and the nature of the interview.

The interviews were semi-structured in nature, consisting of open-ended questions (see Appendix E for Interview Guide). The questions were designed to obtain information in four areas. First, respondents were asked for socio-demographic characteristics such as age, occupation, living arrangement, family relationships, and health status. Second, information was collected regarding the abusive situation and how the respondent dealt with it. Third, the impact of the abusive situation on the respondents' self-esteem was examined. The fourth area dealt with the behavioural and cognitive strategies used by the respondents to protect their self-esteem in face of the abuse they endure. The major focus of the interview was on the latter two areas.

The interviews lasted anywhere from 30 minutes to 1 3/4 hours, with the average time being one hour. All respondents agreed to have their interviews taped. This allowed for greater focus on the respondent, her responses, and the general flow of the interview (Lofland and Lofland, 1984). Once the interview was completed, brief written notes were made regarding the respondent and the interview process.

Interviews were conducted between January 1993 and April 1993. The majority of the interviews took place at the respondents' homes. In three situations this was not possible, due to the presence of the abuser in the home; these interviews took place at the Elder Abuse Resource Centre.

### DATA ANALYSIS

The interviews were transcribed in their entirety. Once transcribed, content analysis was done and a coding scheme developed. Concepts were coded and categorized, and then analyzed for emergent patterns.

Concepts were organized in order to correspond to each of the research questions. While it was recognized that there would be a certain amount of

overlap, an attempt was made to analyze each of the research questions separately on the following basis:

1. Impact on self-esteem was assessed by analysis of responses which call for statements of opinions, perceptions, beliefs, and attitudes on the part of the respondents regarding themselves, their abusers, or their situations.

2. The use of strategies was assessed by analysis of the behaviours reported by respondents. In particular, the use of strategies such as attribution to self, psychological centrality, reflected appraisals, and social comparisons was assessed.

3. The existence of a relationship between impact and strategies was assessed by determining whether specific opinions, perceptions, beliefs and attitudes resulted in specific behaviours.

In presenting the results of the data analysis, the words of the women themselves are used to illustrate the issues whenever possible. Some of the women were more articulate than others in describing their situations and their feelings. Some were better able to express themselves in terms of the issues under discussion, and some were more willing to share the more private details of their lives. In addition, some of the women had been involved in counselling sessions, either individually or in a group, and had already thought through some of the issues which arose during the interview. They were, therefore, better able to talk about issues of self. Thus, some women are quoted more than others.

## CONCLUSION

This chapter has presented the methodology used to examine issues of self-esteem among abused elderly women. It has included a description of the sampling procedure, sample characteristics, data collection, and data analysis. The next two

chapters present the findings from the analysis of the interviews conducted with twenty elderly women who had been victims of abuse.

The findings are presented first for women abused by a spouse, and then for those abused by an adult child. Differences in the role of wife and that of mother and, thus, in the dynamics of the spousal versus the mother-child relationship, lead to differences in the impact of abuse on self-esteem and in the strategies employed in protection of self-esteem. These differences became apparent in the patterns which emerged from the data.

## CHAPTER FOUR

### FINDINGS: ABUSE BY SPOUSE

This chapter presents the findings from the analysis of interviews with eleven elderly women who had been abused by their spouses. The findings are presented as follows. First, a brief overview of the women's situations is given in terms of the length of time in the abusive relationship, the type of abuse, and whether the abusive relationship continues. Then, a discussion of the impact of abuse on self-esteem is presented, followed by an examination of the strategies used by the women to deal with issues of self-esteem. Both are discussed in relation to the existing literature. Attention then turns to a discussion of the relationship between the impact of abuse on self-esteem and the strategies used by the women.

#### ABUSE BY SPOUSE

Among the eleven women abused by a spouse, six had been in long term abusive relationships (ten years or more), and five had been in short term abusive relationships (less than ten years). Of the six women in long term relationships, four were no longer living with their spouses and two were. Of the five women in short term relationships, four were no longer living with their spouses and one was (See Table 4-1). For each of the three women who were still living with their spouses, a major disability was involved, meaning that either the respondent herself was disabled, her spouse was disabled, or they had a disabled adult child.

Five of the eleven abusers had a history of alcohol or drug abuse, and one had a history of alcohol abuse in his family. In one instance, the onset of abuse coincided with the abuser's retirement; in another, a worsening of the abuse coincided with the onset of the abuser's illness. Three of the abusers were known

to have been abused as children by their parents, and in one situation it was known that the abuser grew up seeing his father abuse his mother. In the other situations, it was unknown whether there was a history of abuse in the abusers' families.

All eleven situations involved emotional abuse. Eight situations also involved physical abuse, four also involved financial abuse, and in one case there was also sexual abuse.

TABLE 4-1: Abuse by Spouse  
(n=11)

<b>LONG TERM ABUSE (10 years +)</b>	<b>SHORT TERM ABUSE (&lt;10 years)</b>
No longer with spouse 4	No longer with spouse 4
Still with spouse 2	Still with spouse 1

### IMPACT OF ABUSE ON SELF-ESTEEM

A common pattern of self-esteem emerged for most of the women, regardless of the length of time in the abusive relationship, whether they were still living with their spouse or not, or the type of abuse. This pattern is discussed here; the exceptions are also discussed.

The pattern which emerged takes into account changes in self-esteem over time. These changes occurred over a longer period of time for some women than for others. For some, changes were still occurring at the time of the interview. Even for those whose self-esteem did not strictly follow the general pattern, the aspect of change over time is relevant. Thus, the importance of a life course

approach which allows for an examination of changes over time becomes apparent.

In the early stages of their abusive relationships, the women felt powerless to control or to change their situations. As much as they tried to prevent the abuse from occurring or tried to effect a change in their situations, they felt unable to do so.

I'd try to prevent it [the abuse], but ... I mean his size ... I had no choice (FF:10).

I tried. I went to lawyers, I tried very hard ... But you know there was no women's rights or anything like that, and even the Bible says that women are chattel. So, I mean, where did I have to go to for help. I went to lawyers and they said, "Go home and enjoy having a roof over your head" (BB: 9).

Their feelings of powerlessness extended to the inability to leave their abusers. They stayed with them because they felt that they had no other options. As one woman summed up, "I had nowhere to go. Where was I gonna' go?" (VV: 19).

Several of the women had attempted to leave their spouses early in the relationship, but ultimately they returned, sometimes within a day or two of leaving. They came back either because of ties to the children they had left behind, "... I came back because I couldn't get over leaving the baby behind" (FF:10), or because of financial dependence on their abusers. One woman who left her husband on more than one occasion returned each time because, as she said

I had to go back to him because I had no money, no finances ... There wasn't anybody to go to. There was no family ... There was just nobody there for support (BB: 3-4).

So they remained in the abusive relationships --some for over forty years-- thinking that "maybe he'll change" (HH: 13; FF: 21) and hopeful that the abuse would stop.

I always had that hope that things would go right. There was always that, because what else did I have to hope for? There was nothing else to look forward to. In fact, I always imagined that I'd have the little house with the picket fence and Dad sitting smoking his pipe and the children sitting by the fireside, but it was never to be (BB: 5).

Indeed, the abusers did not change and the abuse did not cease. Instead, the continued abuse resulted in the women rationalizing what was happening to them. Some minimized physical abuse saying, "He hasn't drew blood or anything" (PP: 10), or "I'd have bruises but that's all" (FF: 13). One woman tried to discount the verbal or emotional abuse she endured by telling herself that her husband either didn't really mean it or didn't know any better (DD: 8-9, 14). Almost all of the women, however, rationalized that the abuse was in some way their fault. No matter what kind of abuse these women endured, most blamed themselves for it, thinking that they had done something wrong or had failed in the relationship and, therefore, deserved the abuse.

I always blamed myself. I thought, maybe it's me (VV: 20).

... and I got to thinking that I deserved what he was doing to me. I thought I must be doing something wrong, otherwise he wouldn't be doing this. And I couldn't understand what I was doing wrong (BB: 7).

... I couldn't figure out what I had done that would make him be that way to me (UU: 17).

The continued abuse also lead to feelings of shame, humiliation, and unworthiness on the part of the women.

It [the abuse] degraded me ... I felt like I was not worthy of him ... I felt like he was treating me like I was a doormat ... I felt like I was just useless (HH: 9-11).

I was ashamed that I had [married him] ... because a lot of them [friends] told me not to marry him (VV: 20).

... it hurts your pride. It hurts your feelings. And a certain amount of humiliation goes with it (PP: 10).

One woman described the hurt she felt from the verbal abuse as being even worse than the physical abuse.

You feel hurt inside. With the hit, you feel hurt. You feel belittled. That sort of thing ... you can get over the slap in a few days, but you can't get over the words. The words are what stays and the words are what hurts. When they call you a rotten SOB, I mean those things stick (PP: 19).

A number of women, particularly those who were physically abused, lived in constant fear of their spouse's outbursts.

You feel very scared. Because I'm wondering just how far he will go. It's like his face changes colour. Goes a gray colour. His eyes bulge out like they're going to jump out of their sockets, and he gets a funny screwed up look on his face and he just comes at me, you know (PP: 13).

Well I phoned [the police] so many times, and I left the house so many times in the middle of the night, with the dog in the car. To get away from him because he was drunk. I didn't know what he was gonna' do to me. I was scared of him (RR: 14).

Many of these women also lived in isolation from family and friends. Several were war brides whose families were in England and had no knowledge of the situation for many years. Of even more consequence, however, was the social and emotional isolation in which these women were compelled to live. Their abusers made it almost impossible for them to have friends.

I didn't have friends. He wouldn't allow me to have any friends. He wouldn't let me talk to anybody on the phone (BB: 4).

... I couldn't go and see my friends. And I couldn't have no friends at home. Couldn't have nobody ... he told me no ... But his friends could come (RR: 15).

In some instances, friends and relatives were alienated by the abusers' behaviour.

... they've seen it ... They don't like coming here (KK: 19).

... I lost most of my friends. 'Cuz he would yell at me. Even my sister, he told her to get out ... I had no social life ... I never went anywhere (HH: 12)

... I lost contact [with friends], and I didn't even look for my old friends that I'd made (VV: 20).

The abuse also served as a disincentive for some women to socialize with friends. As one woman explained

... I didn't have the heart for it [going out with friends]. Why should I go out there and pretend everything's all good and well when you're hurting inside 'cuz it's not (PP: 14).

All of these factors -- the powerlessness and dependency, the feelings of blame, humiliation and hurt, the fear and the isolation -- had the effect of lowering the opinions these women held of themselves and, consequently, of eroding their self-esteem.

... I figured, well, people must not like me. I must be an awfully terrible person (HH: 22)

.... it got me down so I had a very low esteem of myself (BB: 7).

This lowering of one's self-esteem is in keeping with what is known about battered women. The literature on self-esteem and battered women provides considerable evidence which indicates that women who are subjected to repeated abuse by their spouses generally exhibit low self-esteem (Walker, 1979; Mills, 1984; Sinclair, 1985; Trimpey, 1989; Hoff, 1990). Moreover, their low self-esteem is said to be associated with characteristics much the same as those described above -- the perception of powerlessness and dependency, rationalizing the abuse by means of internalizing the blame, feelings of shame and humiliation, and a certain degree of isolation. Thus, it appears that the abused elderly women interviewed here followed a similar pattern in terms of lowered self-esteem.

Eventually, however, these women reached a point in the relationship where they felt that "enough is enough" (HH: 14). One woman, who eventually obtained a restraining order against her abusive husband, gave him this ultimatum

... and I told him ... I've had enough. I'm not taking nothing from you anymore ... And I want you to get this straight ... You don't touch me, you don't talk to me bad, or nothing. I'm not taking nothin' from you anymore ... You remember that (PP: 11).

This 'turning point' was often the result of certain changes in the abusive relationship. For example, women who had been physically abused -- whether on a long or short term basis -- indicated that what made them leave their spouse was an increase in the severity of the abuse.

... that day when he really beat me up, and he pushed me through the china cabinet and I went to the hospital. After I got out of the hospital, I said to him "No it's not worth it" (HH: 13).

... he pushed me up to one of these machines, against the wall. And that hurt me so bad. My side. And that's why I figured, that's it (FF: 17).

Another reason given for leaving an abusive partner was an improvement in their own financial situation. One woman who left her husband at the age of sixty-five after forty-seven years in an abusive marriage said

I always told him that once I got my own, the old age pension, that I would leave, that there would be a separation (BB: 5).

Some of the women did not identify a specific incident that lead to them changing the way they dealt with the abusive relationship. For them it was a gradual process leading up to the determination that "... there's going to be no more abuse" (PP: 19), whether it was physical or emotional abuse. In some cases, they simply could no longer tolerate the havoc being wreaked upon their minds and bodies.

I wasn't feeling good at all ... this was why I figured I would leave, because it was seeming to play hectic on me ... my nerves were getting bad. And it just seemed as if my stomach was churning ... And a lot of times it seemed as if I was going to bring up, and yet I couldn't bring up (UU: 18).

... I couldn't take it no more. I was sick in bed. My nerves were shot. I couldn't stand it ... I couldn't take it no more. I took all I could (RR: 16).

These experiences parallel Johnson and Ferraro's (1991) statement that some battered women reach a point where the decision is made that the abuse will no longer be tolerated. This 'turning point' may be arrived at as the result of crises which act as catalysts, such as those described by the women here, including an increase in the severity of the abuse or a change in the resources available to them. Yet, not all women reach this turning point because of such catalysts. For some there is a gradual realization that the abuse is simply no longer bearable. Regardless of the way in which the turning point is reached, it is characterized by the determination to make changes in the relationship in order to end the abuse. This change may or may not involve leaving the abusive spouse. As seen with the women here, some reacted to catalysts; others did not. Similarly, some of the women sought change by leaving their spouses, while others remained in the relationship and dealt with the abuse from within it (Johnson and Ferraro, 1991).

For three of the women interviewed, reaching the turning point did not mean leaving their abusive spouses. For varying reasons, they chose to remain in the relationship but live differently within it. As one woman put it

Well they say that, you know, to, in order to live with, you don't have to get rid of an oppressor. You can change him into something you can live with (JJ: 17).

Whether they left their spouses or not, changes began to happen once the women reached the point of taking steps towards dealing with their situations. For those that did leave, it meant finding a new place to live and alternate sources of

income. For almost all of the women it also meant a new-found sense of freedom - freedom from abuse and fear, as well as the freedom to pursue interests they had once felt unable to because of restrictions placed upon them by the abusive relationship. As they began to rebuild their lives, they also began to redefine themselves as women, as wives, or as mothers. In the process, a new person with a renewed sense of self and self-esteem began to emerge. Slowly they started to feel better about themselves and about their lives. When asked how they felt about themselves at this point in time, their comments included

I feel like I'm a different person. That other person was a little scared little rabbit (VV: 7).

I think that at this point in my life, I am now in control of my life. And that's something that I wasn't up until now (JJ: 14).

