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Future transitions –
The meaning of seniors' thoughts of their future living

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Abstract

The increasing number of elderly people and their lengthening life expectancy implies a challenge for how to address these peoples changing needs and demands for help, care and appropriate housing options. The project Senior living 2000 focused on the individuals wishes and desires of how the home for elderly in Sweden could be performed and what modern technology could contribute in such a home. In later life people experience changes that strongly affect their lives, like retirement, relocation and health problems. The new era of technology can contribute with solutions for the future living; however there are some important ethical issues to consider, such as autonomy and quality of life. The model of transition provides a framework on the important perspective on aging and research. This study aims to illuminate the meaning of seniors' thoughts and dreams of their present and future living. The qualitatively conducted interviews were analyzed using a latent content analysis. The findings of seniors thoughts of their future living revealed four themes; *My home is my shelter, Taking control of the situation, Surrender yourself to others* and *Experiencing technology as a support or a hinder.* The focus of the participant's dream of their future living was to stay in their present homes as long as possible.

Keywords: Senior, future, living, transition.

Contents

Introduction and Background

The increasing numbers of seniors and their lengthening life expectancy in forthcoming decades is a commonly recognised phenomenon. Many of the issues associated with people attaining greater age implies a challenge for how to address these people's changing needs and demands for help, care and appropriate housing options. The changes of tomorrows seniors also concern the rapidly changes in peoples environments that could provide opportunities and new solutions for the future, arguing that it is of particular importance to illuminate seniors own thoughts about their future living.

Background of the study

Spring 2000, the Blekinge Institute of Technology in corporation with Senior Forum AB, Blekinge division of research- and development and Föreningssparbanken Spintab/Robur started a project, Senior Living 2000, to develop the geriatric and gerontological care for tomorrow. The project was done at two different places in Sweden, one small town and one big town, which had two different political managements. The project focused on the individuals wishes and desires of how the home for elderly in Sweden could be performed and what modern technology could contribute in such a home. The project worked from following areas:

- to show how senior citizens of tomorrow would like their life to turn out when it comes to services, activities, housing and care,
- to show the possibilities to live in their regular homes as long as possible with help and support from home-help service and home nursing,
- to show in what way senior citizens could be a resource in a social net between themselves and by this have a possibility to break their own isolation, loneliness and idleness,
- to show how new technique in the area of Information Technology (IT) could facilitate communication between municipality, service- and care functions,
- to show new financial solutions which complements the present pension- and allowance system to meet the increasing costs in the elder care of the future and show new working methods, organisation and leadership development, certification and competence development of the nursing staff (Senior Living, 2002).

A questionnaire following these areas were done and interviews were also conducted to capture the individuals own thoughts. With background in the project Senior Living 2000 the interviews for this study were conducted in 2001 (Senior Living, 2000).

The meaning of aging and a home

The feeling of being old and to see one self as old is often described in research. Age identity is something that people experience differently and people at the same age can have different experiences of how old they feel (Nilsson, 2000; Thompson, 1992). This mean that there is a distinction between chronologically old and feeling old (Logan et al., 1992). Nilsson (2000) found that quality of life in very old age involved contentment and peaceful life, independence and health as a resource for this and personal integrity. The quality of life also depended on the meaning they ascribed their experiences and their view of the future range from a positive approach and wait-and-see approach. The positive approach was related to hope and feelings of purpose and meaning.

Aging in place is something that seniors express as something very important and as a goal. Living at home is thought to be something that improves the quality of life for seniors and to be essential for the privacy and independence for them (Fozard et al., 2000; Pietilä & Tervo, 1998). Home is usually a safe place, protected and defended. Shelter is supposed to be essential for human survival and essential for human happiness. Not every built environment is a dwelling place; only a home provides a true dwelling (Swenson, 1998). Swenson (1998) found that elderly women who dwelled alone experienced that home is the centre of self, home is the centre of caring and home is the centre of reach.

However, the home environment is not only a physical place to live in but also a place for maintaining a personal identity. It's also proposed that attachment to home is a vital component of emotional and physical health, especially for elderly people (Rowles, 1983). Gott et al. (2004) identified that the participants saw their home as something more than a physical environment. It represented familiarity, comfort and the presence of loved ones and as the ideal place of caring during dying. The home environment is important for how old people experience their life. The home is also associated with independence and control (Rutman & Freedman, 1988). Gott et al. (2004) studied people at the age of 55-85 and their view about the home as a place of care at the end of life, and found that the participants felt that their home was the ideal place of care during the end of life, however practical and moral problems associated with it were recognised by many, for example the fear of being a burden to their family.

