

# Elderly persons' experiences of living with venous leg ulcer: living in a dialectal relationship between freedom and imprisonment

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## Elderly persons' experiences of living with venous leg ulcer: living in a dialectal relationship between freedom and imprisonment

The aim was to illuminate elderly persons' experiences of living with venous leg ulcer. Fifteen persons 74–89 years of age with active leg ulcer were interviewed. Data were analysed utilizing a phenomenological-hermeneutic approach inspired by Ricoeur. The analysis includes dialectic movement between understanding and explanation of the text as a whole and its parts. In the structural analysis four themes were identified: emotional consequences of altered body image, living a restricted life, achievement of well-being in connection with a painful wound and bandage, and struggle between hope and despair with regard to a lengthy healing process. The comprehensive

understanding indicated that the meaning of living with venous leg ulcer can be understood as a dialectal relationship between, on the one hand the feeling of being imprisoned in the body, the bandage and the home, and on the other hand, hope of freedom from a burdensome body. The results indicate that the concept, body of image, is vitally relevant to the caring of elderly people with venous leg ulcer. The study shows the importance of recognizing the persons' perceptions of their leg ulcers and the impact of these perceptions on well-being. Nurses can thereby anticipate problems and provide more sensitive care.

**Keywords:** venous leg ulcer, phenomenological-hermeneutic, lived experience, elderly people, nursing research.

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## Introduction

Chronic leg ulcer is a condition of long duration, occurring predominantly in the case of people of 65 and over with a peak at 80. Treatment and management of the elderly with leg ulcer are mainly carried out in primary health care (1). Ulcers are often open for years and tend to recur after healing. Venous insufficiency has been reported more commonly in the range of aetiologies (2). Pain has been reported to affect 89% of all patients with venous leg ulceration (3).

Leg ulcers are a chronic problem, with individuals suffering from a cycle of ulceration, healing and re-ulceration (2). Living with chronic illness means disruptions and alterations in one's life (4: 90). There is a growing aware-

ness of how important it is to understand the persons' perspective on chronic illness experiences. The impact of living daily with a wound can be seen in different ways, but only the individual genuinely understands the meaning of that experience (5, 6).

Much of the research has been focused on aspects of treatment of leg ulcer. Research is mainly related to the clinical aspects of leg ulcers, with particular emphasis on improving understanding of ulcer aetiology and of leg ulceration, and of developing effective treatment strategies such as compression therapy and guidelines for leg ulcer assessment (7). It has been reported that when leg ulcers are treated at community clinics there are shorter healing times, probably because of facilities for aetiological diagnosis, appropriate assessment and treatment techniques (8). Studies reported some decreased quality of life in persons with leg ulcers, mainly because of pain, restriction of mobility and social isolation (9–11).

Social contacts have received considerable attention in nursing research. Phillips et al. (12) report that in case of a significant number of leg ulcer patients there are financial,

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social and psychological implications. A psychosocial study of elderly people with leg ulceration did not report significantly greater feelings of loneliness or a greater lack of close and satisfying social relationships than in the case of a comparable group of controls (13). The authors argue that one must be cautious about assuming that elderly persons with leg ulceration are depressed or have deficient social lives. Research on the impact on daily living indicates that the individual's views on chronic leg ulceration are not necessarily static and may change over time (14).

A few phenomenological studies (15–17) from the leg ulcer person's perspective have reported experience of pain, disability and worry about healing. The authors argue that a reflective inquiry, using a qualitative methodology, would be required to gain further understanding of the individual's everyday experience of chronic leg ulcer.

Leg ulcers are clearly a serious problem for elderly persons. In caring it is a necessity to recognize the needs and the situation of the person who has a disease and feels ill (18, 19). The central and starting point in clinical caring science is the person's experiences of illness (20).

Research illustrating individuals' subjective experiences of venous leg ulcers are rare. Walshe (17) concludes that further research is needed concerning persons with long-term ulceration, for the purpose of developing a clearer understanding of how elderly people experience it. A limited understanding of how the illness is experienced by the individual may result in an inappropriate response to the person's needs. It is important that the treatment offered should be based on research, which facilitates understanding of this. Therefore the aim of this study was to illuminate the meaning of elderly people's experiences of living with venous leg ulcer in order to get a nuanced understanding of what it is like to live with this type of ulcer.