These feelings are consistent with Johnson and Ferraro's (1991) position that for those battered women who develop a victimized self, positive changes to self occur as the end result of the process of victimization. They maintain that it is only when women feel sufficiently threatened by abuse that they begin to take practical steps towards ending it. "These actions militate against continuance of the individual's sense of victimization" (Johnson and Ferraro, 1991: 662). Thus, the sense of victimization which initially motivated the women to act, begins to dissipate as a result of their actions. What emerges in its stead is a renewed sense of self (Johnson and Ferraro, 1991).

That is not to say that change is an overnight process. For some of the women interviewed it took several years, and for some it involved professional counselling or peer support groups with other abused elderly women in order for them to gain insight into their relationships and themselves.

It took me a long time. It took me about six years to get to that point ... where I could say, "No, by golly, I did my best" (JJ: 22).

I think I've made a lot of improvements. But don't forget, I've had counselling. I've had a lot of help (VV: 9).

In spite of the improvements they felt they had made in how they felt about themselves and their lives, a number of the women felt that there were still changes to be made. Importantly, though, they felt capable of making the desired changes, which they saw as necessary to improving their lives.

I'd like to have a bit more respect for myself ... It's possible (BB: 15).

I'm getting there. I'm working on it ... There are a few things I still want to do, but I've put them on hold for now. But then, that's my decision. You know, nobody has said, "Well, you can't do that." I've said that I'm not going to do this for now ... It's something that I'm definitely going to do in the future (JJ: 11-12).

Still, these women have not been left unscathed by their abusive relationships. As Johnson and Ferraro (1991) point out, the sense of victimization may never disappear altogether. One woman talked repeatedly about being scared to make friends or to trust people as a result of being abused by her husband.

... I think my husband has stripped me of that - of the trust you have for people. He has stripped me completely of that. Because I trusted him ... Like when I go downstairs with the lady across the hall, downstairs to bingo, I don't know whether I can trust that person or not. Because I've been hurt so bad ... I've got this shield up there ... Come hell or high water, nobody's going to knock it down. Because I've been hurt so bad ... (HH: 21).

However, in spite of the self-esteem of these women having once been severely eroded, for most of them the process of restoration of their self-esteem had begun and was in evidence at the time they were interviewed. Although the women felt there were still certain challenges to be faced, most indicated that they were happy with themselves, with the person they were, and with their lives at that point in time.

I'm feeling better about it [life as it is now]. A lot better about it (VV: 26).

... I like myself ... I'm happy with myself as a person (HH: 18, 22).

... I'm happy with the person I am (RR: 8).

I'm reasonably happy now ... I can look ahead to having my own apartment, my own place. And I feel good about that (JJ: 28).

... I'd say I like myself (KK: 8).

My life is very serene. I'm happy (BB: 17).

The majority of the women interviewed followed the overall pattern described here. There were certain exceptions, however, as not all of them followed it absolutely. The self-esteem of two of the women appeared not to have been restored to the same degree as the others. Yet, this did not manifest itself as the inability to deal with the abuse. On the contrary, both had reached the point where they were no longer prepared to tolerate further abuse, and both had taken steps towards ending the abuse. One woman had left her abusive spouse and the other had obtained a restraining order and was investigating the options available to her. Thus, they were taking action towards changing their situations. However, when talking about how they felt about themselves and their lives at this point in

time, their comments appear to indicate that their self-esteem had not yet been restored to the point of being able to feel good about themselves and/or their lives.

When asked whether she felt happy with herself, one woman shook her head to indicate "no" and became tearful to the point that the interview stopped for a moment or two while she composed herself. She also indicated that there were times, although fewer as of late, that she felt that she did not like herself. When asked how she felt about her life as it is now, she replied

Well, I guess it's OK ... I guess it's the best it can be (UU: 25).

The second woman also became tearful when asked how she felt about her life as it is now, saying that she felt "... like a failure" (PP: 24). However, earlier in the interview this same woman had said

I'm not too satisfied with my life, but you can't live it over again, and you can't change it. The only thing you can do is when you realize you don't like it is try and better it from then on. Try and make it as good as you can from then on. But there's a lot of things I don't think I've had a square deal on, but like I say there's nothing I can do to change it. If nobody older than me changed it for me at that time, there's nothin' I can do now. Only try not to let it happen again, and try not to dwell on it. And try and get as much out of life now as you can (PP: 7).

The latter comment suggests that this woman's dissatisfaction with her life may stem, in part, from causes other than the abusive relationship with her spouse. She was reluctant to discuss her childhood and adolescent years, indicating only that she was not happy as a child and that she had grown up without much money or an education, both of which she seemed ashamed to admit. Therefore, the fact that she was having difficulty feeling good about her life at this point in time may

have much to do with her past. Her comment points to the importance of an understanding of an individual's present situation within the context of his/her life course.

A possible explanation for these two exceptions can be found on the basis of Johnson and Ferraro's (1991) discussion of the victimized self. They maintain that a battered woman's sense of victimization begins to dissolve once she begins to take action against the continuation of the abuse. This dissolution and subsequent renewal of self, however, can be a lengthy process, and for some women it takes longer for a renewed sense of self to emerge than for others. Perhaps this is the case with these two women. At the time of the interview they were in the initial stages of moving away from the sense of victimization. Although they had made some movement in separating from their spouses, their sense of victimization had not dissipated as much as it had for the other women and a renewed sense of self had not yet emerged to the same degree as it had for the other women. Thus, the issue of changes over time becomes important. In both cases, it is possible that with the passage of time, their self-esteem will return to a degree comparable to that of the other women.

There was also a third exception (AA). She, too, had taken steps to end the abuse by separating from her husband. However, it was virtually impossible to determine the state of her self-esteem at that time as she was unable to focus on the questions and issues at hand throughout the entire interview. Instead, she was pre-occupied with relating the lengthy and on-going legal proceedings in which she was involved, both past and present, with each of her four husbands. Several times during the interview she brought out documents which detailed her share of her former husbands' estates and photographs of her former husbands, her children and step-children. She also produced envelopes full of legal documents relating to her abusive spouse, which contained details of property ownership, bank accounts,

and her spouse's will. This woman appeared to be seeking validation of her claims of the injustices done to her by the legal system in the dissolution of her other marriages, in addition to the wrong-doing on the part of her abusive spouse and his lawyers. Her inability to talk about herself or how she felt about her life at that point in time suggests, perhaps, that she was still at the point of being consumed by her sense of victimization, not only from the most recent relationship, but from the others as well. As Johnson and Ferraro (1991) state

An individual's adoption of a victimized self is all-consuming. For the immediate present it tends to override (but not necessarily destroy) other aspects of the self. It becomes the organizing perspective by which all other aspects of life are interpreted or reinterpreted (Johnson and Ferraro, 1991: 662).

In attempting to ascertain commonalties among these three women and determine how they differed from those who followed the general pattern described earlier, a number of characteristics were examined. These included whether they were still with their abusive spouses, the length of time since the abusive relationship had ended, their age, the length of time in the abusive relationship, and when the abuse began.

On the basis of the first two characteristics, there did not appear to be any differences. The three exceptions had separated from their abusive spouses, similar to other women. The length of time since the separation was also similar to the other women who had separated, ranging from several months to several years. In addition, age did not appear to be a factor in the case of the first two women. They were in their late sixties (sixty-eight and sixty-nine years), as were a number of the other women, whose ages ranged from sixty to seventy years. The third exception,

however, was somewhat older. At age seventy-nine, she was the oldest of all the women abused by their spouses.

On the other hand, two characteristics do appear to differentiate the three women from the majority of the others. The first is the length of time in the abusive relationship. For the three exceptions, the abusive relationship lasted less than ten years (three, five, and eight years respectively), compared to ten years or more for all but two of the other women, most of whom endured more than twenty years of abuse. Secondly, these three women were in their sixties when the abuse began. For them, it was not 'spouse abuse grown old' as it was for the women who had been in long term abusive relationships. Instead, it was abuse that began in later life. Thus, the three women whose pattern of self-esteem deviated from the general pattern can be differentiated on the basis of a shorter abusive relationship and one that began later in life.

Why these characteristics translate into a somewhat different pattern of self-esteem remains unclear. It is only speculative to suggest that, perhaps, because the abuse was over a shorter time frame, there was not sufficient time for a process of adaptation to the situation, as may have been the case for those women whose abuse continued over a greater period of time. In addition, perhaps, the onset of abuse at a later age is a greater assault on one's self-esteem and, therefore, the recovery process is more lengthy. These three women, then, may require more time for their self-esteem to recover to the same degree as the others. If this is so, then once again the issue of changes occurring over time becomes relevant to an understanding of the self-esteem of these women.

## SUMMARY

This discussion has centered on the pattern of self-esteem which was found among eleven elderly women who were abused by their spouses. All of the women

had, at one time, exhibited characteristics similar to those attributed to younger battered women, including perceived powerlessness, dependency on the abuser, internalization of blame for the abuse, humiliation and shame over the abuse, and social isolation. Similarly, all of the women had reached a turning point where they were no longer prepared to tolerate the abuse, and all had taken steps to end the abuse, whether that meant leaving their spouses or remaining in the relationship but living differently within it. By doing so, the women had begun the process of renewal of their self-esteem. It appears, however, that the self-esteem of some of the women had been restored to a greater degree than others. This suggests that the renewal process is one which evolves over time. That this appears to be the case, indicates the importance of examining issues of self-esteem for abused elderly women in such a way as to allow for consideration of changes over time. The discussion now turns to an examination of some of the strategies used by these women to effect changes in their self-esteem.

### USE OF STRATEGIES

As part of the process of renewal of self, the women used various coping strategies. The four strategies discussed in Chapter Two will be examined, including attribution to self, psychological centrality, reflected appraisals, and social comparisons. That is not to say, however, that other strategies had not been employed.

#### Attribution to Self

Attribution to self refers to the process by which individuals attribute causality for their situation, either to themselves or to factors external to them. If causality is attributed to oneself, self-esteem is at risk. If, however, causality is

attributed to external factors, self-esteem is not implicated in the outcome, particularly if the outcome is perceived as failure (Breytspraak, 1984).

At one time most of these women thought the abuse was their fault. Some wondered what they had done to deserve it; others thought "... maybe there was something I should be doing that I wasn't" (JJ: 22). At that point in time, the self-esteem of these women was low. But at the time of the interview, having re-defined the abusive situation, most were able to say with confidence that they knew it wasn't their fault.

... it's not me. It's him. He's got no right to hit me (VV: 21).

... when I met him the last time, I said, "\_\_\_, everything is your fault, not my fault. Don't go blaming me." (HH: 13).

A number of the women attributed the abuse to the fact that their husbands had either been abused themselves as children or had grown up seeing their fathers abuse their mothers. When asked why they thought their husbands treated them the way they did, the women said

Because he saw it in his own family ... His sister told me that his father was a drinker, and he would come home and want sex with his wife. And if she didn't give him what he wanted he'd lift the bed up and tip her out on the floor. Whereas my husband did the same thing with me. So it was a thing that he had grown up with and felt was normal (BB: 6, 7).

It comes from his father ... [His father] abused them. Not physically, but verbally. Oh, yeah, a great deal ... I found out through the sister-in-laws ... they told me that after I was married to him. All these things ... I heard about all those things that, the old man, what [he] was like (KK: 17, 20).

... the way he was brought up. That's what I was told. When a son was brought up in his family, usually he turns out the same way (FF: 14).

Two of the women speculated that perhaps the abuse was a means of controlling them. They felt that by putting them down verbally, their spouses were able to gain more control over them (KK: 17).

... I think he was trying to control me ... I don't think he felt that he necessarily had enough control over me (JJ: 21).

Other reasons were also given that indicated that the women did not accept responsibility for the abuse but, rather, laid the blame squarely at their abusers' feet.

Because of the drinking ... he treated his first wife like that. And the daughters (RR: 16)

My husband used to be a professional boxer. So he's always been macho ... But now he's had this stroke, and he looks in the mirror and he feels very very sorry for himself. The only way he can retaliate is ... I started reading these articles on people who had had strokes. And I realized that this was their way of retaliating (DD: 8-9).

... I don't think it's me that he's really angry at but I'm handy so I'm getting it. I think he's angry over his life and a lot of things have happened to him, so it builds ... I don't think it has anything to do with me (PP: 13).

The women's use of this strategy appears to be consistent with the literature on self-esteem. According to this literature, perceived failure that is attributed to internal (personal) factors threatens one's self-esteem. If, however, perceived failure is attributed to factors external to oneself, then self-esteem is protected

(Breytspraak, 1984). In the case of abused women, then, blaming themselves for the abuse contributes to the lowering of their self-esteem. Conversely, placing the blame on their abusive spouses contributes to the restoration of their self-esteem.

The situation, however, may not be straightforward. It may be that a cycle is set up whereby the women's self-esteem is lowered by repeated abuse. Because of their lowered self-esteem, they blame themselves for the abuse. The internalization of the blame then serves to further erode their self-esteem. Once the women are able to redefine the abusive situation and the abuse is no longer internalized, their self-esteem begins to return. They are then able to place blame on factors external to themselves, thus furthering the restoration of their self-esteem. Cyclical or not, however, the diminished self-esteem of these women is associated with internalization of blame for their abuse, and the restoration of their self-esteem is associated with placing blame on their abusive spouses.

The women's speculation on the cause of their spouses' abusive behaviour appears to concur with the literature on elder abuse. One of the theories offered as a cause of elder abuse is 'intergenerational transmission of violence' or 'cycle of violence' which posits that violence towards family members is a learned response passed down through generations. Although controversy remains as to whether this, in fact, is a cause of elder abuse, there appears to be some agreement that it may very well be a contributing factor (Pillemer, 1986; Wolf, 1986). As to the role of alcohol, which some women saw as a contributing factor to their spouses' abusive behaviour, the literature lends some, although not definitive, support to their claims (Wolf and Pillemer, 1989; Godkin et al., 1989).

### Psychological Centrality

Psychological centrality refers to the degree to which aspects of one's self or dimensions of one's life are important to the individual. Those that are of central

importance impact greatly upon self-esteem; those that are more peripheral have a lesser impact. For this reason, positive changes in self-esteem are more difficult to render when they involve dimensions that are central to the individual, and more easily rendered when peripheral aspects are involved. If an individual is able to rearrange or redefine what is central, then the impact of changes in those dimensions on self-esteem will be lessened (Rosenberg, 1979; Breyspraak, 1984).

There was consistent evidence of use of this strategy, both by women who had left their abusive relationships and by those who had not. The women repeatedly said that their husbands meant nothing to them anymore, that their husbands were not as important to them as they once had been, and that what their husbands said or did was no longer of consequence to them. As a result, their husbands' words and actions now had little or no impact upon their self-esteem, as they had before when, in the words of one woman "... he was still my idol" (BB: 7). Therefore, the women were less emotionally or psychologically vulnerable to their spouse's behaviour, and their feelings about themselves were less dependent on their husbands' evaluation of them.

I don't feel anything for him (PP: 21).