Changes in later life

There are many changes associated with aging and retirement is one major transition in later life. Retirement is an event that often is associated with joy, although not everybody is prepared for the changes in life due to the retirement (Rosenkoetter & Garris, 1998). According to Dorfman and Gene Rapp (2000) retirement affects virtually all aspects of a person's life. The relationship between retirement and the way retirement influences different factors such as health, is described as still unclear, but there is no evidence that retirement it self affects the health. However a lot of people retire due to different health problems and they are often experience associations between health and retirement. Planning for retirement and anticipating the psychological and social adjustments to retirement are an integral part of the lives of many workers.

The retirement can be seen as an important social event (Rosenkoetter & Garris, 2001). Mutran et al. (1997) proposes that retirement planning was associated with positive attitudes towards retirement. However, there are also researches meaning that retirement is a stressful event. It can result in loss or reduction in income, influences, authority, status, social relationships, activity, professional skills and an increase in unstructured time (Lo & Brown, 1999).

Relocating has been defined as the change in environment that takes place when an individual moves from one location to another. This is described as a process that includes changes in the life situation that stimulate the move, the actual physical move and the adjustment to new surroundings (Remer & Buckwalter, 1990). Voluntary or involuntary changes in dwelling disrupt the environment of home and the strong attachment to it. Research describes experiences of different problems and fears of leaving home to live in residential homes.

Transition and relocation to the care and environment of residential home has been identified as the most significant relocation affecting older people (Lee, 1999; Lee et al, 2002).

The relocation to residential home or nursing home is described in various studies and can be perceived as both positive and negative. Svidén et al. (2002) showed that elderly persons relocating to sheltered housing involved feelings of changes in their self-image from being independent to become dependent. Lee (1997) found that the elderly in the study thought that relocating to residential care was an unavoidable option and that they felt passive and powerless due to that. This was also described as an important source of fear in their later life.

Ethics and technology in future living

Gerontechnology means engineering and technology for the benefit of aging and aged people. Theories that relate aging to the environment are referred to as transactional. This means that man and machine should bee studied as a functional unit or system (Fozard et al. 2000). Technological devices can offer solutions to some of the problems associated with aging and are welcomed by many seniors to improve their quality of life in their homes (Zimmer & Chappell, 1999). The use of communication technology is described as a way to meet seniors need for social interaction, health and safety. Fozard et al. (2000) also suggests that technology can be a way to prevent or postpone health problems among elder persons and argues that things like computer games and programs for creating visual art need to be developed for elder persons.

Technology and computers can be a way to enable people to live home longer; however the importance of making the technology user friendly for elder persons is an important issue, since they are the one to use it. Ethical issues due to technology are also highlighted in research. Magnusson and Hanson (2003) describe the ethical issues arising when frail elderly people and their families got a computer in their homes. These ethical issues were many such as autonomy, independence, quality of life, beneficence, non mal-efficiency, and justice. Also ethical issues of security, privacy and confidentiality were illuminated.

Conceptual frame

Schumacher et al. (2000) proposes that a transition framework provides an important perspective on aging and for advanced gerontological nursing practice and research. People in later life are also to experience multiple transitions. Retirement, loss of spouse and friends, relocation to a new living situation and the advent of chronic illness or frailty are just some of the transitions experienced by elderly persons. During such a period a person will experience changes in his or her external world and in the way the world is perceived. This will often lead to a sense of loss or of alienation from what had been familiar and valued. There are many transitions for these persons that involve loss and that are undesired, though some transitions are positive and welcomed (Schumacher et al., 2000).

According to Chick and Meleis (1986) transition is a familiar concept in developmental theories. Transition is defined as a passage or movement from one state, condition or place to another. (Chick & Meleis, 1986; Schumacher & Meleis, 1994). Schumacher and Meleis (1994) mean that transitions are complex processes and multiple transitions may occur at the same time. Transitions are both a result of and result in change in lives, health, relationships and environment (Schumacher et al., 2000). Chick and Meleis (1986) describes the transition types as three, developmental, situational and health-illness. Personal and environmental

factors affect the transition process. A transition is also defined through a significant marker event or turning point (Schumacher et al., 2000).The transition conditions include meaning, expectations, level of knowledge and skill, the environment, level of planning, and emotional and physical well-being (Chick & Meleis,1986).

