

SUCCESSFUL AGING, COPING AND LEARNING:  
A CASE STUDY OF TWO DIVERSE GROUPS OF OLDER ADULTS

by

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(ABSTRACT)

Two groups of older adults, retired teachers and low income housing elderly, exhibiting a diverse response to measures of life satisfaction and readiness for self-directed learning, were examined through twelve case studies in order to describe, generally and personally, the constructs of meaning for being old and the dynamics involved in defining and demonstrating successful aging and adaptation to the later years.

The studies' findings included: (a) Health and functional status was a core construct that interacted significantly with satisfaction, engagement, coping, identity, and successful aging. (b) Ego integrity was found to be a process that included both developmental and transpersonal dimensions and to be dependent on ongoing coping and adaptation to late life change and loss. As such, it was concluded that successful aging rather than successful living was being described and demonstrated by the study sample. (c) Continuity of personal identity determined much of the subject's self concept and life style

until a change in health and functional status forced an acknowledgement and integration of an age identity. (d) Four factors were found to define and demonstrate successful aging in the sample.

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## CHAPTER I

### Introduction

#### Background of Problem

The literature in gerontology, adult education, and psychology indicates that some people seem to age better than others. These people have been called successful agers, self-actualizing, fully functioning persons, integrated individuals, sages, or the wise ones. They are usually characterized by greater optimism, higher self-esteem, greater satisfaction with life and activity level, brighter future outlook, and even greater health and wealth (Larson, 1978; Palmore, 1979).

These individuals transcend the common negative ageist stereotypes that are usually associated with the later years. Successful aging is not well understood by either the lay or scientific community because the majority of the research to date on the elderly has focused on what "goes wrong" with an aging individual rather than attempting to understand what unique features or factors characterize successful agers. Schwartz et al. (1984) spoke to this point:

The history of gerontology has been burdened with a preoccupation with pathologies, deficits and ills of a biased sample of elderly individuals . . . Many of these negative impressions will be challenged by systematic study of successful aging as increasing

attention is directed toward more positive aspects of growing older: the capacities, strengths, skills, and potentials of persons in late maturity. (pp. 344-5)

Successful aging as measured by some index of general well-being has been studied in terms of amount of activity and ability to disengage, satisfaction with life, and maturity or intergration of personality (Ruff, 1982). Various investigators (George, 1979; Larson, 1978; Palmore, 1979; Cutter, 1979) have examined such variables as exchange of energy between self and others, a stable social system, happiness and morale, health and survival, subjective well-being and a balance between aspirations and achievements. Independent or causal variables such as health, socioeconomic status, educational level, age, gender, race, and marital status and their relation to life satisfaction and aging successfully have been explored extensively.

The majority of this research has been quantitative, and has ignored the phenomenological world of the aging individual as well as his/her uniquely experienced life history. The experience and perspectives of the older adult are not acknowledged, studied, or understood. Little systematic research has been conducted concerning the meaning of aging, old age, and successful aging to the older adult as they perceive, experience, interpret and understand the passage of time and age related changes.

In 1977, Neugarten, Birren, and Schaie stressed the importance of " . . . focusing more attention upon the issues that are of major concern to the individual--what the person selects as important in his past and present, what he hopes to do in the future, what he predicts will occur, what strategies he elects, and what meanings he attaches to time, life, and death" (pp. 639-640).

What we think we know usually comes from quantitative studies and from narrative first-person accounts by elderly authors such as Carlson (1977), Tournier (1972) and Vischner (1967). Through the typical line of quantitative research, various traits or trait clusters may be associated with such individuals as the successful agers. This approach has not yielded the answers to questions addressing styles of aging, variations in the experience and meaning of aging and old age, unique responses to living and to the passage of time, and successful aging, especially from a phenomenological perspective. Neither do we know how such styles or responses originate or come to be.

Part of this variation in experience and expression of one's later years may have to do with the personal and cultural sense of meaning and purpose for this stage of life. According to Jung (1933):

A human being would certainly not grow to be seventy or eighty years old if his longevity had no meaning

for the species to which he belonged. The afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage to life's morning. (p. 109)

Moody (1985) echoed this concern for the purpose of the later years when he said, "There must be something uniquely possible in old age that is only available at this point in the life cycle. It is difficult to imagine what this consists of precisely, because old age in the modern world has no distinguishable or positive features" (p. 9).