## Method

A phenomenological-hermeneutical approach inspired by Ricoeur's (21) was chosen. Ricoeur's phenomenological-hermeneutics is based on the idea that the meaning of lived experience can be grasped through the interpretation of text (21: 14–19). Ricoeur states (21: 1–16) that event or experience as lived cannot pass directly from one person to another, what can be transferred is the meaning of it. Meanings can be disclosed by studying the discourse. According to Ricoeur (21) people disclose themselves when telling about their lived experience in a certain context. Ricoeur's (21: 71–80) interpretation theory integrates explanation and understanding in a constructive dialectic movement that is rooted in the properties of the text. Interpretation of a text, Ricoeur (21: 74) describes as a process, involving first as a move from understanding to explanation and then a move from explanation to comprehension.

## Persons

A purposeful sampling strategy was used to identify persons with venous leg ulcer. Inclusion criteria for the persons with leg ulcer were that they were 65 or older and lived at home and, furthermore, had a verified diagnosis of venous insufficiency, an Ankle-Brachial Pressure Index (ABPI) >0.8 and an ulcer duration of more than 2 months. Participants who were articulate and capable of engaging in dialogue with the researcher were sought. They were recruited from primary health care in an urban area in Stockholm, Sweden (cf., 1). The sample consisted of 15 persons: 12 women and 3 men. The persons ranged in age from 74 to 89 (mean age 79.4). All had active venous ulcers at the time of interview. The current ulcers had been present from 4 months to 2½ years. Eleven participants had recurrent ulcers. The characteristics of the persons are given in Table 1.

## Data collection

The elderly persons were selected in consultation with district nurses according to the criteria. The persons were invited by letter and then contacted by telephone. The letter described the purpose of the study and the data collection method. Participants were informed that anonymity would be preserved and that their involvement was completely voluntary. All Participants countersigned the letter. After a week they were contacted by telephone and an appointment for the interview was made. Personal audiotaped interviews conducted in the participants' homes were suggested by the author (BE) to ensure comfortable and secure surroundings. Eleven persons were interviewed in their homes, whilst four patients chose to be interviewed after treatment at the clinic. The participants gave their informed consent and were assured of anonymity. Before conducting the interviews, the author made sure that the persons were willing to participate. The study was approved by the Ethics Committee at Karolinska Institute.

## Research interviews

Data were collected by means of research interviews to gain entry into the meaning of the persons' lived experiences (22). Interviews were used to allow the persons the freedom to describe, in their own words, their situation and experiences. The interviews were in the form of a dialogue concerning aspects of the experience of living with venous leg ulcer and of being treated for it. The experience of nursing care will be reported elsewhere. The interview began with an open question, 'What's it like to live with a leg ulcer?' The persons were guided to speak as freely as possible and to narrate their experiences by giving concrete examples from daily life. Arising from the indi-

**Table 1** Characteristics of the interviewed persons and leg ulcer (n = 15)

Gender	Age	Aetiology	Duration (months)	Recurrence
Female	74	Venous insufficiency	4	More than three times
Female	75	Venous insufficiency	9	More than three times
Female	82	Venous insufficiency, diabetes	24	More than three times
Female	78	Venous insufficiency, inflammation	4	More than three times, first occurrence 6–7 years ago
Female	79	Venous insufficiency, inflammation	7	First occurrence
Female	75	Venous insufficiency, inflammation	24	More than three times, first occurrence 15 years ago
Male	86	Venous insufficiency, eczema	29	First occurrence
Female	74	Venous insufficiency	7	Two times
Female	83	Venous insufficiency	4	First occurrence
Female	74	Venous insufficiency	4	First occurrence
Male	80	Venous insufficiency, arterial influence	12	More than three times
Female	89	Venous insufficiency	12	Two times
Female	88	Venous insufficiency	9	Two times
Female	78	Venous insufficiency, inflammation	4	More than three times
Male	76	Venous insufficiency	9	Three times

vidual responses' subsequent questions were asked to obtain clarification of statements. The interviews lasted from 45 to 120 min and were carried out by the author (BE). All interviews were transcribed verbatim by the interviewer.