Transitions changes in identity, roles and patterns of behaviour and they involve fundamental changes in a person's view of self and the world. Transition processes are the cognitive behavioural and interpersonal processes through which the transition unfolds. In a good transition a person moves towards health, though in a negative transition a person moves towards vulnerability and risk. Transitions can be followed by uncertainty, emotional distress, interpersonal conflicts and worry (Schumacher et al., 2000).

Transition is described as relevant to many different phenomenons across many clinical and substantive areas in nursing (Schumacher et al., 2000). Transition as a frame has been used in different studies and research. Studies have been done about the transition to parenthood (Vehvilainen-Julkunen, 1995; Lorensen et al., 2004; Nyström, 2004), about educational and professional roles such as the transition in career among nurses (Rosser & King, 2003). A lot of studies are done about transitions in health and illness (Kralik, 2002; Robinson, 1999; Wennman-Larsen & Tishelman, 2002; Söderberg & Lundman, 2001; Robinson, 2000), the transition from hospital to home or from home to hospital or nursing homes (Wilson, 1997; Rittman, 2004; Close, 1995), about immigration (McConatha et al., 2001) and transitions experienced by elderly persons (Svidén et al., 2002; Nilsson, 2000).

Aim of the study

This study aims to illuminate the meaning of seniors' thoughts of their present and future living.

Method

Participants

This study included 16 women and 16 men (n=32) from two different places in Sweden, one small town and one big city. The participants varied in age between 50-74 years. In a previous market research, in Blekinge County, 600 people were sent a questionnaire about service, housing, social contacts, technology and environment. The selection of participants was made through the address register at the post office (PAR) and divided after sex and age in a five year interval (50-54). 261 persons answered the questionnaire and 77 accepted the request on the questionnaire to participate in an interview and finally 16 persons were selected from this area from the criteria sex, age and ethnicity. In the other area 180 persons were also randomly selected from PAR. Those 180 persons got a letter where they could accept to participate in an interview. From those who accepted, 16 participants were selected also from the criteria sex, age and ethnicity.

Data collection

When looking at interviewing within the qualitative tradition, it's characterized by letting the informants say in their own words what they want to say. The aim of qualitative interview is to look at life by gaining understanding of the meaning people attach to their experiences (Cormack, 2000). Another researcher than the author to this thesis made the interviews for this study. The tape-recorded interviews lasted for 20-60 minutes and consisted of open questions. During the interviews the interviewer followed a question guide with areas that the interview should illuminate (see below).

Question guide:

1. How would you like to live in the future?
2. Why is just this living meaningful for you?
3. What would one have to do in order for you to be able to live like this?
4. Are you willing to contribute in any way to be able to live like this?
5. What do you feel about IT? Your own knowledge. Are you prepared to use that in the future? In what way? Do you have any interest to get more knowledge about IT and how to use it? If so, in what way?
6. Can you narrate a little about yourself?

Data analysis

The content analysis is a comprehensive term for many different techniques (Morse, 1994). Content analysis is a process of organizing and integrating narrative, qualitative information into themes and concepts. It has been widely used by social scientists for working with textual materials such as newspapers, transcripts of speeches and interviews, books and diaries (Woods & Catanzaro, 1988). Both a quantitative and qualitative content analysis has been discussed in the literature. The way that coding and counting can be seen in some content analysis, may make it look quantitative (Cavanagh, 1997). Though many authors mean that content analysis is very suitable for qualitative research. Berg (2001) implies that the qualitative content analysis enables good access to the words of the text and to better understand the perspective of the individuals created the words.

The two different types of the content analysis, manifest and latent content analysis serve different ways of analysing the data. Berg (2001) compares the manifest type to the surface structure present in the message and the latent type as the deep structural meaning conveyed by the message. Morse (1994) describes the latent content analysis as the researcher going beyond what was said or written and infers meaning to something. The researcher is concerned with the meaning within each passage of the text. Cavanagh (1997) mean that content analysis has a strong validity, since the analysing process involves a constant comparison with the concept being investigated and the categories emerged from the data. For this study a latent content analysis was used, inspired by Berg (2001) and Woods and Catanzaro (1988). In the beginning of the analysis the transcribed interviews were carefully read through several times to get an overall view of the contents in the text. In the next step the material was reduced by making summarizes of each interview with similar meaning clustered together. The inductively open coding was done by coding each segment of the data and writing notes and memos at the side of the sentences, to later conduct meaning units into themes and sub themes. The analysis and interpretations of the original text can be seen as as example below (table 1).

