

Research Article

Chronic Illness and Generativity in Late Life: A Case Study

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Received January 13, 2015; Accepted June 13, 2015

Decision Editor: Barbara J. Bowers, PhD

Abstract

Purpose of the Study: This article presents a narrative-based case study about chronic illness and genetic uncertainty and their relationship to generativity throughout the life course. Our focus is a woman who experienced vision loss early in life and interpreted its impact on her generativity through present-day biographical rescripting.

Design and Methods: The case we present was chosen from the study “Generativity and Lifestyles of Older Women,” which explored life history, social relations, and forms of generativity in an ethnographic interview format with 200 older women.

Results: In constructing a present-day identity, the informant used shifting and conflicted self-constructions to produce a self-image as generative. Three critical themes emerged in understanding her life course: (a) retrospective interpretations of autonomy; (b) renegotiating control in the present, and (c) generativity across the life course.

Implications: This article contributes an understanding of childlessness as observed through the lenses of chronic illness, autonomy, and generativity. We conclude that a history of chronic illness, as it is co-occurring with internal debates about the meaning of key life events, may influence older adults’ present-day identity. Implications for later life care needs are discussed.

Keywords: Autonomy, Childlessness, Chronic illness, Generativity, Narrative, Older women

Drawing on data from the Generativity and Lifestyles of Older Women study (GLOW) (Rubinstein, Girling, de Medeiros, Brazda, & Hannum, 2014) this article examines how chronic illness and genetic uncertainty disrupt the life course and shape self-view in an older woman. The article also reveals the informant’s conflicted rendering of past events to construct a present-day generative identity; she emphasizes uncertainty about past choices that continue to affect her life. Diagnosed in childhood with early-onset glaucoma that resulted in adult blindness, we explore our informant’s reaction to the process of blindness, the social worlds she inhabited as a blind person, and their effects on her present-day identity. Choosing childlessness to

protect a child she might have borne from future blindness and negative experiences similar to her own, we summarize how this choice formed a current, conflicted sense of regret (Park, 2005). That is, doubts about her decision to remain childless were expressed in interviews as features of her contemporary self, contributing an understanding of childlessness that is neither precisely voluntary nor involuntary. We describe this as *forebearant childlessness*. In addition, we demonstrate the complexity of a present-day identity shaped by a history of chronic illness, uncertainty, and ongoing internal debate about the meaning of key life events. This article bridges concepts of aging, chronic illness, childlessness, and generativity.

Background

Aging and Visual Impairment

The lived experience of a chronic condition such as low vision or blindness can cause hardship throughout the life course (Berger, 2011; Cimiarioli, Boerner, Brennan-Ing, Reinhardt, & Horowitz, 2011; Rudman & Durdle, 2008). Difficulties include functional challenges, which increase risk of falls (de Boer et al., 2004); problems specific to walking such as navigation and perceived task capacity (Salive et al., 1994); and psychosocial challenges including emotional distress (Williams, Brody, Thomas, Kaplan, & Brown, 1998), social isolation, (Heine & Browning, 2004; Kempen, Ballemans, Ranchor, van Rens, & Rixt Zijlstra, 2012), and depression. Berger (2011) concluded that dependency resulting from vision loss might be similar to loss of personal control; to regain control and optimize function, older individuals with vision loss often utilize a balance of social support, personal confidence, and acceptance of loss to effectively navigate the world (Weber & Wong, 2010). Chronic illness may further be met with uncertainty about whether one's condition could be carried forward genetically to the next generation.

The Disrupted Life Course

The protracted experience of chronic conditions or genetic uncertainty may disrupt a stable sense of self throughout the life course (Bury, 1982; Frank, 1995). Specifically, chronicity and its uncertainty present breaks in the ordering of life, which may fragment or empty and require reconstruction to mitigate the effects of disease on the self and stabilize feelings of uncertainty (Bury, 1982; Charmaz, 1987, 1991; Hannum, 2013; Williams, 1984). A stable sense of self may be created by rescripting not only reasons for past choices, but also a sense of identity based on a current day interpretation of the past. In such cases of life course disruption, people may mobilize personal resources in efforts to create order and control over patterns of uncertainty and conflict, as we suggest our informant has (Kralik, Koch, Price, & Howard, 2004). Extending work of Exley and Letherby (2001), this article interprets how a life course disrupted by illness affects managing both a sense of self and the self in relation to others.