### Analysis

The text was analysed using a phenomenological–hermeneutic method developed at the Departments of Nursing Science at Umeå University in Sweden and at the Nursing Science Unit at the University of Tromsø, Norway (e.g. 23). The method has previously been used by, for example, Nilsson et al. (24), Ekman et al. (25) and Söderberg et al. (26).

The analysis comprised three main steps: naïve reading, structural analysis and comprehensive understanding.

The first step started with a naïve reading of each transcribed interview. The texts were read with as open mind as possible with the intention to get a sense of the meaning of the older person's experiences of leg ulceration in everyday living. Content of the texts was written down. The texts were reflected upon in order to get at the meaning of the studied phenomena. This reading was formulated in a preliminary understanding that provided the direction for the next phase.

The next step, the structural analysis, aimed at explaining the text and capturing the meaning of experiences of leg ulceration in everyday living. The entire text of each interview was divided into smaller parts or meanings relevant to the purpose of the study. A

unit of meaning consists of a sentence or a longer passage that are related through their content. Each meaning unit was transformed and condensed. The condensed units were then set in relation to each other and organized into sub-themes whereby a pattern of similarities and differences in meaning became visible. The sub-themes that were related were finally formulated as themes. This was a process that entailed going back and forth between formulated meaning and sub-themes and themes that were created, changed shape or disappeared until all formulated meanings were captured in final sub-themes and themes.

The final phase is an interpretation of the whole, where the naïve reading, the preliminary understanding and the results of the structural analysis are reflected upon together with the authors' preunderstanding of the studied phenomena in order to get a comprehensive understanding.

## Results

### Naïve reading

At the centre of the descriptions, not unnaturally were the elderly people's painful leg ulcers. The intensity of the pain fluctuated during day, night and activities. The painful ulcer occupied their minds. The elderly persons with venous leg ulcer said that their daily and living had changed, becoming subordinate to the wound and the level of the pain. The persons had problems with daily activities such as washing, dressing and tending the ulcer. Dressings and bandages were uncomfortable, which

reminded them of the ulcer. They tried to take daily walks but the pain limited their habit. Travel and visiting friends, they had decided that would have to wait until the leg ulcer had healed. The persons sought an explanation of the occurrence of the wound and wondered why it did not heal as before. The persons with venous ulcer are longing not to be dependent on it.

### *Preliminary understanding*

Living with a venous leg ulcer means disruption and change in social life and in relation to other people. The persons try to learn to live with the change and to manage bodily signals such as pain, largely unusable leg and weakness. The state of mind changes and they expressed a sense of hopelessness with regard to slow healing. They asked themselves, 'Will the leg ulcer heal?' Preliminary understanding of the elderly people's living with venous leg ulcer involves awareness of their sense of hopelessness because of lengthiness of the healing process, attention to wound pain, awareness of body image change and change in social life.

### *Structural analysis*

In the structural analysis, the transformed units of meaning were formulated in sub-themes. These were identified in terms of themes from elderly persons' experiences of living with venous leg ulcer (Table 2). The themes are these: emotional consequences of altered body image, living a restricted daily life, achievement of well-being in connection with a painful wound and bandage discomfort, and struggle between hope and despair with regard to a lengthy healing process. The themes are intimately interwoven but can also be seen as separate entities. In the text below, the themes are presented and are illustrated by quotations from the participants.

### *Emotional consequences of altered body image*

Many of the persons interviewed thought about why they in particular had got a leg ulcer and why it did not heal. Some of them saw it as a sign that the body was starting to get old. They noted that wounds did not heal like when they were younger. 'I have always had flesh that healed easily.' Others said that they had subjected their body to strain by heavy work and regretted that they had not been more careful. Some of them remembered that there were leg ulcers in their family.

The interviewed persons described the wound on the leg as if it constituted a defective body part. The wound was scary to look at and they felt uncomfortable being constantly reminded of it. Some described a feeling of not having control over their body, and sense of insecurity deriving from the notion that something bad could happen. The ulcer could suddenly start to run, which could cause the pus to leak out from the bandage. Worrying about having no control over their existence led to a feeling of powerlessness, a feeling of being controlled by the body.