Table 1: Examples of the creation of themes

Meaning Units	Interpretation	Theme/Subtheme
"The one who need the help should be able to decide which help to get. It is he or she who knows best which help they need. Or am I wrong? If I should be in a position where I need help, I want to decide how to use the help."	To be able to decide for yourself, is a way to get control.	Taking control of the situation.
"Yeah, you have to think, what if I get disabled, then I have to go somewhere. And then I suppose nursing home is the only option."	Lack of choice and uncertainty about the future creates despair.	Surrender yourself to others.
"We experienced that my mother- in-law didn't get any professional help. I remember on time when my mother-in-law almost burned down the place and then it was not so funny. We couldn't watch her all the time so she definitely didn't get the help she needed."	Experiences of an unsatisfying living and care creates fear.	Surrender yourself to others.

Ethical considerations

It's important to conduct research for both society and individuals. When research is able to improve humans health or living conditions or to come up with new knowledge about different human sufferings it's unethical to not conduct such research. The research to be done must meet the demand of being of good quality and the participants must be protected from any damage, humiliation or violation. There are four ethical demands in research, information, confidentiality, informed consent and applicability (HSFR, 1999). These demands and recommendations have been followed through out the whole study. The participants in this study were all able to make an informed consent and their freedom, autonomy and integrity has been protected.

The participants all received a letter with information after accepting to participate in an interview. This letter consisted information about the aim of the study, the confidentiality and voluntariness of the participants. A week after receiving the letter the participants also got a telephone call to further clarify this information. The participants were informed that they could interrupt their participation at any time. To guarantee confidentiality and anonymity no citations that could reveal the participants was used. The Committee of Ethical Research at the University of Lund (LU 478-00) and the Karolinska Institute (KI 01-083) gave their approval of the study.

Results

This study reveals the thoughts and experiences about the participant's present and future home and living. The stories of the participants have a connection with both the past and the present and both hopeful dreams and fears lingered in their expectations. There were four themes grounded in the interviews: *My home is my shelter, Taking control of the situation, Surrender yourself to others and Experiencing technology as a support or a hinder.*

My home is my shelter

This theme reveals the meaning and importance of the participants homes and living and their desirable future home and living. The participants experiences of their future senior lives were linked with the feeling of getting older and being retired. Many of the participants didn't feel old and thought it to be difficult to think of themselves as old. These participants looked forward to their lives as seniors and had hopeful expectations to it. For this time in life the participants seemed to focus more on purpose and meaning and to have peace in life. The purpose and meaning could be seen in the participants wishes and plans for their senior lives. Many talked about fulfilling dreams and to have an active life. Some wanted to travel and see the world.

"When I retire I think that I will put on my backpacking and go out travelling, anyway in Europe, to go by interrail."

"The day I retire we have talked about travelling and see the world as much as possible. We have also talked about getting a place in perhaps Portugal, to live there half the year and live in Sweden during the summer. Its wishful thinking…It can become reality."

Most of the participants experienced their present home as the perfect place to live and wanted to continue living there until the end or as long as possible. Home was expressed as more than just a physical place. Many of the participants mentioned the importance of feeling that they have their roots in that very house, a feeling of having their belongings there and the home had a meaningful connection to memories from past. The home was also experienced as a familiar place, a place associated with shelter and security.

"Once upon a time I was born here and I think you are drawn to that when you get older."

However the home revealed deeper associations and was a base where the participants could find meaning and significance. It revealed meaning for self determination, a sense of control and power and their whole existence. The home was a huge part of life and living and a way to feel connected. Life, living and home should preferably be as it always had been:

"It's important to have a place that you feel is your own existence."

Some of the participants could consider relocating, but it was important to do this in time while you still have the strength and motivation for it. This opinion had its core in experiences from relatives who got problems moving and adjusting to a new home after they relocated at very old age.

"She (her mother) had been to a nursing home because they thought she couldn't manage at home. Every day during this stay my mother called home devastated and wanted to go home

to her apartment. During this time she had not found her room one single time. So now she is home again. She can find her way everywhere in the apartment…We can't move her it's not possible. She must live there."