Effects of Chronic Conditions on Generativity

Erikson's view of generativity centered on individuals' biologically "establishing" and "guiding" the next generation. He further described persons who "through misfortune or because of special and genuine gifts in other directions, [do] not apply this drive to offspring" but rather invest themselves within the larger community (Erikson, 1963, p. 267). Erikson later expanded his ideas on generativity to include both productivity and creativity, broadening his theory to include feelings of being needed (Erikson & Erikson, 1998). And although generativity is most often considered as having children who survive the self (Erikson, 1963, 1950; Kotre, 1984; McAdams & de St. Aubin, 1992; McAdams, de St. Aubin, & Logan, 1993), we suggest one example of generative behavior

as a decision to not have children due to inheritable chronic illness or genetic uncertainty, fitting with our sample's very broad range of generative behaviors (Rubinstein et al., 2014). We have concluded that "in response to threats to self, generativity may offer a way to restore or repair a self in flux" (de Medeiros, 2009, p. 97), mitigating the suffering one might endure (Black & Rubinstein, 2004; Black & Rubinstein, 2009). Accounting of one's illness in this way melds with the desire to prevent potential suffering of others, even when this is personally difficult or that becomes a source of one's suffering in later life (Hagestad & Call, 2007).

Childlessness

Reasons for childlessness are typically rooted in individual life events (Abma & Martinez, 2006; Allen & Wiles, 2013). In describing voluntary childlessness, Beckman and Houser (1982) discussed that a woman must have: (a) never wanted children; (b) wanted children at one time but changed her mind; or, (c) postponed having a child until the ability to conceive had passed. In contrast, involuntarily childlessness was described as: (d) being physically unable to conceive or carry a pregnancy; (e) wanting to adopt but unable; or, (f) other circumstances that made childbearing not possible. In the GLOW study, examples of both were found, but only the current informant remained childless by choice to protect a not-yet-conceived child from future disease. For our informant, rescripting the biographical self through narrative focused on changed experiences of her chronic illness and ongoing uncertainty about life choices (Bateson, 1989; Charmaz, 1999, 1991, 1987, 1983; Corbin & Strauss, 1987; Larsson & Grassman, 2012; Randall, 2012).

Theoretical Framework

The challenge of the current case study is in describing the informant's decision not to have children, as she presented through conflicted concepts of the self, which we earlier introduced as "forbearant childlessness." We interpret the phenomenon as generative and personally meaningful to the informant's later life (Black & Rubinstein, 2004), thus viewing her case through the lens of the life course (Settersten, 1999). Further, we place an emphasis on the phenomena of chronic illness and generativity using two overarching perspectives. First, symbolic interactionism engages our understanding of how people see themselves, the world around them, and the two in relation (Berger & Luckmann, 1966). Relatedly, we investigate social roles that people embody as they are socially defined and individually based. A specific example is Parsons's Sick Role, in which the chronically ill may feel stigmatized because of disease or debility (Parsons, 1951).

The second perspective is jointly interested in the subjective world and ideas created by people (constructivism), as well as the inner nature of experience (phenomenology; Toombs, 1988), explicating personal interpretations and meanings of chronic illness. And while different in general approach, constructivism and phenomenology share three

key concepts and assumptions (Gubrium & Holstein, 1999): (a) subjective orientation to reality: incorporating the views of Berger & Luckmann (1966) that human experience is constructed and given subjective reality; (b) a world of meanings: the world of human experience is constructed of meaning, not things; and (c) contextuality: context organizes meaning. We use these perspectives to jointly understand the phenomena of childlessness, chronic illness, generativity, and later life within the context of personally meaningful themes.