Erikson (1980) spoke of the late life developmental task of ego integrity and wisdom, and Peck (1968) described three necessary psychological shifts or adjustments for the continuing maturation of the older adult. Both stipulate that the later years involve and require continued personal growth. Reigel's (1976) "dialectical operations" define a person's lifelong efforts at coping with life events and crisis. Such changes and crisis are considered as opportunities for growth. Erikson et al. (1986) recently stated, "It is through this last stage that the life cycle weaves back on itself in its entirety, ultimately integrating maturing forms of hope, will, purpose, competence, fidelity, love and care, into a comprehensive sense of wisdom" (p. 56).

According to Moody (1985), "When we speak of

individuation and ego integrity, this is the immense task of old age: to know ourselves as a whole, as we really are, in the light of finitude and at the horizon of death" (p. 47). Does old age provide the time and opportunity to find meaning, significance, and purpose for the life span and personal existence? Is this accomplished through self acceptance and self understanding that comes only when we draw near to death's door? These are questions that remain unanswered.

Ward (1979), in addressing what was to him "a missing link in social gerontology", stated, "The need to study the processes by which people adapt to their own aging experiences constitutes perhaps our biggest knowledge gap in social gerontology" (p. 504). Adaptation refers to adjustments people make in responding to changes in themselves and/or their environments in order to accommodate themselves to the new conditions (Hooyman and Kiyak, 1988). The literature does not speak to nor does the professional community know how people in general and successful agers in particular experience, perceive, and adapt to their aging process and to the lived experience of the later years.

The assumption is that adaptation to aging and old age is learned rather than innate. If it is learnable, then it would seem only sensible that adult educators and gerontologists give serious consideration to learning more

about what factors seem to influence experiences of and responses to aging and how the adaptive process to the aging experience works and varies person to person and group to group. How can these factors be better utilized both in lifelong socialization/learning and in educational programming? What part does a person's own beliefs, attitudes, expectations, and images of him/herself and the later years play in subsequent experience? What characteristics an individual selects to distinguish successful from unsuccessful aging in the perception and experience of the individual may prove to be both unique and universal and to involve the perspective of the beholder as well as the observer.

A person-centered approach was utilized that examined the person's current experience of aging and the ways through which personal meaning was found in and given to the experience of aging and old age. By taking a more open-ended and exploratory approach, rather than trying to find some predetermined dimension of a person's experience, e.g. self-education, the researcher hoped to discover actual dimensions of the person's lived experience that defined, shaped, and gave meaning to their lived expression of aging, old age and successful aging. In this way such possibilities as life review or ego integrity would, if present, emerge from the data and experience of the subject(s). Questions varied from open

ended to focused, thus allowing both general and specific dimensions of experience to emerge.

In order to study any group phenomenologically or qualitatively, the researcher is part of that being studied and must address the experience of the topic, question, and subject(s) within her/himself. Yet, when it comes to aging and to our own eventual elderhood, taking the perspective and role of the subject is usually resisted. We tend to deny our aging and fear our later years for they represent some unknown change or loss of personal function and ability, of roles and relationships, and of identity and existence. According to Friedan (1988):

Gerontological studies deal primarily with the most extreme problems; the most problematic and pathological of the ways of being old. Since we don't identify with these images, we can deny our own age . . . If we take our own aging experience seriously, we can identify with those we study and understand their aging in more meaningful ways. If we deny our own aging, then we cannot understand others' . . . We need to find out from older people themselves what the real story is. (pp. 312, 314)

It is necessary to see the subject through an objective lens and not to disregard their experience because of its impact on our own identity issues.



The lack of research on how people ascribe meaning to and describe their unique experience of their later years, how people accommodate themselves to the experience and process of aging, and how elderly people define and describe successful/unsuccessful aging in themselves and others is both a problem and a gap in knowledge that needs to be addressed. Because of the magnitude of this problem for the field of adult education and gerontology, the following problem has been selected for study.