Some of the participants were used to move a lot and didn't seem so attached to one particular place, on the contrary they were prepared to relocate one or perhaps several times. The relocation was also considered as a way to unleash possible burdens that otherwise could fall into the arm of their children.

"But it's just this you don't know; if I can take care of myself, then I can live in my apartment and be there until I turn 100. But it's just that, you don't have a clue of what's going to happen."

The participants also expressed the importance of having access and connection with nature, something that many of them experienced in their present homes. To get out in the nature, listening to birds or taking a walk was a way to feel free and independent. To live on ground floor or having a balcony were therefore an important aspect of a good future living. The participants expressed this as:

"This home is paradise on earth for me. There are a lot of things happening here. Like the animals squelching in the garden, elks and stuff. I have bought a green house. I think it's wonderful when I get in the car to drive home."

"To just sit on a stone and look out over the ocean, it should be granted for everyone. That is relaxing."

When thinking and dreaming about the future and the future living, many of the participants had a good view of how they would like to live. They expressed thoughts and ideas of how to continue their lives as seniors in a preferable way. The participants wanted to live like they always had lived, meaning that they wanted a familiar life with not to many changes. To only have neighbours and connections with people at the same age were undesirable, they wanted to live in surroundings with mixed ages. The participants described this thought:

"I mean you are not older than you feel. If I could find something funny to do and the kids are interested…then it's a connection to the past. When I'm old, maybe I will go down to the lake and bring out my podgy boat and start to drive it and suddenly there will come a bunch of kids, boy or girls, looking at me. Maybe kids I once used to teach. Then they will sit done on the bridge and watch me and then we start to talk…about all the serious things in life…and then it's time for dinner and we say goodbye and walk home."

"My grandson is often here fishing with me and it reminds me of my own childhood. I was often out fishing with my grandfather. I think it's important to be together in different generations. It's the same with the neighbours. We are in different ages and I think that is important."

Connection to services such as shops, pharmacy or banks were also desired, this to be able to manage their daily lives on their own as long as possible. Many were also longing to live closer to their family, so that they could get visits from them more easily and to be able to visit them more often. The family and friends seemed extra important for the participants and they seemed to focus more on them. To relocate was possible but it was important to continue

having contact with friends and family and the relocation could be a way to avoid being lonely.

"I think I as many others want to live at home as long as I can and are healthy and able to take care of myself and it's probably many who thinks like that, but at the same time I don't want to live at home if my wife would pass away because that would be way to lonely. I love having people around me and I would go crazy if I would live alone in a big house like the one we have today. Then I would relocate to a place where there were a lot of people."

To have something to do, to be creative, use your hands or your head were something that many of the participants wanted. To continue to be active was a way to continue living as familiar as possible. An active life was experienced as a real life and was associated with a good and healthy living.

"I don't want to sit here idling. I have a background as a craftsman. I don't think I would manage to sit still without using my hands. I think when I'm a senior citizen I want to continue to work with my hands and create."

Taking control of the situation

Many of the participants seemed to feel very determined and sure of where and how they wanted to live. These participants had taken control of the situation by actively making sure that their home and old age would be as they wanted. Some had rebuilt their homes by moving everything they needed to the first floor or by making space and room for a wheelchair. Others had moved from house to an apartment where they planned to spend their old age. The planning was expressed in many different ways.

"I mean when I moved here I rebuild it so that we could live here until we disappear. We have planned this living for our old age…"

"My house is at least 90 square metre and we have a bedroom upstairs and toilets on both floors. It's completely modern. That's why one is able to continue living here, since I have built it for that. I have got toilets on both floors. This is an advantage if you can't walk in the stairs."

Many of the participants from the big city had made arrangements for their old age. They had signed up in a queue for a place at a senior living or a nursing home, so that they should have that option if they weren't able to continue living at home. This queue system doesn't exist in the other area of the study. Those who had planned for this saw the nursing home as something positive and had good experiences from it. They saw these homes as a way to get safety, the help they needed and to get social connection so they wouldn't feel alone. This was particularly important if they were to loose a partner. One expressed how she had experienced nursing homes:

"They never feel alone. And this I would really like to have. I think that this is wonderful."

If they were to need help in the future, which many of them saw as something good, it was a desire that they could decide over this themselves. They didn't consider the help to decrease their autonomy as long as they could plan and decide what help to get and how the help would be performed. Some of the participants were thinking about other alternative solutions to get

the help they wanted in the future. One idea was to be more helpful to each other in general, like neighbours helping each other. This was described as younger people helping frail elderly people with some things and the elderly people helping families with small children with for example baby-sitting.