Methods

Data Collection and Interviews

The data presented are drawn from narrative responses to questions regarding life history, social relations, and forms of generativity from the GLOW study (Rubinstein et al., 2014). The study's objective was to examine how older women without biological children understood individual generativity, caregiving, work, productivity, social relations, and future health. In the sample of 200 women, ages 58–98, informants were divided into groups of women without children who were: “never married” ($N = 52$), “widowed” ($N = 37$), “divorced” ($N = 33$), and “currently married” ($N = 29$). For comparison, a group of women with children was also interviewed ($N = 41$). Further, eight women had nonbiological children, such as adoptees. Forty-two percent ($N = 84$) of the sample was African American; the remainder was European American ($N = 116$).

Upon receiving Institutional Review Board approval and participant consent, informants were interviewed in an ethnographically informed, narrative format using a basic interview guide. Each informant participated in a series of three in-person interviews (primarily in their own home), which were structured by content area. This first interview collected background information and a life history, which enabled us to learn how people live (Bateson, 1989; Rubinstein, 1995, p. 188). The second interview addressed experiences of generativity and centered on four foci of generative behavior: people, groups, things, and activities and four frameworks of generative interaction: historical, familial, individual, and relational. Finally, the third interview collected responses to questions about experiences of childlessness (or, for some, the experience of having children) and about future health care needs. With permission, sessions were audio-recorded and additionally aided by interviewer field notes regarding the setting and the interview. Following completion of each interview, audio files were professionally transcribed, de-identified, and placed into the data management system *Atlas.ti* for coding and analyses (Muh, 1994). All interviews were coded by trained research staff, with 20% team-coded for reliability. Emergent data issues and themes were discussed and reconciled through team presentation and discussion of findings.

Data Analysis

The case described herein presents an anomaly in our data, challenging previously defined notions of selfhood and

generative behavior. In order to develop the analysis for this particular informant, we constructed a case summary as the main tool for analysis. Such a case summary may be referred to as narratively-based and is constructed from a “deep reading” of the individual transcripts that included the application of key codes, memos, and interviewer field notes (Yin, 2014). This type of analysis promotes a multi-layered and nuanced view of an individual's constructed and narrated reality, evaluating both what is present and absent in the interview materials (Berg & Lune, 2011; Black & Rubinstein, 2004; Linde, 1993; Mishler, 1986). Interviewers' interpretations of the interviews (field notes and memos) aided case study development so that informants' meanings and lived experiences could be described and explained (Charmaz, 1999). The resulting case summary included the identification of key biographical themes as related to experiences of childlessness, chronic illness, old age, and generativity (Docherty & McColl, 2003; Flyvbjerg, 2006; Rubin & Rubin, 2005).

Results

Informant Description and Background

Abigail Breger (a pseudonym) was an 83-year-old, Jewish widow at the time she participated in the GLOW project. The interviews took place in Abigail's apartment in a continuing care retirement community (CCRC), where she lived alone. Though her apartment was relatively small, the entire space was open and bright. Abigail liked her living space, citing her ability to move around the apartment and building freely by “feeling [her] way”; she preferred not to use a cane, exhibiting confidence in her environment.

During the first interview, Abigail described her background, discussing how her parents “worked hard all their life;” her mother in a clothing factory and her father managing a second-hand store that did a “good business.” The value of work was the legacy of her family and was significant in her lifelong interpretations of independence and autonomy. Abigail's own life, however, was largely defined by health problems beginning in childhood, eliciting periods of dependency. Abigail described her limited sight as a child as the result of congenital glaucoma: “When I was about 10, 12 years old I [was diagnosed with] glaucoma, which is a slow process of losing your sight – but I had sight until I was about 38, 39 years old.” As her vision steadily worsened, Abigail often felt stigmatized as lacking skills that others possessed:

As a child ... you see the difference when you're playing around with all the other children ... I joined in and everything and [they] accepted me, but I did see the difference in ... Children can be very, very good, very nice to you, but they can be cruel too.