... it [verbal abuse] doesn't fizz on me that much any more [because of] ... the feelings that I've lost ... that I had towards him (KK: 21).

... he's always going out with P \_\_\_\_\_ or W \_\_\_\_\_ [other women] ... But it doesn't bother me none because the respect I had for him I don't have for him now ... if I don't see him again I wouldn't care (HH: 14).

When my husband and I split up I felt actually nothing towards him. Nothing. No hatred, no love, just nothing, absolutely no feelings there whatsoever. It was just a big empty void. This is a contributing factor that I knew we were no longer meant to be together (BB: 1).

One woman explained that she remains with her husband only because of a disabled adult daughter that she and her husband care for together. She has made the commitment "... that I would stay as long as she [their daughter] needed him and then we'd see what would happen" (JJ: 27). But, she said

He's not important to me anymore ... And it's over the last few years that I've come emotionally to the point where I could leave. I could walk out on him and I wouldn't think twice about it (JJ: 26-27).

Later, she added

I don't depend on him. I don't depend on him financially or emotionally. And what he does anymore doesn't bother me one way or another ... and if he wants to go out and never come home again, it wouldn't bother me either (JJ: 28).

Use of this strategy is also seen in comments made by some women regarding how they feel about themselves or their lives now. Their responses indicate that now, at last, they have peace of mind because they no longer have to worry about being hurt, either physically or emotionally. Even though they may have little in the way of material possessions or financial security, they are happy because they have peace of mind, and that is more important to them. One woman repeatedly commented on being free of the fear of being hurt.

... As long as I'm alive, and I'm happy with myself, and I don't have to cringe in every corner or hide behind the door because he might come home drunk. I don't have to do that any more. I don't have to hide ... sometimes I'd have to hide underneath the bed because I knew what kind of mood he was in ... I'm happy with myself and I know that I am not going to be hurt (HH: 26).

I know I don't have to be scared of anybody. I know I don't have to hide ... I mean, I don't have to be afraid. Because to be afraid of a

person is the worst, that was the worst feeling you could have in your life (HH: 28).

I'd rather have peace of mind than worry about the rest of the people [knowing that she and husband no longer together] ... I need peace of mind (PP: 21).

I just enjoy being quiet, that's all. With my cows, and I've got the dogs. Garden in the summertime (FF: 24).

The women's use of this strategy appears consistent with the literature on self-esteem. For most of these women, having a 'good' husband and a 'good' marriage was once central to their lives. Therefore, 'success' in these domains was central to their self-esteem. When their husbands turned out to be abusive, they saw their relationships as having 'failed', whether they ended in a separation or not. The consequence for their self-esteem was negative; that is, their self-esteem waned. Now, however, their feelings for their husbands have, for the most part, been lost or destroyed as a result of the abuse. Neither their husbands nor a 'good' marriage are central to their lives any longer. Thus, their self-esteem has been recouped.

These women appear to have successfully rearranged what is important to them in their lives now. Whereas having a 'good' marriage, or at least the illusion of it, was once of such great importance to them that they denied or rationalized the abuse they endured, such is no longer the case. Now, having peace of mind and freedom from fear of abuse takes precedence.

### Reflected Appraisals

The use of reflected appraisals is based upon the *perception* of a positive appraisal of oneself by others. It involves the process of selecting sources of

appraisal that will result in positive appraisals and selecting as meaningful those appraisals which are perceived as positive (Gecas, 1982).

The most common points of reference for these women's appraisals of themselves were their children. Some women framed their appraisals in terms of a comparison between themselves and their spouse, and felt that their children see them in a more favourable light than they see their spouse.

... they like my company, that's all. As far as I know. I mean they take more interest in me than in their own father, like the children does (FF: 6).

It never got to be a real relationship [between children and spouse] ... it was just "Mom would you ask Dad?" And yet they'd come to me and tell me anything ... did they think he'd be upset? ... Or he just wouldn't talk? Maybe he was the same with them. If they came to him he just wouldn't answer. If it was anything that was on a slightly emotional level it was ignored (JJ: 25).

Another woman focused on things her children said to her as a means of viewing herself in a positive light.

... like my son said to me, "When I look over all the women in this family that could have been my mother, I'm sure glad that you're my mother." Something like that makes you feel good. And sometimes someone else will make a comment of some kind, you know, and you think, well ... you appreciate who you are (PP: 6).

On the other hand, some women concentrated on negative appraisals of their abusive spouses by friends and family of the spouse. Although the appraisals are of their spouses, not of themselves, it suggests that they use these appraisals to reinforce their own view of their spouse, thereby reflecting favourably on themselves by way of comparison.

He's got two daughters [from a previous marriage] and the daughters they don't have nothing to do with him. Especially the little one. The youngest one. She got married not long ago. He didn't get an invitation. They don't send him Father's Day card, Birthday card, or Christmas card. They don't, because they say they disown, they say he give us such a bad treatment (RR: 16).

... as far as I can see they [his friends] shy away from him. They'll come and drink with him, 'til the bottle's empty. But he'll never be invited out drinking with them again. He is very lonely (KK: 23).

Consistent with the literature on self-esteem, these women used reflected appraisals to enhance their view of themselves and, thus, bolster their self-esteem. By using their children as sources of appraisal, they have selected individuals with whom they have good relationships and, therefore, individuals whose appraisals are likely to be positive. They are also individuals whom the women consider important and whose opinions they value.

The women use reflected appraisals in several ways. First, some compare their children's appraisal of them to that of their spouses. The result is the perception of a favourable assessment of themselves versus an unfavourable one of their spouses. This casts them in a more favourable light relative to their spouses. Second, some focus on the positive things their children say to them. This nurtures a view of themselves as a good person and a good mother, both of which are important to their self-esteem. Third, some women use appraisals of their spouses by others. Their perception of these appraisals as negative serves to confirm to them that their situation is the result of their spouses' shortcomings, not theirs. Again, this situates them more favourably relative to their spouses.

In the case of these abused women, the use of comparison of appraisals appears important. Many of these women are struggling to legitimize their belief

that their troubled or 'failed' relationships are not their fault, but rather the fault of their spouses. In order to do so, they need affirmation of this by others. They seek this affirmation, in part, by making comparisons between themselves and their spouses in which they are viewed more favourably. Comparing reflected appraisals of themselves to appraisals of their spouses is one way of doing this. In the process, their own self-esteem is enhanced.

### Social Comparisons

Social comparison is a means of assessing one's own situation by comparing it to others'. The outcome of the comparison may be positive or negative, depending on the point of comparison, and can be manipulated to one's advantage to enhance self-esteem (Gecas, 1982; Breyspraak, 1984). In the literature on the aging self, a positive outcome of comparison is termed 'relative appreciation' and a negative one is termed 'relative deprivation'. This literature also states that in making comparisons with age cohorts, older persons have a tendency towards relative appreciation (Atchley, 1982).

Social comparisons were used by some of the women. Several tended to make comparisons on the basis of having a good husband. They often felt that the women they compared themselves with were, perhaps, better off because they had better husbands, that is, someone who did not abuse them.

My sister ... Her husband worked for the CN ... when he retired, he just kept to the bottle all day long ... But he wouldn't touch her ... He'd never lay his hand on her (FF: 22).

... my situation is usually worse. Because they're with their husbands, and they've managed to accumulate something over the years ... it is worse (BB: 13).

Sometimes I think, she's had it better than me ... if she's got a better husband than me. If he didn't hit her, or beat her (VV: 13).

However, in more global terms, even these same women felt that "I've got it better" (VV: 14), particularly when comparing their health status. They often felt that their situations were better or at least comparable to that of other women.

I'm lucky. I'm blessed. I count my blessings because when I see what's going on in other parts of the world I've got it made ... And I consider myself lucky in lots of ways (BB: 8, 9).

I don't say "poor me." ... I don't think I'm worse off than anybody else. I'm better off in a lot of ways ... I think I'd come out, you know, as average (JJ: 14).

... there's so much misery in the world. I think to myself, I'm lucky ... you haven't got to look far for somebody in much worse position than what you are. I can get up, I can walk about, I can do all these things ... I think I'm lucky (DD: 7).

Not all women made comparisons. A number of them said that they did not compare their situation with that of others.

No. I don't compare, I wouldn't compare myself to anybody else because I've got everything. My first husband gave me everything ... So I can't compare ... I couldn't compare myself with somebody else. And I wouldn't want to be somebody else. I want to be myself (RR: 8).

No, I don't think small like that. I don't bother. I think, "Well, she's who she is and I'm who [I am]" ... I usually don't take much stock in that. I try to think beyond that (PP: 7).

I don't really compare myself, but I know there's a lot of people have probably the same problems. Pretty well the same. But no, I never really ever have done that (KK: 12-13).

The use of social comparisons by these women appears consistent with that described in the literature. Their comments illustrate the use of both relative appreciation and relative deprivation, and they manipulate the final outcome to be in their favour in terms of their self-esteem.

On issues relating to their spouses, particularly on the basis of whether they had a 'good' spouse or a 'good' marriage, the outcome of comparisons for these women was usually negative; that is, they felt their situations to be worse than others' in spite of the potential for damage to their self-esteem. However, in other aspects of their lives they felt their situations were better than, or at least comparable to, other women their age. By being situation specific in their comparisons, they were able to offset the damage to self-esteem of a negative outcome in one situation with positive outcomes in others. Thus, they were able to manipulate the outcomes to best serve the motive of enhancement of self-esteem by finding themselves, overall, in a position of relative appreciation. This makes them feel better about their own circumstances, although they may, indeed, be less than ideal.

The finding that some women did not make comparisons is also explained in the literature. Markus and Herzog (1991) cite several studies which indicate that older people do not look for social comparisons. Two reasons are suggested for this. One is that their self-concepts are well established. The other is that they avoid drawing comparisons because such comparisons may pose a threat to their definition of self and, thus, prove damaging to their self-esteem (Markus and Herzog, 1991). For these abused elderly women, the latter would seem more likely to be the case.

## SUMMARY

This discussion has focused on four strategies used by elderly women abused by their spouses. These strategies are attribution to self, psychological centrality, reflected appraisals, and social comparisons. How the women used the strategies as a means of improving their self-esteem and how their use compares to the literature on self-esteem was examined. It was determined that the use of these strategies generally parallels that described in the literature.

## RELATIONSHIP BETWEEN IMPACT OF ABUSE & USE OF STRATEGIES

An attempt was made to discern if a pattern exists in the use of the four strategies by these women. First, whether characteristics of the women were associated with their use of the strategies was examined. Those characteristics examined in relation to the use of strategies included the women's age, the length of the abusive relationship, the type of abuse, whether they were still with their spouses or not, when the abuse began, and when it ended. On the basis of these characteristics, there did not appear to be a pattern in the use of strategies.

Second, it was noted whether there were differences in the use of the four strategies by women whose self-esteem was higher compared to women whose self-esteem was lower. It was found that certain strategies did not seem to be used more by women whose self-esteem was higher, relative to the others, or less by the three women whose self-esteem was lower. The women whose self-esteem was lower used the four strategies in a manner comparable to those whose self-esteem was higher. Although the three women whose self-esteem was lower did not make use of social comparison, neither did some of the women whose self-esteem was higher.

Thus, it cannot be said that the use of certain of these strategies leads to higher self-esteem for these women. What seems fair to say, however, is that some

women relied more heavily on certain strategies over others in order to restore their self-esteem, and that the strategies relied upon more heavily varied from woman to woman. As discussed previously, perhaps the lower self-esteem of the women who were exceptions to the overall pattern is, indeed, a result of factors such as a shorter abusive relationship, one that began later in life, and past experiences. Again, the issues of individual differences in the length of time required for the process of restoration of one's self-esteem and the importance of one's life history become apparent.

### CONCLUSION

This chapter has presented an analysis of the interviews with eleven elderly women abused by their spouses. The impact of abuse on the self-esteem of these women was seen to be similar to that of the victimized self described by Johnson and Ferraro (1991). As a result of repeated abuse, whether on a long or short term basis, the women's self-esteem was eroded. At some point in the relationship, however, the women reached a turning point where they no longer continued to tolerate the abuse. As the women began to deal with their abusive situations, whether by leaving their spouses or by remaining in the relationship, the process of restoration of their self-esteem began. Three of the women, though, were not as far along in this process, as their self-esteem appeared not to have been restored to the same degree relative to the others. These were women whose abusive relationships began later in life and were of shorter duration than most of the others. It was determined that the lower self-esteem of these three women may also have been due to other factors, such as past life experiences. These findings appear to highlight the importance of examining changes which occur over time and an understanding of an individual's life history.

Four strategies were discussed in terms of how they were used by these women and how their use compared to that described in the literature on self-esteem. The strategies were attribution to self, psychological centrality, reflected appraisal, and social comparison. It was found that the women used these four strategies to varying degrees as part of the process of restoration of their self-esteem. A relationship between the use of one strategy over another and relative high or low self-esteem did not appear to exist. In the next chapter, women who were abused by an adult child are discussed.

## CHAPTER FIVE

### FINDINGS: ABUSE BY ADULT CHILD

This chapter presents the findings from the analysis of interviews with nine elderly women who had been abused by an adult child. The findings are presented in a similar manner as in the previous chapter. First an overview of the abusive relationships is given in terms of the abusers' characteristics, whether the abuse was still occurring, the type of abuse, and the length of time in the abusive relationship. Then, a discussion of the impact of the abuse on self-esteem is presented, followed by an examination of the strategies used by the women to deal with issues of self-esteem. Attention then turns to a discussion of the relationship between the impact of abuse on self-esteem and the strategies used by the women.

#### ABUSE BY ADULT CHILD

Table 5-2 shows a breakdown of those abused by an adult child according to characteristics of the abusers, not the victims. Three of the abusers had a history of mental illness or emotional problems, four had drug or alcohol problems, and two had other problems such as unemployment, financial difficulties, or marital problems. In four of the nine cases, the abuse was still occurring at the time of the interview.

All nine cases involved emotional abuse; all but one involved financial abuse; and three cases involved physical abuse. Of the nine women abused by an adult child, six were abused by sons, two were abused by daughters, and one was abused by both a son and a daughter.

The length of the abusive relationship varied from six months to ten years. In six cases, the abuse was relatively short term, lasting from six months to three

years; in three cases, it was on a more long term basis, having lasted from seven to ten years.

A comparison of the abusive relationships of these women to those of the women abused by their spouses reveals differences in the length of the relationship and in the type of abuse they experienced. On the whole, the abusive relationships of the women abused by their children were of shorter duration. Whereas their abusive relationships lasted between six months and ten years, the abusive relationships of the women abused by their spouses lasted between one year and forty-seven years. Although all of the women experienced emotional abuse, physical abuse was more prevalent among the women abused by their spouses (73 percent) than among those abused their children (33 percent). Financial abuse, however, was more prevalent among those abused by their children (91 percent) than among those abused by their spouses (36 percent). Sexual abuse occurred only in the case of one woman abused by her spouse.