#### Statement of the Problem

The problem investigated in this study was the examination of the self-reported, lived experience of two groups of older adults exhibiting a diverse response to and expression of life satisfaction and readiness for self directed learning in order to describe, generally and personally, the meaning of being old and the dynamics involved in successful aging.

The following questions guided the collection of data:

1. How would the subjects describe their current and recent experience of aging and old age in phenomenological terms of daily living?
2. How would the subjects' description of their experience of satisfaction, time, coping, themselves, and aging remain stable and vary from subject to subject?
3. How would the subjects describe and demonstrate

successful and unsuccessful aging for themselves and for others?

4. What do these descriptions teach the adult educator and gerontologist about: (a) what it means to be old, (b) what it means to the old to be old, (c) what successful aging means to the older adult, (d) and what implications such meanings have for professional theory and practice, and for living day to day?

#### Objectives of the Study

The objectives of the study were (a) to identify and describe the subject's current experiences of living and expressions of successful or unsuccessful aging, (b) to identify both stable and variable dimensions between the subjects pertaining to aging, old age, and successful aging, and (c) to better understand the implications of these factors and descriptions for both professional theory/practice and for daily living.

#### Limitations of the Study

The sample was limited to noninstitutionalized community dwelling individuals aged sixty years or older. No effort was made to select a random or normative sample of older adults. Subjects were selected from retired teachers' associations and low income housing units for the elderly in order to achieve some diversity in educational level, socioeconomic status, and life chances. All subjects were white females. Therefore,

generalizations to other populations or to the elderly in general cannot be made given the selection, nature, and size (N = 12) of the sample and of the study. Sample selection was based on scores on the two research instruments (Life Satisfaction in the Elderly Scale and Self Directed Learning Readiness Scale).

Rather than trying to study what any elder had to say about their experience of being old and their definition and expression of successful aging, the sample was selected and limited based on the two factors of life satisfaction and readiness for and openness to self directed learning. These factors, especially the former, have long been found to be commonplace and instrumental in the literature and dynamics of successful aging. The factor of openness or readiness for self direction has been cited often in the literature on educative style, optimumalization theory and models of the fully functioning person. Such a factor was expected to be found in successful agers. The scores on these variables would in effect provide known diversity, as well as operationalize, to a certain extent, the construct of successful aging. The two factors and instruments were used to increase the probability of finding the kind of diversity in people necessary for the study. Properties of these tests as well as this method of selecting the research sample may have influenced the data collected,

generalizations to other populations, and subsequent conclusions.

This study was descriptive in nature rather than experimental, qualitative rather than quantitative, and attempted to describe and to discover rather than to prove or to find causes. The case study method was used to collect data because of its ability to examine several variables at once within a limited number of cases or subjects. Because the case study used the interview method of data collection, possible personal bias on the part of the respondent must be considered and acknowledged.

Because of study design difficulties, over three years passed between the time of testing for subject selection and the subsequent case studies through in-depth interviews. This passage of time could have changed a subject's responses to the instruments and to the ultimate placement in the study. During the interview each subject was asked about subsequent important life changes and to update the biographical information form.

Since the study was retrospective in nature, greater probability existed for distortion of subject recall, whether intentional or not, e.g., selective recall, forgetfulness and faking. Concern about the social desirability response on the self report instruments and during the interviews is paramount. Other response sets

found on self report inventories include tendencies towards acquiescence and deviation. Investigators (Crowne & Marlo, 1964; Fredriksen, 1965) provide evidence suggesting the social desirability response set can be linked to need for self-protection, avoidance of criticism, social conformity and social approval. Conversely, choosing unfavorable responses can be seen as a need for attention, sympathy, or help with personal problems. Subjects may respond because of their perception of what an experimenter expects, the desire to protect one's self image, and the wish to please or to counter the experimenter (Anastasi, 1982). The social desirability response set is countered through telling the subject in the beginning that there is no right or wrong answer, just a unique and distinguishable style of readiness for self directed learning and orientation towards life satisfaction (SDLRS and LSES).

An audio recorder was used for data collection. The natural and honest expression of some respondents during the interviews may have been compromised.