During her adolescent years, Abigail attended a state school for the blind where she lived throughout the week. She learned Braille, which remained significant to her throughout life, contributing to her independence: “If I didn't have

Braille, I don't know what I would do." Abigail clarified that blindness had not affected her overall life plans: "I didn't hold back, I didn't stay home, I just went along, I never felt sorry for myself."

Abigail married in 1955, at the age of 20. She worked before and during the early years of marriage for an organization committed to the blind; she described her work experiences fondly, but expressed fear of traveling alone on streetcars. Abigail's husband shared this concern, convincing her to stay home. After 20 years of marriage, her husband fell ill. She became his caregiver and felt ease with her new task; she reciprocated the care he had given her. After her husband's death, then 40 years old, Abigail lived first with one sister and then with the other, remaining there for 17 years. Abigail regretted this period, and described the family as having "babied" her, preventing her from feeling self-reliant; they believed her blindness precluded her from living alone. Although Abigail affirmed her family's love, she suggested undercurrents of control that thwarted her goals. In recent years, Abigail moved to the CCRC, not describing a precipitating event. During the time of living with family, she recalled her fears of the unknown, a risk to well-being, and a slow eroding of self. In leaving her sister's home, Abigail felt she had won a long-running battle for a sense of autonomy, which was fostered by the CCRC environment. And although Abigail felt she had won this battle, she continued to question past life decisions, which were arising in these latter years as she saw neighbors visited by children, grandchildren, and great-grandchildren:

Sometimes I look back on it and I say if I had a family now ... like everybody here, just about everyone has children, for instance last Sunday this lady I know right down the hall here ... her children gave her a 90th birthday party. It's beautiful. And see, her son and daughter-in-law and her daughter and her son-in-law, I looked at the whole picture of it and I could have had that maybe. But hindsight is ... Hindsight is better than foresight.

Abigail's regret resurfaced during such moments:

'Cause everybody here talks about their children and their grandchildren and, and they have 'em over and they make parties and everything and of course my family, my nieces and nephews, my sister, I have family, too. ... But it's not the same.

It was in seeing others, with their lives rooted simultaneously in the past and future through their offspring, that Abigail's feelings of regret and sorrow seemed to be elicited, which we discuss here.

Themes

Abigail presented the narrative of her life around three central concepts of autonomy, control, and generativity.

These core issues were represented through her present-day attempts to rectify conflicted notions of self and identity as an autonomous person. Though the themes are presented individually, they are not disparate.

Retrospective Interpretations of Autonomy

Abigail stated that autonomy was a core value, but its attainment was difficult due to blindness. She credited her parents for the values they instilled in their children, such as hard work, endurance, and independence, referring to her parents as her "inspiration." While Abigail viewed herself currently as independent and self-motivated, she perceived that she was autonomous only at particular times of life; this seemed to fragment her biography. Her regrets about living the middle period of her life with her sister highlighted times of life when she felt dependent on others. Having learned Braille as a child, Abigail was provided a foundation for independence, despite blindness: "Braille means everything to me ... at that time, I didn't know it would be so important in my life... years ago, I never dreamed it would be so important. ... *It's amazing what your heart can tell you.*" Her perspective about this skill was both retrospective and prescient and sharpened the paradox of her self-view (past vs. present; independence vs. dependence; certainty vs. ambiguity), which became evident in her recollection of desiring autonomy despite debility and dependence.

After leaving school, Abigail lived with her parents until she married. She found outlets of freedom during the early years of her marriage, such as paid work, and described a period of self-discovery: "I never dreamed in a million years that I would go out and work, because I couldn't see... I'm just amazed that I traveled [by] myself." Retrospectively, independence became essential to her self-definition. She reported that she refused to be identified by her impairment: "I never used a cane. ... She added, "Well, maybe it was pride, maybe I didn't want to show that I was blind."