"I think that you should be able to decide for yourself, if you are free, then you are an individual…there is something called the most sacred, something very intimate that no one else has heard and control. It's my life and I should be able to have the last word over my life, not society!"

Surrender yourself to others

This theme revealed the participants worries of having to surrender and give up their homes and lives. These experiences had a lot to do with the feeling of being retired and old. Some of the participants associated the future as seniors with tiredness, problems and lack of hope. These participants felt old and some already experienced health problems. These thoughts had its core in what might happen in the future. The participants feared for the future and worried a lot of what might come. This sometimes led to ignorance about the future, where the participants didn't want to think about such things. They wanted to live here and now, since the future is so far away. Some didn't want to think about the future at all. These participants struggled with uncertainty and worries and expressed this like:

"To be honest, I'm afraid of thinking about the future."

The meaning of surrendering was expressed as giving up yourself and your own identity, to loose freedom, power and independency and something that was experienced as unwilling, but for many also a certain outcome of aging. The participants worried about becoming sick or disabled in any way, which would lead to the unwilling surrendering. These things were for many the only things that would make them relocate and move to another place. This fear revealed despair, a despair of having no choice, no control and to give up your home and life. The participants described the unwilling relocation as given up and moving to something that not can be considered as a home.

"It's not funny to give up, that is partly what you do if you have to move because you can't live in your home any more."

"To move is something beyond recall that never comes back."

"You are leaving something that is yours and that you have control of, to something you can't decide over…You just have to accept it."

To surrender yourself also involved not being able to do all the things that you used to do, to need someone else to take care of your home, cooking, shopping and hygiene. Many of the participants experienced this as giving up your whole life and some had experienced relatives and loved ones aging and need for help and care. Their bad experiences were also related to what they had read in newspaper or seen on TV and to personal experiences of seeing relatives and loved one. The participants described guilt and worry for parents or other relatives who were either living alone or in some kind of nursing home. They described loneliness, not be able to take care of themselves and unsatisfying care and nursing homes. The experiences were described as:

"But poor human! She was-pardon-a package. I have difficult to accept that, it's not a worthy end for a human."

"I work with help seeking people and I often do house calls and then it can be horrible because there are people who never meet anyone but me. That's why it would be hard for me to consider living like that. I feel for these people. You are affected by your surroundings and really feel sorry for them."

"A lot of things at nursing homes are forced on people. Now we have to listen to Svea who is singing or now the church is here and everybody has to go there..., it's important to decide for yourself what you want to do and not the health care personal. You should be able to have a free will."

The participant also worried about financial and economical issues. The participants felt that they didn't have the money to have a good life or to do those things that they had planned to do when they retired. This was also an issue when thinking about the home, since most of them would get a much more expensive living if they moved and relocated. Those participants who were soon to be retired felt despair due to the economy and some even thought they didn't have any future. They all felt bitter and fooled:

"Today it's going down for seniors. There is probably no one who will manage. The money is less worth and you will not get any raise on your pension."

"It's like being punished for being older."

Experiencing technology as a support or a hinder

This theme reveals the participant's thoughts and feelings about technology as a way to get help and a way to stay in their present homes longer. The participants both expressed positive and negative thoughts and feelings about technology. Some of the participants thought that technology could be good, but not for themselves. These participants felt tired, old and that they didn't have the interest, strength or capacity for learning to use technology and computers. Many of them couldn't see anything positive in using computers; using computers is not real. One participant expressed this as:

"I need to see what I'm shopping, to feel it in my hands."

Some of the participants expressed a willingness to learn more about computers and others had planned to take a course to be able to use it at home. These participants felt they had the strength to learn new things and didn't consider their lack of knowledge to hinder them. Other participants were already familiar with the use of computers. They saw a lot of possibilities in using computers.

"One can use the computer to a lot of things and I already use it today. You can shop, communicate with people and you can secure your house with help of technology...You can use it if you want to get in contact with a doctor. You can plug in a web camera and use it to get help from, say health care."

To be alone and isolated when being older was a fear that many of the participants expressed. This fear was also associated with technology and computers since technology could get them even more isolated. Many of the participants felt that there was a risk of being isolated when they didn't have to get out shopping or doing other errands. The participants also feared that the technology would replace human contact and personal visits and they felt that social contacts and visit were of huge importance for them. This was expressed as.