TABLE 5-2: Abuse by Adult Child  
(n=9)

	PROBLEMS of ABUSERS		
	MENTAL ILLNESS/ EMOTIONAL PROBLEMS	DRUGS/ ALCOHOL	OTHER PROBLEMS
No Longer Occurs	2	3	--
Still Occurs	1	1	2

### IMPACT OF ABUSE ON SELF-ESTEEM

The pattern that emerged from an analysis of the interviews with the women abused by adult children differs considerably from that of women abused by their spouses. The pattern is described below, followed by a discussion of the one exception to it.

The data suggest that the self-esteem of the women abused by an adult child was not eroded as a result of their abusive situations. Indeed, their self-esteem appears to have remained intact in spite of the abuse. When asked how they felt about themselves and their lives, almost all replied that they were happy with themselves, with their lives, and with the kind of person they are.

Yes, yes I do [feel good about myself]. Yes, I like being a senior ... And I'm so happy with all my children, and my grandchildren and great-grandchildren (CC: 12).

And I feel I'm really content the way I am ... I'm happy with myself ... I feel good. I feel good about myself (MM: 23; 27).

Even in the midst of confusion [about son] ... I feel good (SS: 25).

Yes, I'm very happy with myself ... Oh I just like the way I am ... I just feel satisfied ... satisfied with life (EE: 4; 6).

I think I'd say content (QQ: 6).

I'm happy in myself. Let's put it that way ... I'm happy. Sure, I'm contented. Why not? (NN: 12; 15).

When asked if there was anything they would like to change about themselves or their lives, most replied that there wasn't.

Not since I'm here [in senior's building]. No, no. I'm twenty years here and I'm the happiest here in my life (TT: 23).

Oh, then I wouldn't be me! ... and I think I like being me. Yes, I think I like being me ... Nothing really (CC: 13; 17).

I don't think so. Nothing drastic (NN: 27).

No ... No, no. Not a thing (EE: 6; 17).

A few of the women did mention some things that they would have liked to have been able to change. None of these, however, appeared to be associated with the abusive relationship with their children.

I wish I was more educated than I am (MM: 11).

Well, sometimes it would be nice if I wasn't quite so, I don't know, shy ... timid (QQ: 5).

I've always thought we should do more together as far as husband and wife (SS: 26).

Self-esteem did not appear to be a salient issue with these women in terms of their abusive relationships with their children. What did emerge as an issue for them, however, was their overwhelming concern for the children who abused them. They talked repeatedly about the problems their children had -- problems of mental illness, of drug or alcohol abuse, or problems due to unemployment, financial or marital difficulties. The women saw these problems as the root cause of their children's abusive behaviour towards them. When asked why they thought their children treated them the way they did, they said

... that was his illness (CC: 10).

... because it's a different kind of illness, the depression. Why do people get depressed? Because they're unhappy? I don't know. It's part of an ailment I guess ... Well, his illness and ... I guess he was

so depressed you get to hate everything I guess. He hated himself mostly (MM: 20).

But when he started drinking, he was no good when he was drinking. No, he used to treat me rough ... Because he got drunk (TT: 15; 18).

... it's just the chemical addiction. It's taken over and she's not capable of thinking straight (QQ: 12).

... the abuse happens, as I say, when he gets drunk. Yes, drunk. And things come back. He said, "When I get like that, things come back in my mind". Especially as I say, towards his father because, going back to his childhood, of not being home too much. It seems to get worse then (SS: 18).

Just because he's lazy. Doesn't want to work. His father ... got him in there working at \_\_\_\_\_ and he didn't like that. He didn't want to stay. I don't know how many different jobs he's had since he left the house, I don't know. He doesn't want to work. He's living on welfare right now (EE: 13).

The most pressing concern in the minds of most of these women was to find help for their children who abused them, not for themselves as the victims of that abuse. A number of the women did not really see themselves as victims of abuse; rather, they saw themselves as mothers dealing with children who needed help. Although it hurt them deeply that their children treated them as they did, their main concern seemed to be for their children. One woman expressed the frustration she felt in trying to find help for her son.

... our concern was not so much all that [giving son money]. It was that we didn't know who to turn to for help [for him]. Like we didn't know whether he needed a psychiatrist or a doctor ... The thing was, the reason I phoned them [Elder Abuse Resource Centre], I was thinking they might help me in where I should turn for help for him ... There were problems that he had and we didn't know what to do. And that was the frustrating part for us (CC: 4-5).

... we didn't know what it is he needed. And we didn't know who to go to. I mean you go to your doctor, you go to your minister, you go to ... the crisis centre. And you still didn't get the answers you were looking for so therefore you are frustrated. You know, I was frustrated. Because you want your son to get better (CC: 9).

This same woman also described the relief and happiness she felt when her son was finally able to get help to resolve his problems.

When he phoned me and said "Mom, I have good news. I have found a doctor that understands me." I tell you, I almost jumped for joy because it felt like my son came back. That's exactly how it felt. I mean, sure there's going to be a period, until he gets, you know, back to the way he used to be, but as long as there was somebody that could help him. And this doctor has him doing therapy, so I feel wonderful. Yes (CC: 10).

Another woman spoke of the concern she had for her abusive son and her attempt to help him.

There's something terribly wrong and he has to have help. So, anyhow, I had put him in the hospital. I said "You know, you're not well. What you're doing is not your fault. You need help. Would you let me take you to the hospital? Would you consider it?" ... So, he said "Oh Ma, you just want to get rid of me. You don't like me." And I said, "\_\_\_\_, if I didn't like you I wouldn't give a darn what happens to you. I would just tell you to get out, because I have the option of doing that ... I can't do that. You're the youngest son and I am responsible for you ... I would like to get you to the hospital so you can get better" (MM: 19).

In addition to concern about their children and frustration in finding help for them, some of the women also spoke of the hurt they felt knowing that their children were suffering.

... the worst part of it is that you are so sad that it is your child and there is no help for him. What direction do you send him for help? ... He has no friends, he has no job ... his children are ... well he doesn't have them. He's very much alone and that hurts (CC: 4; 7).

It hurts, because I raised her from a tiny baby and ... she was a very sick baby ... I worked hard with her. And so it hurts now. It hurts to know that she's down on the corner of Main Street somewhere, or God knows where she is. Sometimes I don't want to think about it. I'd rather not think about it (QQ: 12).

One woman had lost one son to suicide only eighteen months prior to the interview. Now she worries that her second son, who is abusive towards her, will suffer the same fate as a result of his problems with drug and alcohol abuse.

Sometimes when we're asked out I kind of hate to leave him always at home ... when we do go we always feel we're leaving him. There's that feeling. He's going through, he is in kind of an illness, with him, and we feel bad about it (SS: 17-18).

... you never know ... you have this fear, "Is he going to come [home]? Is he going to be OK when he gets home?" (SS: 18).

When I get up in the mornings I wonder, is \_\_\_\_ still with us? Because he's overdosed so often. We thought we'd lost him a few times. Quite a few times (SS: 19).

For some women, the well-being of their abuser was of more concern to them than their own.

And I always worried. He was out of the house now, what is he doing? Where is he? ... Because when things are rough, you just don't think of yourself. You just don't want to (MM: 20; 23).

... we should be thinking more of \_\_\_\_ than ourselves, I feel ... Well they [family members] think about us, but I think, how about \_\_\_\_? He's young too. How about his life? (SS: 15: 23).

In some instances, the women felt that the welfare of their abusive child was of prime importance to them. When asked what was important in their lives at the time of the interview, they said

The only thing that's important for me is for my son to try and still be something or get somewhere in life. That's the most important thing in my life (NN: 26).

Right now what's important in my life? I pray all the time for my kids. I hope that \_\_\_\_ [abusive son] is good, can live a life of his own, and he can provide for himself and to make a life for himself. And for my daughter too (MM: 23).

In spite of the abuse these women experienced at the hands of their children, many of them still spoke lovingly about their abusers. They said that they still loved them, that they had forgiven them for their behaviour, and they described them as caring and kind-hearted individuals.

Well I still love him, of course. I'll always love my son (NN: 26).

I love him as my son very dearly as I loved \_\_\_\_ [other son] ... because I love him. And he is a dear, he just got into this, you know (SS: 18; 26).

... he's a caring person ... And he's always concerned, you know, if I'm well and if I'm OK, and I'm getting along fine. And so, you know, so he's worried ... I don't resent, I don't find that I'm mad at him for what he's done. Whatever happened, I let go. It's gone. And I hope that he'll never do that again (MM: 21).

They're my children. I love them ... I forgive her [daughter] ... I think it's terrible [what they've done], but I still love them. I can't help that ... I've forgiven them (LL: 22; 23; 28).

... when he's not drunk, you can't find a better person ... When he's not drunk he's really nice. And he's kind-hearted too. He would help any people. He would have a dog, and he would see another one that was hungry, he would take it home, give some food to him. That's the way he is. It's only when he's really, really drunk (TT: 15; 19).

When he drinks ... it changes \_\_\_\_ [him] completely. He's kind of a gentle person. He wouldn't put his foot on a spider, or anything like that. But it changes him completely (SS: 13).

Only one woman spoke negatively about her abuser, saying

I have no respect for him at all (EE: 14).

Some of the women also believed that in spite of the abuse, their abusers loved them. These women felt that it was only because of their abusers' problems that they behaved the way they did and that their abusers were truly sorry for what they had done. When asked how they thought their abuser felt towards them, the women replied

I imagine he loves me because he always kisses me before he leaves. He always comes and kisses me. So I imagine he loves me, you know (NN: 26).

... when he's not drunk he always says, "My Mom is the best one. The good mother in the world. My Mom is the best mother in the world". And he told that to my neighbours too (TT: 20).

I think she really loves me. But the addiction is stronger than the love (QQ: 12).

I think he's very sorry ... He just doesn't like to talk about it, but I know that he is sorry (MM: 21-22).

Existing literature suggests that elderly parents abused by an adult child feel powerless to stop the abuse, feel guilty because they may be the cause of the abuse, feel shame and humiliation which silences them about the abuse, and are socially isolated -- all of which contribute to low self-esteem (Kosberg, 1988; Wolf and Pillemer, 1989). These women did not appear to exhibit these characteristics.

Although some of the women expressed frustration at feeling unable to help their children with their problems, they did not feel powerless to take action towards putting a stop to the abuse. Some called the police, some had restraining orders instated against their children, and some forced them to leave.

... a lot of times we've had to get the police (SS: 17).

A lot of the time we had to call the police ... I don't know how many times we've had to call the police (QQ: 9).

I had the police down here and they took him away ... I had them here. I phoned them a couple of times, yeah. And then I had them here just to talk to them about things, you know (NN: 18; 23).

And now we've got a restraining order ... I warned him. I says, "You better be careful what you say to us, because if you say too much, there's always a telephone." You know, I says, "The cops can come and pick you up" ... It doesn't bother me to do it [restraining order] (EE: 9; 10).

I just told him, I says, "I'm going to report you to the police and I'm going to throw you out. I don't want you to come here anymore." And he stayed at his place ... "Get out of here" I'd tell him ... I said, he's not going to treat me like that, "Now get the hell out of here." And he went home (TT: 16; 18; 19).

Neither did the women indicate that they felt at fault for the abuse. As discussed earlier, most saw the abuse as stemming from their children's problems.

One woman did say she felt guilty, but not about being the cause of the abuse. Her guilt was because she felt unable to find help for her son to overcome his problems and ease his pain.

You have that guilty feeling, you know, when it's your child and he has no job, and he has no health. His health is bad, and you get this guilty feeling and you sort of feel that you should be doing this [giving him money] (CC: 6).

Although the women were hurt by the abuse, they did not appear to feel shame or humiliation to the point of being silent about their abuse. They were in contact with the Elder Abuse Resource Centre and they agreed to be interviewed for this research. Some said that they had told other family members or friends about their situation.

Well, just to talk to somebody else outside the family [EARC]. That seemed to do us good (CC: 4).

Well, I told them [friends], because I had to tell somebody ... Well, yeah, they were [supportive] you know ... Oh, yeah, they knew. Yeah, my friends knew (NN: 22-23).

Oh yes ... they [friends] know the family situation ... Oh yes. Pretty well. By this time. Oh, yeah. They know (SS: 23).

Oh, yes. My daughters do ... I used to tell them ... the caretaker knew, and my two other sisters ... my neighbours used to know because I told them (TT: 19).

Furthermore, these women are not isolated from other family members or friends. Most are active individuals who continued their usual activities with friends and family in spite of the abuse. Some are more socially active and involved than others, but those differences appear to be due to personality and

lifestyle differences and not as a consequence of the abusive situation. As one woman summed up

... I went out. If I wanted to go with, over to my friends, I'd go. And if I wanted to, you know, have them in I'd have them in. And just tell him I've got company and that's all there was to it (NN: 22).

It appears, then, that the self-esteem of most of these women was not jeopardized by their abusive relationships with their children. There was, however, one exception. This woman (GG) had been in hospital for nine months at the insistence of one of her daughters, just prior to the interview. During her hospitalization, her two daughters gave up her apartment, disposed of her belongings, and moved her husband to a location of which she is unaware. In order to be discharged from the hospital, she had to find another apartment and try to reclaim some of her possessions, "Because you couldn't come out of there if you didn't have a home" (GG: 8). Thus, at age seventy-four, recently disabled, alone, and with reduced financial support, she was starting over. At the time of the interview, only four months after discharge from hospital, she was in the process of coming to terms with all of this. The effect on her self-esteem seems evident from her comments regarding how she feels about herself and her life now.

Well I feel kind of lonely ...And kind of scared ... it's a scary thing to be alone. When you're old (GG: 5-6).

Well I just don't like anything about myself. To be truthful (GG: 12).

Well I feel very unhappy. About everything (GG: 18).

Nothing's important ... Well things aren't very important any more ... It's not very important, my life (GG: 19; 20).

This woman's lowered self-esteem can be explained on several accounts. First, she has been forced into what Glaser and Strauss (1964) call a "closed awareness context." This occurs when one participant in a social situation is unaware of certain aspects of the situation or when one participant is unaware of the other's understanding of the situation. As a result, the availability of the other participant as a source of identity support is effectively reduced or eliminated. In the case of this woman, a closed awareness context exists with regard to her lack of knowledge about her husband. During her hospitalization, her daughters relocated her husband without her knowledge. At the time of the interview, she remained unaware of his whereabouts and of his understanding of the situation. Thus, her husband as a source of identity support had been taken away from her.

This woman also had her belongings and personal effects taken away by her abusive daughters. According to Goffman (1961), the self is objectified in one's material possessions, and an individual needs these identity supports the most when he/she is most vulnerable. This woman had her identity supports removed at a time when she may have needed them the most -- that is, as she attempted to rebuild her life alone in her new apartment.

It also seems likely that the change in this woman's health status from healthy and independent to disabled and dependent contributed significantly to her lowered self-esteem. When asked about her present situation, she compared it to her life before her hospitalization.

Well I always was [happy with herself] but I'm not now (GG: 6).