Before her husband passed, Abigail experienced an ability to control her circumstances, which surprised her. The loss of her husband altered this consciousness and she felt plunged into near-total dependence: "I wasn't fortunate – I only had him 21 years. He passed away and down I went." Then completely blind, Abigail's options for independence narrowed with perceived choices, and she decided to live with her sister. Her narrative revealed inner turmoil; she wanted independence, yet at the same time feared it. During this time, Abigail's sense of self seemed to fracture due to an ongoing internal battle. She viewed herself as independent and capable, as well as dependent and "ill." Still desiring autonomy, this seventeen-year period represented a loss of freedom, and was seen distinct from time before and time after. Despite continuing to describe herself as inherently "independent," Abigail recognized her own responsibility in allowing her family to control her:

I look back on the years that I spent with my family – they were always babying me, I guess that would be the

word. They always felt sorry for me because I couldn't see and they fought me up and down. Two or three different times I had a chance to go get an apartment myself. They said 'No, it's not necessary, you can live with me' and I gave in because, I'll be honest with you, I was scared. I never lived by myself ... I said to myself 'I'm trying, I can always go back' ... But when you have a handicap like I do, of course you're going to be scared.

As the years went by, Abigail felt that remaining with her sister posed a greater risk to her sense of self than being "scared." Despite having never lived alone, she moved to the retirement community, ashamed she allowed herself to be controlled for so long: "I finally have my independence and I want it. I don't want to have to answer to anybody. Is that wrong? I don't know." She revealed the wisdom she would bequeath to younger generations: "Stand on your own two feet. Be independent. Don't let people baby you and coddle you. Just do what you want. Don't let other people say, 'Oh you can't do this, you can't do that.'"

Renegotiating Control in the Present

Despite her move, regret haunted Abigail's narrative: "[I] never made any decision better than that when I moved here. ... I'll tell you, when I moved here, I was, like I said, I was afraid because I couldn't see and, um, I never dreamed" While living with family, Abigail's past took on a sense of discontinuity that pained her. When she moved out of her sister's home, she was "shocked" to learn that independence and control had been available to her all along. Though Abigail agreed to the move with her sister, she described herself during this 17-year period as "immature" and mimicked her perceived institutionalization in childhood. Both environments prohibited her freedom:

I lived half my life in [the hospital], not living there but, you know, going there every other week or every month or so. And I went through a lot of [eye] drops and [the doctors] tried to save my sight, but glaucoma – uh, eventually you lose your sight. There's no way of keeping your sight if you have glaucoma.

Because she felt she lacked choice over many things in her life, Abigail noted that other "normal" experiences, such as friendships, seemed inaccessible to her. She said, "I always lived with a sister and, I don't know, I didn't have friends, only the few friends I made at school. But here [in the CCRC] it's just like one big family." The need to cope with difficult situations seemed to be Abigail's response to two life-altering choices. They were: (a) her choice to not bear a child and (b) her unhappy decision to live with her sister after her husband died. Abigail ultimately acknowledged that she chose both circumstances.

The years she lived with sister could be described as dormant and marked by passivity in her experience of time. Although Abigail was close to nieces and nephews, she felt

she had no generative outlet as specific and central as a child of her own. After moving to the CCRC, feelings of independence also engendered anger over the "seventeen lost years." Her anger was twofold: she was angry with herself for lacking self-awareness; she was angry with her family for their lack of faith in her: "You have to think of yourself as a person, not because I can't see. I look at my whole life and of course I didn't have it that great, but people have it worse than me." Her ability to successfully cope with regret seemed intrinsically tied to her perceptions that her past had been controlled by others and was thus inescapable. Her regret pushed at the edges of control—of what she felt she could and could not do to fight for independence.

Generative Issues and Actions Across the Life Course

In retrospect, the issue that loomed largest in Abigail's path to independence was the decision about bearing children. At that time, she was uncertain whether her illness had a definitive genetic link and no test for such a link existed. In our understanding of generativity (as behavior or intention benefiting future generations), *forebearant childlessness* concerns itself with the well-being of future generations. Abigail's decision was a way of ensuring she would not bear a child who would be blind, which was central in Abigail's own self-definition. In not bearing children, similar to the voluntarily childless, she rejected what many see as a "socially desirable" form of generativity. She also believed that now, in later life, being a mother would have made her "normative" and similar to those living in the CCRC. Although she tempered this loss with present relationships with nieces and nephews, she also qualified these relationships as "certainly not the same as having one's own."