"A human contact is better then technology. Technology can never replace people."

Many felt that technology would be an obstacle for old people. They thought that technology and computers would actually make them dependent on others, since they felt they didn't have control over it. If they didn't know how to use computers and technology they felt that they wouldn't have control and that they were dependent.

"Technology is good, but still the situation is that I'm depended on others."

Another concern was that technology would be a compulsion, that they wouldn't have the opportunity to say yes or no to it. To loose integrity and privacy were also dominating feelings. These participants expressed fears of being watched and felt technology in their home as an alien influence that didn't fit their familiar home. The security aspect was linked with closeness and the feeling of knowing that there would be people, like nurses in the house and this felt safer than technological safety and communication systems.

"But I wouldn't trust it anyway…I think I want to have it closer. I want to know that someone is going to visit me."

Many of the participants felt the opposite that technology would make them maintain control longer. As long as they felt that they had the control over the technology they felt that it could help them with all different sorts of things; especially to live home longer. Technology was considered to give a sense of feelings of safety and shelter and many thought it to be a good security system. None of these participants felt it to be a trespass to integrity and privacy, as long as they were able to control the technology and the computer themselves. This gave them a feeling of control and independence and a way to continue living in a familiar way. One participant expressed this like:

"These things (computers) make you feel that you actually can manage on your own."

Discussion

General discussion

This study illuminates the participant's thoughts about their present and future living. Moving into senior life involves changes and transitions and some of them are welcomed others unwelcome. The participants in this study were also experiencing or about to experience these changes and transitions. Nilsson (2000) claims that the feeling of age is not always associated with chronological age. The chronological age of the participants in this study were 50-74, but just as Nilsson (2000) claims the feeling of age were not always the same as their actual age. Some of the participants already felt old due to circumstances such as illness, loss of partner and job even though their chronological age were relatively young. Others were chronological older but still felt young often because they were healthy and still had their loved ones around them. Changes in health are the most common reason why people start feeling older (Sherman, 1994).

This perspective was closely linked to the participants' thoughts and expectations of the future. Many of the participants who already felt old had dark and negative thoughts about the future and those who felt young had hopeful and happy thoughts about the future. Just as Nilsson (2000) describes in her study, the quality of life depended on the meaning they ascribed their experiences and their view of the future range from a positive approach and wait-and-see approach. The wait and see approach in this study was expressed through uncertainty to their personal experience of being old and their future.

According to Schumacher et al. (2000) transition processes are affected by personal and environmental factors. Chick and Meleis (1986) say that the transition conditions include meaning, expectations, level of knowledge and skill, the environment, level of planning, and emotional and physical well-being. The participant's background, experiences, feeling of age, present health and family situation and also their personality affects their thoughts about their future and the way they will embrace changes and transitions and therefore also the outcome of the transition processes. In a good transition a person moves towards health, though in a negative transition a person moves towards vulnerability and risk. Transitions can be followed by uncertainty, emotional distress, interpersonal conflicts and worry (Schumacher et al., 2000).

The model by Schumacher et al. (2000) described in the conceptual frame involves three types of transition; developmental, situational and health-illness. These transitions could all be seen in findings of this study and are all affected by the participants personal and environmental experiences and expectations. The participants described past, present and future transitions with different approaches. Most of the participants wanted to stay at home as long as possible. The home was not only a physical place, but also associated with identity and control. Many of the participants had taking control of the situation. They were prepared for changes and transitions and planned for them so that things would be the way they wanted. They created new choices like having options and solutions for the future and their future living. To rebuild homes, planning to relocate or signing up in queues were another way. The relocation could mean security, help and company. This was particularly wanted if they were to loose a partner or become sick.

When a person retire its important to create new choices and finding new opportunities for growth. The self-image is greatly influenced by self-esteem, which is closely linked to the individual's achievements. Living in an achievement-orientated culture, we come to value ourselves depending on what we achieve (Svidén et al., 2002). When retire this may imply that it's important to come up with new ways to grow. Many of the participants described a wish to have an active retirement and old age. Many expressed the need to work with their hands or to be able to use your head and some of the participants focused on meaning and doing what they wanted. Meaningfulness is often understood to be the quality of that which gives significance, value and importance to life (Neikrug, 2003). The meaningfulness was experienced differently by the participants and was expressed in many different ways. To redefine meaning was expressed in the participants ability to prioritize the most important, most meaningful for them. Things that before had been put aside, were now the number one in the list. This may mean that some of the participants had reached a deeper maturity and had started to revalue their lives.