To have a bandage around the leg gave some of the interviewed persons a feeling of being trapped. There was always something discomfoting there and it felt like armour around the body. The leg was described as something on the way.

But it isn't any fun at all; and the clumsy leg, I don't like it. But I have trousers now (a female who normally never wears trousers), so I'll manage.

The persons did not want to show others that they had a bandaged leg, and the women too could cover it up by wearing trousers. They felt they were under microscope when people stood and stared at their bandaged leg. Going to public bathing-places was avoided because they felt that they could not show their wound in public. It was a shame to show that you had a leg ulcer and a bandaged leg.

The interviewed persons said that they did not want to show that they were feeling depressed and so they put on a

**Table 2** Overview of theme, and sub-theme, which were constructed from the analysis of interviews with persons with venous leg ulceration (n = 15)

<i>Emotional consequences of altered body image</i>	<i>Living a restricted life</i>	<i>Achievement of well-being in connection with a painful wound and bandage discomfort</i>	<i>Struggle between hope and despair with regard to a lengthy healing process</i>
Reflection upon a declined bodily function	Difficulty in getting shoes to fit because of bulky bandages	Endure pain	Having hope of leg ulcer healing
Recurrent attention to bodily sensations from the leg ulcer	Change personal hygiene to avoid damage to the bandages	Change uncomfortable bandage	Distant future
Hiding the leg ulcer because of embarrassment	Impaired mobility caused by pain and uncomfortable bandage	Decisive action to manage pain	Worries about backlash
Leg ulceration as a part of beginning to be old	Fatigue as a result of sleep disturbance	Perform meaningful activities to achieve well-being in daily life	
Being a leg ulcer person	Social withdrawal		

cheerful face when they met friends or were visiting the clinic. They went home and cried in their loneliness and it took a lot of effort not to show what they felt. They felt that it was a shame to talk to persons close to them about their painful wound.

It is often so that you make yourself look nice when you go there, you do that, look alert and cheerful. And you look nice today. You could have put on some more makeup when you go down there. And then you go home and feel even more unhappy.

A few of them said that it had become a habit to have a leg ulcer. They had difficulty imagining a life without a wound because they had had it for such a long time. The leg ulcer was a part of their daily life. The persons had adjusted themselves to a life with leg ulcer and the risk that it could come back. Each person saw their life as inevitably involving a wound on their leg, and accepted themselves as a person with a leg ulcer. It was integrated with the person. Did they depend on a life with a leg ulcer?

#### *Living a restricted life*

The persons said that they had problems finding suitable shoes that fitted the bandaged foot. Old worn-out shoes were cut so as make them fit. Slippers were another alternative. One person had not been able to use the car because the slippers got stuck in the pedals, which narrowed social contact. When it rained or snowed the possibility of going out was limited.

I can only wear one old pair of shoes, and when it rains I cannot go out because I get wet feet.

The difficulty of finding suitable shoes and the risk that the dressing would get wet and spoilt limited the persons' chance of taking the daily walks they were used to.

The dressing prevented the persons from taking footbath and washing their bodies everyday. They were worried that the bandage would get wet or spoilt and that the healing would be disturbed. They missed their hygienic routines and body care. 'When the ulcer is healed I will go to a chiropodist and get my nails cut'. Some made changes with the intention of facilitating their personal hygiene with aids (like a portable bathtub). Friends and family contributed with practical advice and arrangements, which helped their hygiene.

The length of the walk was limited by the fact that they should not subject the leg ulcer to any strain. Walking in the forest was avoided because the risk of stepping wrong, which could cause further damage to the wound. The daily walk was normally a chance to meet acquaintances, but the social contact changed because of the reduced activity outdoors.

The hours of the day were disturbed because the pain interrupted sleeping. The persons' energy and strength was limited and tiredness during the day made it necessary to take rest. Some of the person's interviewed described a

reluctance to having rest during the day, but during the period when there was discharge from the leg ulcer they thought it necessary to be still. The constant reminder of tiredness affected the women interviewed so that they no longer had the strength to tidy their home as they used to. The men on the contrary got help from the home help services to come home and do the cleaning.