I didn't accomplish much in life; I'll be honest with you. I feel this way. Since I had no children I accomplished one thing. I had a very closeness with all my nieces and nephews. And I have to say they like me. They love me and no matter what. If I call 'em and say I want to go here, they'll take off and help me. And I have a close relationship with them, which is wonderful.

In comparing her life to others, Abigail viewed having children as the standard of a complete life. In the end, the decision to not have children was one area in which Abigail took control, refusing to introduce a child to a life she felt might be predefined by loss. This decision haunted her throughout adulthood, emerging strongly in the environment of the CCRC. This became the subject of much discussion in the interviews:

That was the reason. There. My vision came into play again. I talked to my doctor, I talked to an ophthalmologist [and] I asked them, 'If I had children, would they have good sight, bad sight, or no sight?' 'There's no guarantee' [the doctor said], I just didn't feel I want to bring a child into this world knowing they would be

blind and having to go through what I went through. I love children too much. And I regret in some ways because they said it was no guarantee.

Although Abigail never doubted her ability to care for children, she was influenced by her family's opinion that motherhood was "too demanding." Her decision weighed heavily on her, and caused recurrent thoughts. She noted, "I'm not happy about it. And I still, when I have nothing to do and I'm laying down at night, I think 'What did I do wrong? Did I do wrong? If I had it to do over again would I do it?' I don't know. I miss children, because I love children." Although seemingly unanswerable, it became a source of anguish in the present:

Abigail: But I still go back to the fact no one can tell me, you know, if it was the right thing to do not to have children and I will never know because the doctor said 'It could be your husband's genes.' Did I do wrong? I don't know.

Interviewer: Were you concerned about how to take care of the children?

Abigail: No. I'll tell you why. My nieces and nephews were little and I used to take care of them. Their parents used to go to work and since I stayed home, I didn't work at this point. I used to babysit for them. No, I don't think I was afraid of taking care of a child. Sometimes I think I did wrong. I should have listened to my heart instead of my head. But you can't undo something that you did.

Abigail perseverated on her doctor's words. There was a chance her child could lack sight: "The doctor said it's a possibility you'll have children that could see. *I didn't have faith, I guess, maybe.* And maybe I'm wrong. Sometimes I look back on it and I say 'If I had a family now'. I mean it, you know. It would be different and I say 'I probably was wrong', but I don't know." When asked how it would be different if she had children now, Abigail described how a neighbor's children gave their mother a birthday party. An older adult's birthday party, given by her children, provides a poignant image of what she feels she lacks:

It meant a lot to me because I love children. That's what hurts the most. That's what really hurts that I never [had them]. You can't understand unless you were in my position. Did I do wrong? I don't know. I'd sure like a son and a daughter or something like that now. Something that's mine. You know what I mean?

Her story of childlessness was tinged with shades of self-sacrifice:

From the age of 36, 37 years old I never felt sorry for myself. I said 'This was handed to me. This is what I'm going to have to do. And I'm going to live a life with that thought in mind.' You can ask anybody. I never felt sorry for myself. I feel there are other people worse off than

me. I've seen [that] since I lived here. So I always say to myself 'Thank God I have what I have.'

Abigail spoke at length about her decision to not have children. Although her words seemed anguished, they were tempered by feelings of competency. She ended her final interview detailing how she helped an older neighbor who had macular degeneration: "When you're a child and lose sight, you learn. You go to school to learn Braille. But it's different when you lose sight as an adult." She added, "He [her neighbor] always said, 'Abigail, I looked up to you.' He says 'I know I'm losing my sight' and he says 'I don't know how you do it.' I said 'You do what you have to do.'" Abigail's competency toward her neighbor enhanced her feelings of control and independence.