What the future had to bring revealed unavoidable and unwilling relocations, feeling of being lonely, and lack of financial resources to do anything about their situations. The negative outcome left them with feelings of uncertainty, fear, and worry. Aging may signify a future threat to a person's well-being, loss of power and ultimately the possibility of loss of control over their lives (Neikrug, 2003). Orzek and Loganbill (1985) state that worrying about the future can be destructive to one's self-concept thereby making persons more vulnerable to a vicious cycle of worry. The worry was also associated with previous experiences. Chisholm (1999) mean that people in middle age often find themselves dealing with the problems as their parents face the challenges of late old age. In this study many participants expressed their own experiences of the lives of their parents or loved ones. The experiences of loneliness, loss of control and autonomy, sickness and inadequate help and care affected their own view of the future.

Just as Neikrug (2003) suggests, stereotypes also have an effect on attitudes and may be another source of worry for the future. The participants' own experiences and in many cases stereotypes about old age increased their worry and was one dominant factor of the participants fear and unwillingness to live in a nursing home. To not want to live in a nursing home also had its core in fear of loosing privacy, integrity, autonomy and control. They also felt that they were giving up their lives and their identity when relocating to an undesired home. In Wilson's (1997) study of the transition to a nursing home, the participants experienced a sense of disconnectiveness from social support networks, a loss of familiar reference points and were in a new situation were old expectations were no longer current. Many of the participants were also longing to go home and the rules and regulations of the nursing home created problems for them.

The participant's thoughts about technology were mixed. Some of were positive and used to computers. These participants went to different courses and planned to buy a computer to be able to use it at home. However some of the participants were avoiding new knowledge and skills in this area. Their expression were that they weren't able to learn due to old age or illness, something that one easily could understand, thus with a risk of a negative outcome in the transition process. The ability to develop knowledge and skills reflected the participants' ability to adjust to changes, taking control to maintain autonomy and a more hopeful view of the future.

To give up your home was experienced as a way to give up your life, to loose identity and control. Therefore most of the participants wanted to stay in their present homes as long as possible, hopefully to the end. A healthy transition is characterised by maintaining continuity in identity, relationships and environment (Schumacher et al, 2000). This could be seen in the participants longing of staying in their own homes, which were associated with just these things. In the unhealthy process of experiencing unnecessary discontinuity the participants had a lack of awareness of the possibility of continuing. They couldn't see solutions to their changing problems and the outcome of that were experienced by suffering and losses.

Methodological considerations

The choice of the method and the performance of the analysis are very important for the credibility of the findings. The aim of this study was to illuminate the meaning of seniors' thoughts of their present and future living and a latent content analysis was used, which is a suitable analysis for qualitatively research according to Berg (2001). The credibility of the study has been strengthened by constantly going back to the aim of the study and by inductively coding, just as Berg (2001) suggests.

Another methodological concern was the fact that another researcher made the interviews for the study. This could imply both advantages and disadvantages. To not have done the interviews could mean that an open mind when constructing the analysis were maintained, however to not have got that sense of whole and not being able to see and talk with the participants could be a disadvantage. The way an interview is done can vary between researchers and in this case the interviews were done in a way that created difficulties and the interpretation of the interviews can have been affected by this. All 32 interviews was analysed in this study, however some of the interviews were a bit short and had a lack of useable text and didn't bring any new meaning in the analysis.

Considering the limitations of this study, the findings presented can best serve to raise the issue and importance of the study of senior's thoughts about their future living. Hopefully it will encourage future research in this area and serve as a basis for discussion. The findings in this study show that the thoughts and dreams of the future living varied among the participants and for further research a differentiated analysis of the value of this may be needed.

Conclusions

This study shows that seniors both have a hopeful and good view and a fearful and bad view of their future living. To continue to live in their present homes was the most desirable thought because this home was associated with many things such as familiarity, security and self-determination. Many of the participants planned for their future, to be able to get the future living they wanted. The fear of a bad future living seemed to have its core in uncertainty about the future, their own experiences and fear of getting disabled or sick. The fearful future thoughts revealed feelings of despair, lack of control and self-determination. Technology was considered to be a good assistant to be able to stay in their homes longer and to maintain control; however it was also associated with feelings of being supervised, to increase the dependency and as a trespass of their privacy and integrity.

Acknowledgments

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