The social contact changed because the interviewed persons decided to limit themselves because of the leg ulcer. They did not want to subject persons close to them to the running ulcer and the dressing. Booked journeys got cancelled and relations with friends got narrowed to just the closest ones. If they did travel they went to a really intimate friend. It could also be a short well-planned stay at the summerhouse. When the leg ulcer was healed they planned to do all the things they had put off because of it. Until that the only people they had the energy to keep in contact with were their closest friends and their children, and then often by telephone.

#### *Achievement of well-being in connection with a painful wound and bandage discomfort*

The pain takes a central place in the persons lives. They feel a lot of anger about it, are sad, angry and cry in their despair. It is a time of hopelessness, where the painful wound controls their existence.

It hurts so much its driving me crazy. I have cramp in the whole leg. I must hire a person to take my dog for a walk. So it is awful.

Pain was described as something, which had to be dealt with. It went with the picture that when the wound was aching it was healing.

When the pain got too much to bear, the persons took painkillers regularly. If they could, they would avoid taking painkillers, feeling that it would be bad for the body. Some of the interviewed persons described their existence in terms of the number of painkillers taken. 'I have during this period consumed several packages of painkillers.'

Putting the leg in different positions and doing massage was discovered as something that could relieve the pain for a while. Having no pain was described as a feeling of happiness. 'The times when I've been completely out of it, I think I have been in haven.'

The dressing pushed and scraped against the wound and caused a feeling of discomfort. They took off the bandage to get rid of the discomfort. A moment of freedom was when they got the wound and the leg exposed to air, afterwards they wrapped up the leg again as they wanted it to heal.

The bandaged leg and running, uncomfortable wound gave an uneasy feeling that something bad might happen. The dressing could come loose, which would be embarrassing, specially if they met acquaintances or were out

shopping. The length of the walk changed when pain from the wound increased by moving the body.

It has been short walks. No long ones. I have been told that I must walk but I can't because my leg hurts too much.

To distract themselves from the pain and get rid of thinking of the leg ulcer, they tried to maintain their interests.

The most important thing when it comes to feeling all right is that you can be active and do things.

The persons said that they thought it was important for their well-being and the healing to maintain their daily habits.

### *Struggle between hope and despair with regard to a lengthy healing process*

Hope for the future was still there despite the slow healing process. Hope of healing was based on their own opinion on the look of the wound and a comparison with earlier healing processes. They felt the signals from their body which indicated, as on from earlier occasions that the wound was beginning to heal.

Now I see that its contracting, but it's going so slow... I'm so used to it. It stands still for a while, then it starts to take off again...I am so used to it, so I have patience, I'm prepared for it ...It is worse when it oozing pus for no reason. Then I get sad.

Some are hopeful that soon the wound will be healed. They expressed joy at the fact that soon they would get rid of their leg ulcer and the dressing. The persons hoped they could go back to the life they had before the leg ulcer occurred.

A constant worry that the wound should start to run gave the interviewed persons a repeated need to control its appearance. They took off the bandage and examined the wound by squeezing it and then they clean it. The worry was that something could occur. 'I hope it is healed by spring but I know a person who had a leg amputated.' There was an insecurity if as to whether the wound was going to stay healed.

The interviewed persons reflect on earlier events and remember their bodily discomforts like pain and the periods when they were prevented from performing their daily routines. They remember how the wound appeared and express amazement at the fact that it has become a wound. Others are angry and sad that they have caused themselves this leg ulcer and speak about how unfair their existence has been. Reflections on situations around the leg ulcer cause them to blame themselves and feel frustrated. They lose their self-confidence.

### **Comprehensive understanding**

This study reveals that the elderly persons with venous leg ulcer are greatly influenced by the illness experience.

Living with chronic leg ulcer as described by the elderly people can be understood as a dialectical ongoing process between two opposite pools. On the one hand, the emotion of being imprisoned in the body, meaning illness, is experienced as a disruption of lived body described by the individual such as altered body image which lead to change in social life. On the other hand, having hope for being cured and achieving freedom from a burdensome body, meaning managing illness experience such as painful wound and disability to performed well in daily life and having hope of healing despite slow healing and worries about backlash.