Well I'm a different person than I was before. I was outgoing and I'm not now. I play bridge and I make myself go - not that I want to - but before I used to look forward to it (GG: 10).

I enjoyed what I had out of life. I belonged to the Y, I used to go twice a week. I belonged to a group. And I enjoyed that. I was busy everyday (GG: 20).

She repeatedly referred to her disabilities as the cause of much of the unhappiness she feels about her life now.

... I'd like to feel better. I'd like to get rid of these legs - not get rid of them, but I mean, get rid of the misery of them (GG: 20).

Well I can't go to the Y, I can't go up and down the stairs. No, I can't do that. And I get too tired. I get very tired (GG: 21).

... [if walking was good] then I'd be right back into things (GG: 21).

Thus, this woman's lower self-esteem can be seen to be the result of a number of factors. The abuse began at a time of heightened vulnerability for her, that is, during her illness and hospitalization. Also, it began only recently and is still unresolved (at the time of the interview). She is in the midst of dealing with lawyers to try to recoup her finances and her belongings, and with numerous social services agencies to obtain the supports necessary to maintain herself in her apartment. At the same time, she is having to deal with the recent onset of physical disabilities and the limitations those disabilities place on her life. She is now unable to walk without a walker, she can no longer engage in many of the activities that she once could, and she is no longer independent in looking after her needs. Her life as she knew it prior to her hospitalization has changed drastically. She has recently suffered several major losses at the same time -- the loss of spousal and family relationships and support, the loss of her possessions, the loss of financial security, and the loss of her former physical self.

By comparison, the other women were interviewed regarding abusive situations which had been resolved or which were not of as recent onset. Although there were other women whose abuse continued at the time of the interview, their situations were not as new to them. Perhaps this has allowed them time to learn to deal with their situations in ways that do not jeopardize their self-esteem. The other women also have spouses or other family members or friends who act as a support system. This woman does not appear to have such a social safety net. Unlike the other women, this woman's financial situation is greatly reduced as a result of the abusive relationship. Furthermore, this woman is more functionally limited than the others. Although one other woman (TT) has certain functional limitations, even she is more independent.

However, in spite of this woman's physical disabilities, functional limitations, and lowered self-esteem, she is determined to make it on her own.

... I decided, to heck - I'm not going to be beat. "Fight" my mother used to say, "Fight" (GG: 8).

She has risen to the challenges before her with the help of the community support services available to her, such as the Elder Abuse Resource Centre and Home Care services. Considering the obstacles she has overcome thus far, she appears, indeed, to be a "fighter." Perhaps, then, with time, her self-esteem will be restored. Again, the importance of a consideration of changes occurring over time is indicated.

In comparing the findings among women abused by their children to the literature on the causes of elder abuse, it can be seen that the situations of these women differ in several ways. According to the theory of social isolation as a cause of elder abuse, the abused elderly are likely to be isolated from family and

friends and to have few contacts outside the home. Some have argued that this isolation is not a cause of the abuse but, rather, a result of it (Wolf and Pillemer, 1989; Godkin et al., 1989). Neither explanation appears to apply to the majority of these women, however. With the exception of the one woman whose self-esteem was lower, these women were not found to be socially isolated.

The findings are also seen to be inconsistent with the theory of external stress. Although there were two instances where the abusers had experienced stresses external to the abusive relationship, a relationship cannot be inferred on the basis of these two. The same can be said for the theory of intergenerational transmission of violence. It is unknown whether a history of child abuse or other forms of family violence were factors contributing to the abusive relationships of these women.

The theory of dependency of an elder is also refuted by the findings. It has been reported that abuse of an elderly parent by his/her adult child is a result of the stress associated with the elder's need for care. Adult children who provide care to frail, elderly parents become stressed by the demands of that care and respond by being abusive toward their parents (Steinmetz, 1988). However, apart from the one woman whose self-esteem was lower, the women interviewed here are neither frail nor dependent upon their abusers for care; instead, the reverse is true.

With the one exception, these women are independent and self-sufficient. Almost all were abused by a child to whom they provided financial support and, in some cases, a place to live. This pattern is consistent with what Pillemer and Finkelhor (1989) have termed 'reverse dependency'. They maintain that an abusive relationship arises out of an adult child's dependence on elderly parents, most commonly for financial support, sometimes for housing, child care, or medical care. The work of Greenberg et al. (1990) has supported this view.

The situations of these women are also consistent with the theory of intra-individual psychopathology as a cause of elder abuse. According to this perspective, the abuse stems from some form of psychopathology on the part of the abuser. It may be a result of the abuser's mental illness, emotional or psychological problems, or substance abuse (Wolf and Pillemer, 1989; Godkin et al., 1989). As discussed earlier, the abusers of these women either had mental or emotional problems, problems with drug or alcohol abuse, or problems due to unemployment or marital difficulties.

In examining the situations of these women, then, it is possible to speculate that the abuse likely occurred as a result of a combination of abuser psychopathology and reverse dependency. That is, the psychopathology of the abusers led to dependence on their parents which, in turn, developed into an abusive relationship.

### SUMMARY

This discussion has focused on the pattern of self-esteem found among nine elderly women who were abused by an adult child. Unlike the women abused by their spouses, most of these women did not exhibit characteristics associated with lowered self-esteem. With one exception, they were able to maintain their self-esteem in spite of the abuse. Indeed, the prime concern of these women was not for themselves but, rather, for their abusers and in getting help for their abusers' problems -- problems which appear to have precipitated the abuse. The discussion now turns to an examination of some of the strategies used by these women to maintain their self-esteem.

## USE OF STRATEGIES

These women used various coping strategies as a means of maintaining their self-esteem in the face of the abuse they experienced. Their use of the four strategies discussed in Chapter Two is examined here. The strategies include attribution to self, psychological centrality, reflected appraisal, and social comparison.

### Attribution to Self

As discussed, attribution to self refers to the process by which individuals attribute causality for their situation. When causality is attributed to oneself, self-esteem is at risk if the outcome is perceived as failure; when causality is attributed to external factors, self-esteem is not implicated in the outcome (Breytspraak, 1984).

Most of these women had no difficulty or hesitation in attributing the abuse to factors external to themselves. As seen earlier, most believed that the abuse occurred as a result of a problem on the part of the abuser. They did not feel that the abuse was their fault or that they had brought it upon themselves as a result of past behaviour. Some even felt that because the abuse was due to their abusers' problems, it was not really the abusers' fault either.

... I don't know if he holds an awful lot against me (SS: 18).

... I didn't really blame him because I felt, it's not that he wanted to do it (MM: 16).

... I sort of feel that I understood that it was his illness (CC: 15).

One woman maintained that she had no idea why the abuse occurred but, nonetheless, was sure that it was not a reflection of her as a mother. When asked why she thought her son treated her as he did, she said

I don't know. I'm trying to figure it out because if there ever was a mother that looked after that boy ... No. I don't have any idea. I would like to [know] if there was a reason, but I can't see any reason for it ... I often wondered why on earth he ever wanted to do things like that. Why he wanted to be mean to me, particularly when I had been so good to him (NN: 24; 25).

Only the one woman whose self-esteem was lower than the others felt that the abuse may have been, in some way, her fault. She said that, perhaps, the abuse was a form of revenge on the part of her eldest daughter for events that had happened in the past.

I think she's getting even ... it's one thing that she could have against me (GG: 17).

The women's use of this strategy, in terms of attribution of causality for the abuse, appears consistent with the literature on self-esteem. The self-esteem of the women who felt that the abuse was not their fault, and who attributed it to their abusers' problems, remained unaffected by the abuse. By also absolving their abusers of blame, the women were further protecting their own self-esteem. Saying that the abuse was not really the abuser's fault, exonerates them as mothers. It also justifies their continued love for their abusers, as well as their abusers' love for them. On the other hand, the woman whose self-esteem is lower than the others is the one woman who felt that the abuse may have been her fault. The impact of accepting blame for the abuse is seen in her lower self-esteem.

The pattern of attribution of causality and self-esteem seen with these women is also consistent with the pattern found among the women abused by their spouses. When they felt themselves to be at fault for the abuse, their self-esteem was eroded; when they realized the abuse was not their fault, their self-esteem began to be restored.

### Psychological Centrality

As already discussed, changes in aspects of one's self or dimensions of one's life that are central to an individual impact greatly upon self-esteem. If, however, an individual is able to rearrange or redefine what is central, then the impact of changes in those dimensions will be lessened (Rosenberg, 1979; Breyspraak, 1984).

For most of these women, the role of wife and mother has always been central to them. When asked what had been important to them in the past, they indicated the importance of home and family in their lives.

... my marriage and my children ... my husband was so important to me, and to have children (CC: 15).

When I was young, all I wanted to do was to be married and have children ... to be a house wife (MM: 13).

... all to do with the family. My husband, the kids (SS: 23).

... my home. And my husband was very important to me ... We got a home, we appreciated our home (EE: 15).

My father was very important to me for years and years. I looked after him (QQ: 13).

... my children having a good education and good marriage (TT: 21).

Now, as they age, and in spite of having been mistreated by their children, most of the women felt that the same things were still important to them. As seen earlier, some of the women said that the well-being of their abusive child was now the most important thing in their lives. Others had this to say, when asked what was important to them now.

... just the same things. I mean I never really changed that (EE: 15).

... my children and my grandchildren (QQ: 13).

[What's] Important now is to see my children well placed and good ones, good children. I want them to be good children (TT: 22).

For many of these women, then, the abusive relationship did not appear to change what was important to them; their concern was still for their children and family matters. When asked if they felt that having been abused by their child had changed or affected what was important to them, most said that it had not.

No. It hasn't changed, no (CC: 15).

I don't think so. I don't think so ... I want them [children] to make a life for themselves while they still could. I hope that they better themselves (MM: 24).

I don't think so, no. No (QQ: 14).

The one exception to this was the woman whose self-esteem was lower than the others. When asked what was important to her in the past, she said

Well, belonging to my things, and people. I enjoyed what I had out of life (GG: 20).

Now, however, having been abused by her children, estranged from her family, and isolated due to her disabilities, she said "Really nothing. Nothing's important" (GG: 19). Indeed, she felt that having been mistreated by her children had changed what was important to her.

Oh, yeah. I think so ... Well things aren't very important any more (GG: 20).

The use of this strategy by these women appears consistent with the literature on self-esteem and aging. According to this literature, a redefinition of roles occurs in later life as a means of maintaining self-esteem when certain roles become less available (Breyspraak, 1984; MacRae, 1990). For these women, their roles as wives and mothers were central to them in the past. As their families underwent changes -- their children became adults, in some instance their husbands died, and many now have grandchildren -- the role of active parent or spouse was no longer available to them. Yet, their role in the family remains of prime importance to them now, although it may be a redefined one.

For those women whose adult children live with them, this redefined role may still include direct involvement in the lives of their children. For others, it may be more indirect involvement, such as with grandchildren. Either way, continuity of the mothering role is attained. For most of the women, though, because of their concern for their abuser, their role "... has been redefined to deal primarily with functions such as concern and worry, or mother as advisor" (MacRae, 1990: 259). These functions, however, are well within the realm of mothering and family.

MacRae (1990) suggests that the ability to redefine roles as one ages contributes to the maintenance of stability in one's concept of self in later life.

Markus and Herzog (1991) emphasize the importance to one's self schema of continuity of roles across the life span. Most of the women interviewed here have been able to successfully redefine their role within the family and accommodate for change. Their ability to do so appears to have contributed to their ability to maintain their self-esteem despite their abusive relationships. By contrast, the woman whose self-esteem was lower appears unable to redefine what is important to her.

In comparing the women abused by their children to the women abused by their spouses, certain differences are noted in their use of psychological centrality. Apart from the one exception, the women abused by their children redefined what was important to them in order to maintain their self-esteem, and what was important to them did not change because of abuse. As a result, their self-esteem remained uncompromised by the abusive relationship. However, the women abused by their spouses rearranged what was important to them in order to restore their self-esteem which had been eroded as a result of the abuse. Also, the women abused by their spouses were affected by the abuse in terms of what was important to them. Their safety, peace of mind, and freedom from fear of abuse came to take precedence over the importance of a marital relationship.

### Reflected Appraisals

As previously mentioned, the use of reflected appraisals involves selecting sources of appraisal of oneself that will result in positive appraisals, and selecting as meaningful those appraisals which are perceived as positive (Gecas, 1982).

For the most part, these women used their age peers, usually friends, as points of reference for appraisals of themselves, and they perceived those appraisals to be positive.

... I\_\_\_ and L\_\_\_, they think that I'm a very good friend. And so do B\_\_\_\_\_ and P\_\_\_, and D\_\_\_\_\_ and her family. And I baby-sit for her three children ... And they always invite me to, one of the girls invites me for Christmas dinner always to their place. And then on, maybe not New Year's Eve, but on New Year's Day in the evening they include me with their family. They always tell me I'm family ... Well I imagine that they wouldn't come to my house if they didn't think something of me. Would they? They wouldn't be my friends. They wouldn't be so good to me if they didn't think something of me, would they? (NN: 11).

A lot of people says that I've done very well ... According to things that have happened in my life. Like I lost a husband, and I got married, it didn't work out, well ... Some people would really fall to pieces, but I carried on (MM: 9).

... everyone knows me here [in her apartment building], everyone loves me. They always say I'm such a good person ... And they were satisfied with me at work too. Because the nuns at the old folks home, nursing home, were sad when I left. And at the hospital too, the sisters told me "We're losing one of our best nurse's aids" (TT: 10; 13).

I have a friend who gave me a beautiful card when I was sick and said I was very important to her. So she must appreciate me (QQ: 5).

... he [doctor] complimented me on what a great job we had done, and how we had caught it [abuser's illness] and raised her (QQ: 11).

Most of the women also saw themselves as being appraised positively by their abusers. As seen earlier, the women said they believed that their abusive children love them in spite of their abusive behaviour.

I imagine he loves me (NN: 26).

[abuser says] My Mom is the best mother in the world (TT: 20).

I think she really loves me (QQ: 12).

In addition, a number of the women perceive themselves in the same way they felt they were perceived by others; that is, their opinion of themselves is compatible with how they think others see them. A comparison of the quotes of MM and TT respectively regarding how they feel others see them (previous page) and how they see themselves (below), shows that in both instances, the perceived appraisals of others are similar to their own.

... I feel I'm kind of proud of myself in a way. You know, I feel good about myself. I've done a lot of things that other people wouldn't do (MM: 9).

I think I am [a good person] ... I'm not a saint. I'm not going to say that. But I'm a reliable person. Agreeable one too (TT: 10).

Other women also illustrate the compatibility of their appraisals with those of others. When asked how she would describe herself, one woman said

Well, I'm not very outgoing. Not really, no. I don't mind being on my own, going for walks and things ... not being outgoing enough. And [not] being able to mix enough in a crowd. I'm OK at home or with a friend, but in a crowd I'm hopeless (SS: 6-7).

When asked how she thought others see her, she replied

I think most people think I'm on the quiet side. And maybe they think I'm still kind of shy in some ways ... not outgoing, that's for sure they'd say that (SS: 8).