Discussion and Conclusions

Abigail's life presents as that of great internal dissension that in later life prevented a stable sense of self and identity. Placed into the role of the "sick person" as a child, her identity would become intrinsically linked with that of an ill person, one who was seen as deviant from society's expectations and who must be controlled (Parsons, 1951). In this regard, her self-perceptions became that as a limited and disabled individual who could not embody traditional social roles. In her later years, Abigail's life became recontextualized as one of regret that, centered on childlessness, arises as she compares herself to other older adults in the CCRC where she lives. Three overarching themes arose from her overall life story: (a) retrospective interpretations of autonomy; (b) renegotiating control in the present; and (c) generativity across the life course.

The conflicts of Abigail's life story—*independence versus dependence*; wanting a child as well as assurance the child would not be blind; making decisions for herself yet allowing others to make decisions for her—seemed to be present conflicts, represented in her narratives as a rumination about choices that could not be undone. This contested self often appeared as discontinuous in time, thus representing interruptions to the course of Abigail's individual biography (Larsson & Grassman, 2012). Such breaks in what is conventionally considered the normal patterning of the life course present each person with alternative life choices. We witness these alternatives in the narratives individuals create to construct a coherent life course; individuals have the potential for constructing a new narrative, offering the possibility of representing a new self (Meador, 1998; Williams, 1984). In this case, Abigail presented herself as having adjusted to illness, yet a lifetime of indecision placed her in a present setting of conflict and liminality (Delmar et al., 2006; Rothrauff & Cooney, 2008). And although greatly conflicted, we saw through her discussion of mentoring her blind neighbor, that Abigail renewed her image of herself to be generative and agentic (Gruenewald, Liao, & Seeman, 2012), fitting with Erickson's previous work (1998). Though this did not appear to assuage the sense of the loss and anguish that had resulted from not having

children and the years spent living with her family, it did appear to increase Abigail's sense of self and thus her overall well-being (Rothrauff & Cooney, 2008).

In addition, Abigail's choice to protect a potential child by not conceiving revealed a sense of parental responsibility, being simultaneously marked by a pervasive sense of regret and uncertainty; she could not know in her thirties that her conflict over not having children would appear as a central issue in later life. This duality pervaded her adult life and reflected her contested, paradoxical self. In the words of Toombs (1988) "... as embodied persons, we experience illness primarily as a disruption of lived body rather than as dysfunction of biological body" (p. 201). That is, illness, though physically held, transcends the body as a more "existential predicament" of human existence that often needs to be rectified in later years (Toombs, 1988, p. 201). In many ways, living alone as a blind older adult presented Abigail as one of great independence and authority, something she hoped for (Delmar et al., 2006; Lang & Carstensen, 2002).

An important implication of this article lies in its transition from the theoretical understanding of lifelong chronic illness to issues of childlessness and generativity throughout later stages of life. In this regard, this article broadens our understanding of the effects of chronic illness to include the experiential context of aging needs and childlessness, and of aging and health, as co-occurring concepts. Further, our work extends theories of generativity (Erikson & Erikson, 1998; McAdams & de St. Aubin, 1992) to include decisions made to prevent the potential suffering of others in the future. We thus suggest research that explores the various ideologies of generativity among persons who may have chosen childlessness in order to attain what they perceived, at the time, to be of greater good in preventing suffering. Further research may also examine the later life implications of such earlier life choices, especially those made in light of chronic illness.

Funding

This research was supported by the National Institute on Aging (R01/AG030614-02; R. L. Rubinstein and K. de Medeiros, PIs).

Acknowledgments

Data presented in this article were gathered in a research project entitled "Generativity and Lifestyles of Older Women" (GLOW). We are extremely grateful to NIA for its support of this research. S. M. Hannum would additionally like to thank the Johns Hopkins Bloomberg School and Public Health and, specifically, NCI for its support of her continued research through the Cancer Epidemiology, Prevention, and Control Postdoctoral Training Fellowship (T32 CA009314).

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