The elderly people's experiences of living with venous leg ulcer, indicated that the meaning of living with venous leg ulcer can be understood as a dialectical relationship between the experience of imprisonment in the body, the bandage and the home and achieving freedom from disobedient body.

### *Emotion of being imprisoned in the body, the bandage and the home*

The venous leg ulcer causes the persons' consciousness to be directed towards their body. The persons experience pain in the body, a painful wound and a bandaged leg. The awareness of a changed, disobedient body leads to a feeling of discomfort, embarrassment and alienation, which they hide, with clothes. Pain and bandage discomfort cause the persons to be directed towards their altered body image that led to the experience of being imprisoned in the body. According to Bullington (27: 253), as long as persons speak only of their bodies, their *self in their situation* remains hidden.

The perception of the body produces alterations in everyday life, influenced by the illness. Illness becomes the focus of the persons life and daily activities and causes a social withdrawal. The changes in everyday life and loss of energy for social life mean that the persons live restricted lives and experience a loss of freedom. The persons live restricted lives because of the venous leg ulcer and feel imprisoned in their home. When the persons withdraw from the task of becoming, reduces all situations and gradually effaces the beckoning of the world (27: 254). Bullington (27: 239) implies that persons 'being-towards-the-body' instead of being towards the world.

### *Freedom from disobedient body*

The persons try to carry on with their lives despite the pain and limitations imposed by the wound. They strive to find relief to overcome bodily illness experience. Relief means finding ways to alleviate and manage first and foremost the pain and bandage discomfort. This causes the persons to strive towards well being and towards living in their normal way which involves a struggle escape from

imprisonment within a painful body. Benner & Wrubel (19: 23) describe this as situated freedom. The person may want to be free from and what the person may want to be free to be.

For persons with venous ulcer, healing means a constant attention to improvement or worsening and a constant awareness of bodily sensations. They struggle between hope and despair with regard to a lengthy healing process. The elderly persons feel that there is a possibility of healing, and have hopes of freedom from a burdensome body. They are hopeful of wound healing despite the fact that they see it only in a distant future. Paterson et al. (28) state that when individuals come to know the body from the perspective of the self, it becomes possible to consider the disease in a more detached and objective manner.

### Reflections And Caring Implications

The elderly persons' lived experiences of a body with venous leg ulcer cause attention to be paid on bodily sensations. The individuals' consciousness is concentrated on a disobedient body. The experience of body image change brought about by venous leg ulcer is in some respects similar to the research of Chase et al. (15). The meaning of illness involves different dimension of awareness of the body, the self and one's relation to others. The awareness of the body can be described in terms of an altered body image in relation to changes in body reality, body ideal and body aesthetic (29). The overall impression is that the body realities include pain and uncomfortable bandage, which lead to mobility limitation, sleep disturbance and fatigue. Difficulties with shoes and clothes influence activities. This is in line with studies by Chase et al. (15) and Walshe (17). The studies support the previous finding that venous leg ulcer means disability and limitations.

The leg with the ulcer becomes objectified and is described as a broken-down machine (4: 91). The participants had a great need to understand and find an explanation of leg ulcer onset. They have to live with a disabled body, which involves with a new relation to the body and an experience of imprisonment in the body. The body is experienced as disintegrated and alienated from the self. It becomes apparent that one *has a body*, instead of *I being a body* (30). The disrupted body has become objectified. The objectified body stands between the individual and the normal aspects of life (4). For the elderly people with venous ulcer the lived body becomes disrupted, apprehended as a physical entity and is experienced as being present. This is in line with the fact for women with fibromyalgia, the lived body becomes present (26).

The leg ulcer is aesthetically unpleasant and the persons have a need to hide the body. The bandage is visual and urgently present. A painful leg ulcer, discomfort and an appliance affixed to the body become a symbol of vul-

nerability, of being imprisoned in the body and the bandage. Walshe (17) also reports these bodily experiences in a phenomenological study. It emerges that the illness was described in terms of change in body image in daily life and in social life. The findings from the present study indicate that the concept, body image is vitally relevant to nursing care of elderly people with venous leg ulcer. The meaning of elderly peoples' experiences with venous leg ulcer implies that the body becomes the focus of attention. The concept, body image should be included within caring as it is obvious that it has an impact on the well being of persons with venous leg ulcers.