In the words of one other woman

I hope they see me the way I see me ... that I'm good to be around. You know, I mean people feel comfortable with me ... Yes I think

so. Yes I do ... most often yes, people feel comfortable with me (CC: 13-14).

The women's use of this strategy appears consistent with the literature on self-esteem, which maintains that in order to enhance their self-esteem, individuals perceive others' evaluations of them as being favourable. This literature also says that individuals' perceptions of themselves tend to agree substantially with the way they think others perceive them. Although their perceptions of themselves may not agree with how others actually see them, it is the perception of agreement that is important for enhancement of their self-esteem. In order for their perceptions to be favourable, individuals select as meaningful those appraisals which are perceived as positive (Rosenberg, 1979; Shrauger and Schoeneman, 1979; Gecas, 1982).

As seen, these women used reflected appraisal in a like manner. First, they perceived positive appraisals of themselves by others. Second, their appraisals of themselves are in agreement with how they feel others perceive them. Third, they selected appraisals that are meaningful to them and to their lives, those being the thoughtful and caring words and gestures of their friends. That many of these women also chose their abusers as a source of appraisal is in keeping with the importance of their abusers to their lives. The use of reflected appraisal, then, would appear to be a contributing factor to the ability of most of these women to maintain their self-esteem in spite of the abuse they suffered.

What appears to be an anomaly, is the use of reflected appraisal by the woman whose self-esteem is lower than the others. She, too, saw herself as being perceived in a relatively positive light by her friends. When asked how she thought other people see her, she first said that ..." [some people] think I'm crazy ... because of [being in] the psychiatric ward for nine months" (GG: 11). She then qualified that, adding

... My friends know I'm not ... [they see me] The same as they always did ... just me. You know, just a friendly person (GG: 11).

However, as will be discussed later, reflected appraisal is the only one of the four strategies examined here that this woman used to enhance her self-esteem.

A comparison of the use of reflected appraisal by these women and by the women abused by their spouses reveals certain similarities as well as differences. Both groups of women perceived their appraisals by others to be positive, and both selected as meaningful those appraisals that were perceived as positive. In both instances, their children's appraisals were selected as meaningful. However, the women abused by their children included their abusers as sources of appraisal, while those abused by their spouses did not. This reflects the difference in the women's feelings towards their abusers. The women abused by their children indicated that their abusers remained important to them in spite of the abuse; those abused by their spouses stated that their abusers were no longer as important to them as they once had been.

### Social Comparisons

As discussed, social comparison is a means of assessing one's own situation by comparing it to others'. The outcome of the comparison may be positive (relative appreciation) or negative (relative deprivation), depending on the point of comparison, and it can be manipulated to one's advantage to enhance self-esteem (Gecas, 1982; Breytspraak, 1984).

For the most part, the women abused by their children compared themselves favourably to their peers. Even when they felt that other women may have been 'better off' than they were, they stressed that they did not envy those

other women, and that they felt 'lucky' or 'satisfied' with their own situations. When asked how they felt they compared to other women their age, their overall assessments were positive.

I sometimes think I'm in a much better situation ... I feel I'm better off than they are (MM: 14).

We think we're well off. We really do ... We're really well off compared to some people, you know ... We think we're just in between. In the middle really, you know. We're satisfied in everything we do, in every way (EE: 7).

I don't know. I guess about equal. Especially, like, other widows and that. About equal. Sometimes I feel like ... I have a cousin who had no children, had more money than we did, had more things, if you know what I mean. Now she's a widow too, and now I can see her envying me. Like for a few years, I almost envied her because they had more money. We struggled, where they had the new cars and things, you know what I mean? And now because she has no children, and just her mother to look after, she's having a terrible time. And a lonelier time than I am. So if that's comparison, I feel luckier in that way. At least I have my kids. And some of my kids are very, very good to me (QQ: 7).

Well, I always say to myself, if I can keep my head above water, pay my bills, don't owe people money, then that's the way I look at it. Most of my friends have their husbands. They're all married ... my best friends are all married and still have their husbands. But I don't look on them - sure they go for holidays here and there. But now two of my best friends are very ill. Both with their heart. And here is me, who has nothing but I've got my health, and that means an awful lot. Believe you me ... No, I don't envy them. I don't envy any of my friends. I never did ... I never did envy people (NN: 15).

... they were more lucky than me because they had good husbands and they had more money than I did. But I never envy them ... No. All the better for them (TT: 14).

The comparisons these women made were often on the basis of being happy with what they have, with what they had accomplished in their lives, and their good health.

Sometimes I think, well they may be, the ones that had husbands, and the husbands had good jobs. I kind of think, well they're really not in my category. They're, some of the ladies are really lucky because they had things made for them. And yet in other situations when I, some of ladies that I know, they're in a high position, but she's ... this lady's not happy. And I think, well, "I'm so happy that I'm not in your category. Because with all you have, you're still not happy" (MM: 13).

... everybody would like to have been something different. Something better ... but then I look at other ways people haven't got what I have, and where I've been, or what I do. Some people don't even do that. Even at my age, I'm not so terribly old. But some people really get old fast. You know, and I still try to think young (MM: 12).

I feel I'm very, very lucky ... That's exactly how I feel. I feel that God's been good to me, to tell you the truth, because at seventy-seven I'm still able to get out. I'm still able to cook my meals. I'm still able to do a little bit of cleaning. I'm still able to read a book, or whatever. I still think that I'm very lucky. I'm still able to keep up with what news is in the radio, and things like that. I consider I'm very lucky (NN: 8-9).

Two of the women said they did not compare themselves with others.

No, I don't think I want to do that [make comparisons]. Because I sort of feel everybody is like seeds, when you throw seeds around and each seed falls in a different spot. And I just happen to have fallen in a fertile lap. And others might have maybe fallen on a rock, and things have been kind of ... It's a broad statement that I'm saying. So, no. (CC: 14).

... Not so much lately, I don't think ... No I don't. I don't think I do now ... (SS: 12).

Only the woman whose self-esteem appeared to be lower than the others said she did not compare favourably to others, as seen by the following (GG: 13-14).

[Interviewer] Do you ever compare yourself to other women ...?

[Respondent] Yes, I think I do. I think maybe I say, "God, I wish I was like her." I have a sister, I wish I was like her.

[Interviewer] So when you compare yourself to other people, do you come out more favourably, [do] they come out more favourably?

[Respondent] Oh they do, definitely.

[Interviewer] Is there ever a situation where you come out more favourably?

[Respondent] Very seldom.

The use of social comparison by these women appears consistent with that described in the literature on self-esteem and aging. According to this literature, older persons tend towards relative appreciation when making comparisons with age cohorts. Although they may think that their own situations are less than ideal, they manipulate the outcome of the comparisons such that, relative to others, their situations are preferable. Thus, their self-esteem is enhanced (Atchley, 1982).

In general, the women described here feel that although other women may still have their husbands or may have more money, they do not envy those women's circumstances. They feel that, overall, their circumstances are preferable because they have what is important to them and because they have things that

those women do not have -- supportive children and good health, for example. By manipulating the outcome of the comparison to their advantage so that they see themselves in a position of relative appreciation, their self-esteem is enhanced. Had they not come out in a more favourable position, their self-esteem would be compromised. Such appears to be the case with the woman who came out less favourably when comparing herself to others. She sees herself in a position of relative deprivation which likely contributes to her lowered self-esteem.

Some of the women did not make comparisons with others. As discussed earlier, this finding is also consistent with other studies. It may be that older individuals refrain from making comparisons because their self-concepts are well established, or because to do so may pose a threat to their self-esteem (Markus and Herzog, 1991). That these women appear to have a stable definition of self suggests that the former explanation is more likely the case than the latter.

A comparison of the use of this strategy by women abused by their spouses and women abused by their children shows several similarities. First, women in both groups compared themselves favourably, overall, to their peers. Second, women in both groups used their husbands and their health as points of comparison. The women abused by their spouses used having a 'good' husband as a point of comparison, while the women abused by their children used the criteria of 'having a husband' (as opposed to being a widow). Women in both groups used their good health status as a reason for feeling 'lucky' about their circumstances. Third, both groups included women who did not compare themselves with others. However, the explanations for not drawing a comparison are different. In the case of women abused by their spouses, it would seem that they did not make comparisons because the outcome of a comparison has the potential to be damaging to their renewed, but perhaps fragile, self-esteem. In the case of women

abused by their children, it seems more likely that they do not make comparisons because they do not feel the need; their self schemas are better established.

### SUMMARY

This discussion has examined the use of four strategies for enhancement of self-esteem by elderly women abused by their adult children. These strategies are attribution to self, psychological centrality, reflected appraisals, and social comparisons. It was found that the women used these strategies in a manner similar to that described in the literature on self-esteem. Comparisons were made between these women's use of the strategies and the use of the same strategies by the women abused by their spouses. Similarities as well as differences in use by the two groups of women were noted.

### RELATIONSHIP BETWEEN IMPACT OF ABUSE & USE OF STRATEGIES

As seen, the self-esteem of most of the women abused by their children was not eroded by the abuse. Only one woman (GG) appeared to have lowered self-esteem, relative to the others. An examination of the use of coping strategies by this woman compared to the others suggests that a relationship exists between the impact of abuse on self-esteem and the use of strategies.

All of the women except GG used the four strategies in a way that, according to the literature, is conducive to protection or enhancement of self-esteem. On the other hand, GG used only one of the strategies, that being reflected appraisal. Like the other women, she perceived a positive appraisal of herself by others. Unlike the other women, however, she felt that the abuse may be attributable to her own behaviour, she was unable to redefine what was important to her, and she assessed herself as being in a position of relative deprivation

compared to her peers. Thus, she did not use attribution to self, psychological centrality, or social comparison as means of protecting her self-esteem.

Use of the four strategies, then, is seen to be associated with these women's ability to protect their self-esteem against assaults to it in the form of abuse by their children; conversely, non-use appears to be associated with lowered self-esteem. In addition, use of only one strategy does not appear to be an effective safeguard against the abuse. As suggested earlier, these strategies do not operate in isolation from one another. Rather, their interaction is necessary to achieve a positive sense of self.

The finding of a relationship between the impact of abuse on the self-esteem of women abused by their children and their use of strategies is in contrast to the situation found among women abused by their spouses. For them, no relationship was seen to exist between the impact of abuse on their self-esteem and their use of strategies. That is to say, for those women abused by their spouses, use of certain strategies was not found to be associated with higher self-esteem, nor was non-use of certain strategies found to be associated with lower self-esteem.

## CONCLUSION

This chapter has presented an analysis of the interviews with nine elderly women abused by their adult children. It was seen that the self-esteem of most of these women was not threatened as a result of the abuse. Indeed, their self-esteem remained intact. The main concern for most of these women was for their abusers and in getting help for their abusers' problems, which they saw as the cause of the abuse. Most of the women said they still loved their abusers and most felt that their abusers loved them, in spite of the way they had been treated. Only one woman appeared to have lowered self-esteem as a result of her situation. This woman was recently physically disabled, is more functionally limited than the

other women, and her abusive relationship is of more recent onset than the others. Here again, the importance of an understanding of an individual's history is highlighted.

Four coping strategies were examined with regard to how they were used by these women and how their use compared to that described in the literature on self-esteem. These strategies were attribution to self, psychological centrality, reflected appraisal, and social comparison. With the exception of the woman whose self-esteem was lower, these women used all four strategies in such a way as to protect their self-esteem in the face of abuse. The woman with lowered self-esteem used only one of the strategies. Thus, a relationship was seen to exist between the impact of abuse on the self-esteem of these women and their use of coping strategies. A comparison of the use of strategies by these women and by the women abused by their spouses revealed similarities as well as differences. The next chapter provides a conclusion to the research presented here.

## CHAPTER SIX

### CONCLUSION

The research presented here has examined issues of self-esteem among abused elderly women. Three research questions were addressed. These were:

- 1) What, if any, impact does being the victim of elder abuse have on self-esteem?
- 2) What strategies do abused elderly women employ for protection of their self-esteem?
- 3) What, if any, relationship exists between the impact of abuse and the strategies employed by abused elderly women for protection of their self-esteem?

These questions were informed by a review of the literature on elder abuse, the literature on battered women and self-esteem, and the literature on the aging self. The theoretical perspective from which these questions were examined was that of symbolic interactionism.

A qualitative approach to data collection was used as it was appropriate to the research questions under investigation in that it allows for an exploration of the experiences of abused elderly women as perceived by the women themselves. Between January and April 1993, semi-structured interviews were conducted with twenty women ages sixty and over who had been clients of the Elder Abuse Resource Centre, a community based agency serving the abused elderly in Winnipeg, Manitoba. Eleven of the women interviewed had been abused by their spouses and nine had been abused by their adult children.

A summary of the findings of this research is presented here, followed by consideration of the limitations of the research. The chapter concludes with a discussion of the implications for future research.

## SUMMARY OF FINDINGS

The findings were presented separately for women abused by their spouses and for those abused by an adult child. This was necessitated by differing patterns of self-esteem that emerged from the data. In this section, a summary of the findings for each of the three research questions is presented.

### Impact of Abuse on Self-Esteem

The overall pattern that emerged for most of the women abused by their spouses was found to be similar to what Johnson and Ferraro (1991), in their discussion of self-esteem among battered women, describe as the victimized self. In the early stages of their abusive relationships, the women exhibited characteristics reported to be indicative of lowered self-esteem. They felt a lack of control over their situation and powerless to change it; they perceived themselves to be dependent on their abusers; they internalized the blame for the abuse; they felt shame and humiliation, which silenced them about the abuse; and they were socially isolated from friends and other family. Indeed, their self-esteem was eroded as a result of the abuse. Eventually, however, the women reached a turning point where they no longer tolerated the abuse. In some cases, this turning point came as a result of increased severity of the abuse or a change in the resources available to the women. In other cases, it was a gradual realization that the abuse was no longer bearable. Subsequently, some women left their abusive spouses. Others remained with their abuser, but learned to live differently within the relationship, whether that meant taking more control over the situation or learning to cope with it in some other way. Once this turning point was reached, the women's sense of victimization began to disappear and to be replaced with a renewed and more positive sense of self-worth. For some women, this renewal process took longer than for others. It appeared that three of the women were not

as far along in this process; their self-esteem was found to be lower than the others. At the time of being interviewed, however, the process of recovery of self-esteem appeared to be under way for almost all of the women.

A somewhat different pattern emerged among the women who had been abused by their children. With one exception, the self-esteem of these women was not eroded as a result of the abuse. What emerged as the overriding issue for them, was concern for their abusers. Consistent with recent literature on elder abuse, the children who abused them had problems of mental illness, of drug or alcohol abuse, or marital or unemployment problems (Pillemer, 1985; Pillemer and Finkelhor, 1989; Godkin et al., 1989). The women saw these problems as being not only the cause of the abusive situation, but as cause for concern for their abusers. Many women indicated that finding help for themselves as victims of abuse was not their prime concern; rather, it was to find help for their abusive child to resolve his/her problems. In spite of the abuse, the women said that they were happy with themselves and their lives, that they loved their abusers, and that they believed their abusers loved them. Thus, self-esteem did not appear to be a salient issue for these women, as was the case with the women abused by their spouses.