For the person with leg ulcer, the lived body becomes a fatiguing burden and has considerable impact on daily life. The perception of the body produces alterations in everyday life influenced by the illness (4). The changes in everyday life mean a more socially restricted life. The persons have less energy for social life and have a sense of being imprisoned at home. As a whole, the leg ulcer periods represent a loss of freedom. The social contact is limited through withdrawal from friends. This was because the persons did not want to show their dressing and leaky bandage. This also agrees with Söderberg (26), who found that everyday life is influenced by the illness and the loss of freedom. Toombs (4: 28) emphasized the importance of listening to the persons' illness narratives in order to try to understand the illness as lived. Knowledge about illness experiences is of great importance to nursing with regard to the provision of adequate health care and the prevention of unnecessary disruption of daily life.

These bodily changes and this socially restricted life lead to feelings of hopelessness and uncertainty as to the future. The emotional experiences because of the awareness of altered body image and limitation represent a new relationship to the objective body as pain, discomfort, etc. while at the same time indicating the body as belonging to a subject, interpreting its signals (31). The body in illness speaks a particular language which the self learns to interpret and respond to (31). The individual gradually turned to analysing symptoms and struggles to achieve relief from the bodily experience of the illness. The persons strive to solve the problem of achieving well-being. They struggle to find relief. Relief means finding ways to alleviate first and foremost the pain. Until recently, it has been asserted that venous ulcer is not painful. Several recent studies have indicated that pain often accompanies venous ulcer (3, 11, 32). Krasner (32) asserts that caregivers must strive to care for the entire person, which means recognizing and managing the individuals' pain and suffering, as well as optimizing local wound care.

The persons have hopes of a healed ulcer despite slow healing in terms of the goal of freedom from imprisonment in the body, the bandage and the home. They have hopes of something in term of setting goals (33). A positive expectation of fulfilling goals impels a person to go on

living and to actively use available resources to achieve well being. The persons learn by themselves and with support from close friends and their children to manage problems in illness. They develop body awareness and skill in self-management. The challenge for the caregiver is to understand how the elderly person with venous ulcer experiences the illness, in order to be able to provide help and support. The caregivers should be able to provide confirmation of their perceptions. This task constitutes advanced care because it entails taking cognizance of the unique language of someone's lived body as well as observing and interpreting the signs and symptoms of the disease (19).

Life is lived in hopes of future without a wound. Hope is a word the elderly persons used. Hope is always a lived activity, we do not have hope but we live in hope. According to Benzein (33) hope conquers despair. The present study involves a discourse between freedom from wound influenced by worries about backlash and a sense of being imprisoned in a burdensome body. The dialectical experience of belonging to two worlds, a body with and without a wound involves disunion and frustration (21). Chase et al. (15) found that persons with venous leg ulcer experience different dimensions of healing than persons with a surgical wound do. The current venous ulcer might heal, but the underlying condition remains present. This healing never ends. Venous leg ulcer persons live with the uncertainty of recurrences of ulceration. Bland's (16) exploratory study shows that they desperately want their ulcers to heal and argues that caregivers have to challenge the myth that these persons deliberately delay the healing to ensure continued contact with the nurses.

In summary, elderly person with venous leg ulcer struggle against the illness and can be regarded as existing in a tension between, on the one hand, imprisonment in the body, bandage and home, and on the other hand, hope of freedom from a burdensome body. The relation between experiences of the lived body and the environment has changed. The elderly people try to find ways to manage pain, uncomfortable bandage and a disobedient body, which are obstacles to the pursuit activities of everyday life and relationships with others in the social life. They hope for healing. Hope is a possible source of relief in the altered situation.

The challenge for caregivers is to move from a focus on wound management to focus on to understanding the specific needs of each individual within the context of their daily life, balanced against the ongoing disruptions which cause their ability to live a reasonable life. By understanding the nature of the personal experience of venous leg ulcer, nurses can anticipate problems and provide more sensitive care. The findings of this study illustrate further research to explore the needs of the persons who receive treatment for active ulceration and the persons needs of care regarding the painful venous ulcer.

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