Why differences occurred in the impact of abuse on self-esteem for women abused by their spouse and those abused by their children remains speculative. One possible explanation may be related to the strength of the blood tie between mother and child. Perhaps women abused by their children feel a connection to their abusive children that women abused by their spouses do not feel to their abusive spouses. This bond between mother and child is difficult, if not impossible to break, and it may sustain them emotionally and psychologically through the abusive relationship. As one woman put it

... the kids are connected in a way ... you can't divorce your children. They're, no matter even if you go to court and get a legal divorce, there's nothing you can do about the blood lines. It's there. But he's [husband] different. He's from a different blood line than I am. And it's possible to divorce him (JJ: 26-27).

A second explanation may be that the role of mother is a nurturing one, and one that continues long past the stage of active parenting (MacRae, 1990). Concern for their children's problems, then, takes precedence over their own interests, even when those problems result in abuse by their children.

A third possible explanation may be related to differences in the nature of the abuse perpetrated against the women abused by their spouses and the women abused by their children. Nearly three-quarters (73%) of the women abused by their spouses experienced physical abuse, compared to one-third (34%) of the women abused by their children. While the intent is not to make light of the suffering which results from other types of abuse, physical abuse can be life threatening. As such, it may have more of a detrimental effect on self-esteem.

In both groups of women, exceptions to the overall pattern were found; that is, there were women whose self-esteem appeared to be lower, relative to the others, as a result of their abusive situations. Among the women abused by their spouses, three women were found to be exceptions to the general pattern. Although all three women had reached a turning point in their abusive relationships and had taken steps towards ending the abuse, their self-esteem was not as far along the recovery process as the others. Relative to the others, then, their self-esteem was lower. Among the women abused by their children, one woman appeared to have lower self-esteem. It was also found that all four women were in abusive relationships whose onset was more recent and, therefore, were of shorter duration in comparison to the other women.

These similarities may indicate several things. It may be that those women whose abuse was more long-standing had more time in which to develop coping strategies for dealing with their situations. It may also be that the onset of abuse in later life is a greater assault on one's self-esteem and, therefore, more time is required to make the necessary adjustments to one's self schema in order to deal with the changed circumstances. As Johnson and Ferraro (1991) state, the process of renewal of self-esteem can be a lengthy one, and one that takes longer for some than for others. It is possible, then, that in time, the self-esteem of these four women may recover to a degree comparable to the other women.

### Use of Strategies

The use of four strategies by abused elderly women for coping with issues of self-esteem was examined. These strategies were derived from the literature on self-esteem and aging, and included attribution to self, psychological centrality, reflected appraisal, and social comparison. The similarities and differences found in the women's use of these coping strategies are best illustrated by a comparison of their use by women abused by their spouses and women abused by their children. Each of the strategies will be examined in turn.

### Attribution to Self

The women abused by their spouses initially attributed the abuse to internal factors. They believed that they may have deserved the abuse because they were doing something wrong. It was only later, during the process of reinterpretation of their situation, that they were able to attribute the abuse to factors external to themselves and to blame it on their spouses' shortcomings, not their own. On the other hand, the women abused by their children did not attribute cause for the

abuse to themselves. Without hesitation, they were able to attribute the abuse to factors external to themselves, those being their abusers' problems.

### Psychological Centrality

Women abused by their spouses used psychological centrality to rearrange what was important to them. The importance of their husbands eventually came to be replaced by the importance of peace of mind and freedom from fear of abuse. As with attribution of causality for the abuse, this rearrangement occurred during the process of reinterpretation of their abusive relationships. The women abused by their children used psychological centrality to redefine what was important to them. The importance of their children and their role within the family, particularly their role as mother, remained unchanged, although it was a redefined role that they adopted.

### Reflected Appraisal

Both the women abused by their spouses and the women abused by their children perceived positive assessments of themselves by others, and both selected as meaningful those appraisals which they perceived as positive. Women in both groups also chose their children as sources of appraisal, even when those children were the source of their abuse. Women abused by their spouses also included negative appraisals of their spouses by their children, perhaps as a means of validating their own feelings towards their abusers.

The finding that both groups of women selected their children as sources of positive and meaningful appraisals of themselves is in keeping with their use of psychological centrality. Those abused by their children indicated that their abusers remained important to them in spite of the abuse, while those abused by

their spouses said that their abusers were no longer important to them. Again, the strength of the bond between mother and child is suggested.

### Social Comparison

Similarities as well as differences were noted in the women's use of social comparison. The comparisons made by women abused by their spouses had both negative and positive outcomes, depending on the point of comparison. When they compared themselves to their peers on the basis of their husbands, the outcome was negative. Overall comparisons, which usually emphasized their good health, resulted in positive outcomes.

Comparisons with peers made by women abused by their children resulted in positive outcomes, with the exception of the one woman whose self-esteem was lower. As with the women abused by their spouses, these women made comparisons on the basis of their husbands and their health status. They, too, felt their circumstances to be better than those of their peers because of their own better health.

Both groups also included those who said they did not make comparisons with other women, but their reasons for not doing so appear to be different. Women abused by their spouses who did not make comparisons likely did not do so because the potential for a negative outcome may have been too great a threat to their already precarious sense of self. On the other hand, it seems likely that the women abused by their children who did not make comparisons refrained from doing so because their sense of self was well enough established that they did not feel the need to compare themselves to others.

In general, it appears that the women abused by their spouses used the four coping strategies to a somewhat different end than did those abused by their

children. Women abused by their spouses used the strategies to deal with the erosion of their self-esteem as a consequence of being in an abusive relationship. They used the strategies as part of the process of restoration of their self-esteem. The women abused by their children used the same strategies, but they used them more as a means of protecting their self-esteem against the abuse. For women in both groups, however, the use or non-use of the four coping strategies examined here was found to be consistent with the literature on self-esteem. It was seen that the use of these strategies promoted the achievement of a more positive sense of self.

#### Relationship Between Impact of Abuse and Use of Strategies

The existence of a relationship between the impact of abuse on self-esteem and the women's use of coping strategies was determined on the basis of patterns in their use of strategies. Differences were examined in the use of strategies by women whose self-esteem was lower and those whose self-esteem was higher.

Among the women abused by their spouses, a pattern in the use of strategies was not easily discerned. Some women relied more heavily on certain strategies over others in order to restore their self-esteem, and the strategies relied upon more heavily varied from individual to individual. Yet, it was not found that the use or non-use of certain strategies resulted in higher or lower self-esteem. The three women whose self-esteem was lower than the others used the strategies in ways comparable to the other women. On the basis of these findings, a relationship between the impact of abuse and the use of coping strategies did not appear to exist for women abused by their spouses.

The lower self-esteem of the three women seems to be related to being at different points in the process of restoration of their once shattered self-esteem (Johnson and Ferraro, 1991). It may also be related to their abuse being of shorter

duration, of more recent onset, or of onset later in life than the others. Given time, it may be that their self-esteem will be restored to the same degree as the other women abused by their spouses.

Among the women abused by their children, a relationship was found to exist between the impact of abuse on their self-esteem and their use of coping strategies. One woman whose self-esteem was eroded by the abuse used only one of the four strategies discussed as a means of protecting her self-esteem against the abuse. The other women abused by their children used all four of the strategies to protect their self-esteem.

Use of all four strategies, then, was found to be associated with the ability of women abused by their children to protect their self-esteem against abuse, while use of only one strategy was found to be associated with lowered self-esteem. This may suggest that, for these women, the interaction of strategies is necessary to adequately protect their self-esteem against abuse.

Why a relationship exists for one group of women and not for the other is only speculative. It may be related to those factors thought to result in differences in the impact of abuse on self-esteem. As mentioned earlier, differences in the bond between mother and child, in the nature of the roles of wife and mother, and in the nature of the abuse, may result in differences in the impact of abuse for the two groups of women. Perhaps these same factors play an indirect role in determining if a relationship exists between the impact of abuse and the women's use of strategies.

To conclude, there appear to be similarities and differences in the situations and the patterns of self-esteem of elderly women abused by a spouse and those abused by an adult child. Until recently, a great deal of the literature on the abused elderly appears to have either merged the two groups under the heading of 'elder abuse', or to have focused attention on the situation of those abused by their adult

children, particularly children who act as caregivers to their elderly parents. Perhaps equal consideration should be given to the differences in the situations of the two groups.

The women abused by their spouses appear to have much in common with younger victims of spousal abuse with regards to their abusive relationships, their patterns of self-esteem, and their use of coping strategies. Indeed, the designation 'spouse abuse grown old' is appropriate for many of these women. On the other hand, the women abused by their children appear to have much in common with what is known about issues of self-esteem in later life. Thus, it seems that attention to the differences between the two groups of abused elderly women is required. That is not to say that the special needs of one group should take precedence over those of the other. Rather, it is to emphasize the need for research which will benefit all abused elderly women according to their unique needs. To overlook the differences between those abused by their spouses and those abused by their children would be to regard abused elderly women as a homogeneous group, which they are not, and to disregard the ultimate goal of research, which is to better understand their situations.

### LIMITATIONS OF THE RESEARCH

While this research has succeeded in shedding light on issues related to self-esteem and abused elderly women, its limitations must be recognized. One of the difficulties in research involving abused elderly women is gaining access to them, as they tend to remain 'invisible' (Aronson et al., 1994). The one available avenue for contacting the women interviewed here was through the Elder Abuse Resource Centre. All of the women interviewed for this study were, at one time, clients of the Centre. Some had received advice regarding services available to them; others had been involved in a support group. Therefore, the sample for this

study was limited to abused elderly women who had received help or advice in dealing with their abusive relationships. As a result, some of the women may have gained insights into their situations that women who had not received help may not have. Perhaps some of the results would have been different if women who had not received help had been accessible. The sample was also limited to women who were willing to talk about their situations. Women were contacted who refused to grant an interview. The situations of those who refused may have been considerably different from those who agreed to be interviewed. However, how does one gain insights into the abusive relationships of women who do not want to talk about their situation?

The research also involved retrospective reporting on the part of the respondents. For some, the abuse began as long ago as forty-seven years. By asking respondents to recall events and feelings that occurred so long ago, there is the risk of having them recreate the past as being better or worse than it may have seemed at the time.

Although a wealth of information was collected, the cross-sectional nature of the current study must be acknowledged. Only one interview was conducted with each of the women. Had subsequent interviews taken place, it is possible that the respondents may have been more comfortable with the interview process. Given the sensitive and intimate nature of the questions being asked of them, they may have, then, felt more at ease and better able to provide additional information. Longitudinal data would allow for an examination of changes in self-esteem which occur over time. Podnieks (1992) suggests that longitudinal data on abused elderly women would provide a more accurate picture of the consequences of abuse on their physical health. Similarly, it would provide insight into the long term effects on self-esteem and, perhaps, locate those effects on a continuum of the process of restoration of self-esteem.

Lastly, this research was limited to a sample of abused elderly women. The question of the impact of abuse on the self-esteem of elderly men has not yet been studied. The extent to which the present findings apply to elderly men who have been abused by their spouses or adult children remains to be investigated.

### IMPLICATIONS FOR FUTURE RESEARCH

While recognizing these limitations, several directions for future research are suggested. Differences between elderly women abused by their spouses and those abused by their children need further investigation. For example, differences have been noted in the impact of abuse on self-esteem and, thus, in the women's use of four coping strategies. Women abused by their spouses used the strategies to restore self-esteem eroded by abuse, while women abused by their children used the strategies to protect their self-esteem against the abuse. It may be that these differences necessitate the formulation of different models for examining the situations of women abused by their spouses and those abused by their children.

Strategies for coping with the consequences of abuse on self-esteem, beyond the four considered here, need to be explored. For example, some of the women abused by their spouses participated in a support group for abused elderly women in which they were able to share their feelings about their situations and, perhaps more importantly, their feelings about themselves, with other women in similar situations. As a result, they realized -- some for the first time -- that they were not alone in how they were feeling. Although being part of the support group may not have put an end to the abuse, it had the effect of making them feel better about themselves. It also helped them cope with the abuse in that it made them feel as though they had taken some control over their situation, which in turn, contributed to the restoration of their self-esteem.

For those who remained with their abusers, the feeling of being in control was especially important as a means of coping with the abusive relationship and as a means of bolstering their self-esteem. For them, being in control meant that it was their choice to remain with their abusers. It also meant that their abusers had less control over them; thus, the threat to their self-esteem was lessened. The issue of being in control as a strategy for coping with abusive relationships is an area, then, which requires further study.

Another important area for examination is the manner in which past experience helps elderly women manage the realities of living in an abusive relationship and the consequences for their self-esteem. Podnieks (1992) suggests that the experience of having previously coped with life stresses may foster an inner strength or hardiness for coping with an abusive relationship. She states that "... one who has successfully coped with loss earlier in life builds confidence and resources for dealing with future trials" (Podnieks, 1992: 39). Although the women interviewed for the present research may have had their confidence shaken by the abuse they endured, they appear to have been able to summon the resources for coping with it.

An understanding of this ability to cope requires attention to life history. As Breyspraak (1984) contends, knowledge of the context in which the development of self takes place is integral to a true understanding of issues related to self in later life. This necessitates the inclusion of questions designed to explore past experiences in detail. Circumstances of childhood and adolescence, previous marriages, other significant relationships throughout the life course, as well as historical events, such as the Depression and World War II, can all be considered relevant to an examination of self-esteem. Given what is known about the interpersonal dynamics of abusive relationships, they may prove to be particularly

relevant to the ability of abused elderly women to cope effectively with threats to their self-esteem.

On-going research is needed to evaluate the impact of existing programs and services for abused elderly women and to assist in the development of new ones. This research must include attention to their needs as voiced by the women themselves, and address their strengths as well as their vulnerabilities. Only then will services truly meet their needs. As Podnieks (1992: 43) states

Everyone seems to be jumping on the "let's rescue the elderly" bandwagon. It would appear that we are falling into the "victimization trap" and are focussing on the problems and deficits of the elder adult in dealing with maltreatment circumstances and are ignoring the evidence of adaptive strengths displayed by the "victims."

Finally, there is a need for integration of research and practice with regards to elder abuse and violence against women. As Aronson and colleagues (1994) note, research on elder abuse has been conducted primarily within the various disciplines encompassed by gerontology, whereas research on violence against women has occurred largely within the domain of women's studies. While there has been some attempt, of late, to integrate the knowledge gained from these research endeavours, it has been suggested that

The division of attention has, certainly, obscured the realities of older women who are abused by their male partners. Obscured and unnamed, the problem has eluded our understanding and, consequently, our responses have been limited and poorly grounded (Aronson et al., 1994: 1).

Future research should move further towards integration of the two knowledge bases. Perhaps then, abused elderly women will no longer be at risk of falling between the cracks created by this division of attention.

### CONCLUSION

This research has shown that although commonalties may exist among abused elderly women, they are not a homogeneous group. Diversity exists among them in terms of their abusive relationships and how they use various strategies to cope with their situations. The strengths of these women, as well as their vulnerabilities, must be kept in mind when conducting research and in providing services to best meet their needs.

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## **APPENDIX A**

### **Letter to Clients of Elder Abuse Resource Centre**

Dear

I am a student in a Masters program at the University of Manitoba. My thesis research topic focuses on older women who have been clients of the Elder Abuse Resource Centre.

I am interested in talking to women in a variety of situations. Your name has been selected from the files of the Elder Abuse Resource Centre. Although the study is being conducted in association with the Elder Abuse Resource Centre, the information you provide will not be shared with the Elder Abuse Resource Centre and your participation will not require you to be involved in the services or programs at the Centre.

I would like to talk to you, at your convenience, for about an hour. Your participation will be completely voluntary and confidential. Your name will not be used.

Your participation will be greatly appreciated. The findings may help the Elder Abuse Resource Centre to better serve those who require assistance.

I will be contacting you by phone in the next week or so. If you have any questions, please feel free to contact me at 895-0803.

I look forward to talking to you.

Yours truly,

Jackie Sweiden, B.A., B.Ed.  
University of Manitoba

## APPENDIX B

### Refusal Characteristics

## REFUSAL CHARACTERISTICS

Age Marital status	Abuser	Type of abuse	Reason given for refusal	Still in abusive rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
74 sep.	spouse	P, E, F	don't want to talk to anyone	no	no	no functional limitations	Feb. '92  Dec. '92	self	phone contact, support group	letter (1)
82 sep.	spouse	P, E, F	not interested	no	no	heart problems	Nov. '90  May '91	hospital social worker	home visits, phone calls, advice & support	letter & phone call (1)
72 widow	daughter	E, F	no problem here	no	no	no information in file	Sept. '91  Sept. '92	self	home visit, phone contact	letter & phone call (1)
60 married	spouse	E	not interested	yes	yes	blood disorder, arthritis	March '92  Oct. '92	self	home visits, phone contact	phone call (1)
68 unknown	son	P	no reason given	not known	no	no information in file	Nov. '91  Feb. '92	police liaison	1 phone call; no further intervention	phone call (1)

\* Key: 1 random sampling    2 support group    3 Centre staff made initial contact    4 direct researcher contact

## REFUSAL CHARACTERISTICS

Age Marital status	Abuser	Type of abuse	Reason given for refusal	Still in abusive rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
70 married	spouse	?P, E	never been to EARC	no	yes	heart problems	July '91  Sept. '91	grand- daughter	phone calls to grand-daughter	phone call (1)
81 widow	daughter and son- in-law	E, F	what does that have to do with me	not known	yes	mobility and hearing problems, bowel obstruction	Sept. '92  Oct. '92	staff from Klinik	contact with Klinik staff, none with client	phone call (1)
76 married	spouse	E	not interested	yes	yes	no information in file	Oct. '90  Oct. '90	self	phone calls for information or advice	phone call (1)
60's widow	daughter	P	don't want contact with anyone	yes	yes	uses cane, stroke, arthritis	Aug. '90  May '92	doctor's office	phone contact, home visits, liaison to social worker & services	phone call(1)
72 unknown	daughter	E, F	no reason given	yes	no	arthritis	Jan. '91  unknown (closed)	self	phone contact	phone call (1)

\* Key: 1 random sampling    2 support group    3 Centre staff made initial contact    4 direct researcher contact

## REFUSAL CHARACTERISTICS

Age Marital status	Abuser	Type of abuse	Reason given for refusal	Still in abusive rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
64 married	spouse	P, E	not interested	no	yes	no functional limitations	Mar. '91  May '92	police liaison	phone contact and office interview	phone call (1)
75 married	spouse	P, E	not convenient	yes	yes	thyroid, heart	Dec. '91  current	self	counseling, support group	group presentation and phone call (2)
68 sep.	spouse	E	too busy	no	no	blood circulation problems	Sept. '92  current	self	counseling, support group	group presentation and phone call (2)
70 married	spouse	P, E	none given	yes	yes	high blood pressure, anxiety attacks	July '92  current	self	support group	group presentation (2)
67 married	spouse	E	none given	yes	yes	no information in file	August '92  current	other agency	support group	group presentation (2)

\* Key: 1 random sampling

2 support group

3 Centre staff made initial contact

4 direct contact

## REFUSAL CHARACTERISTICS

Age Marital status	Abuser	Type of abuse	Reason given for refusal	Still in abusive rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
68 married	spouse	P, E, F	none given	yes	yes	high blood pressure, arthritis	July '92  current	client's lawyer	support group	group presentation (2)
61 married	spouse	E	none given	yes	yes	no functional limitations	August '92  current	self	support group	group presentation (2)
61 married	spouse	E, F	unable; working full time	yes	yes	no problems	April '92  current	friend from work	phone contact for support; unable to attend group	EARC staff contacted her (3)
61 sep.	spouse	P, E, F	don't want to talk to anyone	no	no	stomach ulcers, bowel surgery	Sept. '90  June '92	police liaison	home visit, assist with housing, health services	EARC staff phoned; then I phoned (3)
74 married	son	P, E, F	too ill	yes	yes	fractured hip; ltd mobility; respiratory problems	Aug. '92  current	neighbour	phone contact, home visits, advice, info, support	EARC staff contacted her (3)

\* Key: 1 random sampling

2 support group

3 Centre staff made initial contact

4 direct researcher contact

# REFUSAL CHARACTERISTICS

Age Marital status	Abuser	Type of abuse	Reason given for refusal	Still in abusive rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
61 married	son	E, ?P	don't want to talk about it	no	no	no problems	Oct. '91  Feb. '92	self	phone support & advice; office interv; liaison with police	phone call (4)

\* Key: 1 random sampling

2 support group

3 Centre staff made initial contact

4 direct researcher contact

## APPENDIX C

### Respondent Characteristics

## RESPONDENT CHARACTERISTICS

ID Age Marital status	Abuser	Type of abuse	Approx time in abusive rel'ship	Still in abusive rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
AA 79 sep.	spouse	P, E, F	8 yrs.	no	no	cataracts	Sept. '91  current	son	info. & advice: legal, finances, housing	letter and phone call (1)
BB 66 sep.	spouse	P, E	47 yrs.	no	no	asthma	Dec. '90  current	self	info. & advice: legal, finan; support group	letter and phone call (1)
CC 71 married	son	F, E	3 yrs.	no	no	no functional limitations	Jan. '92  May '92	self	phone contact for advice, support	phone call (1)
329 DD 69 married	spouse	P, E	1 yr.	yes	yes	no functional limitations	Sept. '92  Dec. '92	self	phone contact; office visit; support & advice	phone call (1)
EE 69 widow	son	F, E	8 yrs.	no	no	no functional limitations	March '91  Oct. '91	other son's social worker	home visit; phone contact for advice and support	phone call (1)

\* Key: 1 random sampling    2 support group    3 Centre staff made initial contact    4 direct researcher contact

## RESPONDENT CHARACTERISTICS

ID Age Marital status	Abuser	Type of abuse	Approx . time in abusive rel'ship	Still in abusive rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
FF 67 sep.	spouse	P, E	43 yrs.	no	no	no functional limitations	Feb. '91  current	counselor from another agency	support & advice during separation proceedings	EARC staff called, then I called (3)
GG 74 sep.	daughters	F, E	1 yr.	yes	no	lung surgery, circulatory problems, uses walker, limited mobility	Oct. '92  current	self	assistance: legal, financial; liaison with comm. wrkrs	EARC staff called, then I called (3)
HH 62 sep.	spouse	P, E	20 yrs.	no	no	fractured hip, limited mobility, 3" shoe raise	Dec. '90  current	shelter staff	assist. with separation, liaison with community services	EARC staff called, then I called (3)
JJ 64 married	spouse	E	10 yrs.	yes	yes	no functional limitations	July '92  current	self	support group	group presentation, then phone call (2)
KK 70 married	spouse	E	10 yrs.	yes	yes	amputation right leg, scleroderma, uses wheelchair	June '91  current	self	home visit, volunteer contact	EARC staff called, then I called (3)

\* Key: 1 random sampling    2 support group    3 Centre staff made initial contact    4 direct researcher contact

## RESPONDENT CHARACTERISTICS

ID Age Marital status	Abuser	Type of abuse	Approx time in abusive rel'ship	Still in abusive rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
LL 82 widow	daughter; son & dtr-in-law	F, E	6 mos.	yes	no	no functional limitations	Dec. '92  current	self	home visit, phone contact for support	EARC staff called, then I called (3)
MM 71 widow	son	P, E	1 yr.	no	no	no functional limitations	April '92  July '92	police liaison	phone contact	EARC staff called, then I called (3)
NN 77 widow	son	E, F	2-3 yrs.	no	no	no functional limitations	August '92  Dec. '92	police liaison	phone contact for support; home visit with police	EARC staff called, then I called (3)
PP 68 sep.	spouse	P, E	5 yrs.	no	no	diabetes; back and leg problems	Mar. '92  May '92	physician	off. interv. & phone contact: legal, financial advice	phone call (4)
QQ 62 widow	daughter	P, E, F	10 yrs.	yes	no	no functional limitations	July '91  Feb. '93	police liaison	phone contact, peer support	phone call (4)

\* Key: 1 random sampling    2 support group    3 Centre staff made initial contact    4 direct researcher contact

## RESPONDENT CHARACTERISTICS

ID Age Marital status	Abuser	Type of abuse	Approx. time in abusive rel'ship	Still in abusiv e rel'ship	Live with abuser	Health	Date of 1st contact  Date closed	Initial contact to EARC	Nature of EARC contact and/or intervention	My contact with client (sampling approach)*
RR 71 sep.	spouse	P, E, F	4 yrs.	no	no	limited mobility due to strokes; diabetes,	Dec. '92  current	police liaison	home visits, phone contact for advice & support	phone call (4)
SS 70 married	son	P, E, F	7 yrs.	yes	yes	no functional limitations	Feb. '91  Sept. '91	self	off. interview, phone contact for info. and support	phone call (4)
TT 84 widow	son	F, E	2 yrs.	no	no	stroke, limited walking, hearing & vision problems	April '91  July '91	Home Care	home visit by counselor, phone contact for support	phone call (4)
UU 69 sep.	spouse	F, E	2-3 yrs.	no	no	diabetes, high blood pressure, thyroid	June '90  Nov. '90	friend	support & assist: legal, financial, housing	phone call (4)
VV 60 sep.	spouse	P, E, F, Sexual	33 yrs.	no	no	high blood pressure; no functional limitations	April '93  current	self	office interv, phone contact, support group	phone call (4)

\*Key: 1 random sampling    2 support group    3 Centre staff made initial contact    4 direct researcher contact

## APPENDIX D

### Respondent Consent Form

## CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

I agree to participate in a study of elder abuse being conducted by Jackie Sweiden.  
I understand that my participation will involve an interview with Jackie Sweiden.

I understand that some of the information from the interview will be incorporated into a written report. Remarks relating to me or to my situation which may appear in the report will not identify me.

I understand that the interview will be tape recorded. However, I will not be identified on the tapes.

I understand that the information from the interview will be confidential and that my identity will be known only to Jackie Sweiden.

I understand that I have the right to refuse to participate and that I may withdraw from participation at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX E

### Interview Guide

## Interview Guide: Face Sheet

Respondent Name/Number: \_\_\_\_\_

Place of Interview: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Time of Interview: \_\_\_\_\_

## Interview Guide: Questions

### SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. Tell me about yourself. Where were you born?

Have you always lived in Wpg? Where else have you lived?

Age? Education? Occupation (past and/or present), self and spouse, if appropriate

Housing: EPH, own home, rent, etc. Live alone or with whom?

Family: husband, children, grandchildren, siblings. In Winnipeg or elsewhere?

Health status: self, spouse if appropriate

### SELF-ESTEEM

2. How do you feel about yourself as an older woman?

How do you think other people see you?

Thinking back to when you were a child, say 10 or 11, how did you feel about yourself?

What about when you were in your twenties? First married? After 10 years of marriage?

Do you feel you have accomplished many of the things in life that you wanted to? Any you have not accomplished? (Why not? if appropriate)

Do you feel you are the kind of person you would like to be?

What do you see as your good qualities? Not so good qualities?

What do you like about yourself? Dislike about yourself?

Is there anything about yourself you would like to change?

Do you think it is possible to do that? (Why not? if appropriate)

### STRATEGIES

Do you ever compare yourself or your situation to other older women you know? What comparisons do you make? (what aspect of yourself or your life do you compare? Are the comparisons in your favour or the others'?)

### ABUSE SITUATION

3. What can you tell me about your situation regarding abuse?

Who is the abuser? (relationship to you)

Does he/she live with you? If yes, whose home is it?

4. Can you describe what happens?

Type of abuse?

How frequently does/has it occurred?

When did it start?/How long has it been going on?

Is there anywhere in particular in the house where the abuse occurs? One room in particular?

In the family that you grew up in, did abuse of this sort happen? With who?

### SELF-ESTEEM AND STRATEGIES

5. What do you do when it (abuse) happens?/What have you done in the past? What happens/happened when you do/did that?

Are there people, places, (situations) you avoid because of the abuse? What are they? Why?

6. Why do you think the abuse happens? (self-blame, fault)

7. How do you feel when it happens? After it happens?

8. Why do you think \_\_\_\_\_ treats you that way?

9. How do you feel about \_\_\_\_\_ ? About the way he/she treats you?  
How do you think \_\_\_\_\_ sees you/feels about you?

10. Have you taken any action against \_\_\_\_\_ or ever considered taking action against him/her? (moving, reporting to police, lawyer, change power of attorney, etc.)

What kinds of action taken or considered?  
Why never taken or considered?

11. Why/How did you come to have contact with the Elder Abuse Resource Centre? self, other family, professional referral

12. Does anyone else know about your situation? Have you told your friends, other family, etc. (Why not? if appropriate)

13. Thinking about your life as a whole, what's important to you? What was important to you in the past? How has this changed from the past to the present? Do you think that being abused/mistreated has affected what's important to you?

14. Overall, how do you feel about your life as it is now? What/How would you like to change it, if you could?

Do you think it is possible to do that? (Why not? if appropriate)

15. Is there anything else you would like to tell me regarding anything we have talked about?

Thank you very much for agreeing to this interview. I am grateful for the time you have taken and I assure you that what you have said will remain confidential.

If for any reason you wish to contact me regarding the interview or my research, I can be reached through the Elder Abuse Resource Centre. (942-6235)

It may be necessary for me to interview some people a second time at a later date. Would you be willing to agree to a second interview, if necessary?

YES NO

Would you like to receive a copy of the summary of findings from this project? How shall I contact you in this regard?

YES NO

Again, thank you very much for your time.

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Interviewer comments re: interview, respondent, etc.