#### Significance of the Study

This study and its findings will provide many benefits to the lifespan educator, gerontologist, lay community, e.g. with aged parents, and the older adult. The study has expanded the understanding of the themes and constructs of personal meaning used by a sample of older

adults in their later years, and the criterion and standards used by the sample to determine the successfulness and adequacy of their later years. The study has expanded understanding of what is required in order to describe and to define successful aging as part of the lived experience of the later years.

The lifespan educator and the gerontologist will find pertinent information in the study results pertaining to (a) ego integrity and despair, (b) stressors of late life, (c) coping mechanisms and process, (d) core constructs of health and functional status, (e) definitions and standards of successful aging, (f) age identity and age comparison, (g) future images involving time urgency, burden status, and conditions for preferring death, and (h) nursing home placement. Both theoretical and practice applications of the findings are available.

Both the middle age adult, with or without aged parents, and the older adult will benefit from a greater understanding of the findings pertaining to (a) coping with and appropriately responding to health and age related changes and losses, (b) the meaning of old age and its potential impact on personal identity, and (c) models and criteria for evaluating one's personal experience of his/her later years.

#### Assumptions

This research was guided in method by an idiographic

and qualitative approach utilizing case study and theoretical sampling and in theory by an approach that would include symbolic interactionism and phenomenology. Such approaches seem most appropriate given the nature and purpose of this study and its questions pertaining to the experience and meaning of old age and successful aging for the sample of senior adults.

### Symbolic Interaction

According to Blumer (1969), there are three central premises underlying the perspective of symbolic interaction:

1. Human beings act towards things or situations on the basis of the meaning that the things or situations have for them.
2. The meaning of things is derived from or arises out of the interaction one has with his or her fellows.
3. These meanings are handled or modified through an interpretative process used by persons in dealing with the objects or situations that they encounter (p. 2).

Interactionists argue that reality is socially constructed through personal and subjective meanings given to things. Meaning is not inherent but comes from a person's interpretations and definition of and response to the situation. According to Karp and Yoels (1982), "the major concern of our approach is to establish the relationship between the meanings persons attach to their

environments and the consequences of those "definitions of the situation" for their behavior (p. 19). Both age norms and the perspective of persons moving through this experience must be considered. Age and old age gives off a multiplicity of meanings for the person, situation, and subsequent consequences.

### Phenomenology

According to Sherman (1987), a phenomenology of aging would consist of the "study of aging as it is experienced by the aging individual" (p. 229). The unit of meaning or analysis is the phenomenal field--the totality of perceptions, thoughts, and feelings that define reality for the person (Wegner and Vallacher, 1977). A basic requirement for the phenomenological method is that a researcher must put aside all assumptions and preconceptions, to see the phenomena as if for the first time and in an open way, and to allow the phenomena to speak for itself.

### Qualitative Gerontology

Both symbolic interaction and phenomenology speak to a qualitative gerontology. According to Reinharz (1988):

Qualitative gerontology is concerned with describing patterns of behavior and processes of interaction, as well as revealing the meanings, values, and intentionalities that pervade elderly people's experience or the experience of others in relation



to old age. In addition, qualitative gerontology seeks to identify patterns that underlie the life-worlds of individuals, social groups, and larger systems as they relate to old age. A primary focus is on understanding and conveying experience in "lived" form with as little a priori structuring as possible. Qualitative gerontology attempts to tap the meaning of experienced reality by presenting analysis based on empirically and theoretically grounded descriptions. (p. 6)

Such an approach may well be guided by possible theoretical frameworks as to where to look for the phenomena under investigation but is not bound by or to theory. Rather theory is being generated or discovered through and grounded in the data collection and analysis process.

## CHAPTER II

### Review of the Literature

This chapter examines the literature pertaining to the major concept explored in this study: successful aging. Theoretical approaches to successful aging considered include non-developmental; developmental or stage; optimalization; sociological; learning, aging and old age; and personal perception and meaning making.

Although successful aging is perhaps the most often studied variable in the social gerontology literature, it continues to be little understood and beyond common definition. This section will examine several approaches to and attempts at clarifying this concept, process, and ideal.

### Definitions and Dimensions

According to Neugarten, Havighurst and Tobin (1961), "There have been various attempts to define and measure the psychological well-being of older people, usually with the goal of using such a measure as an operational definition of 'successful' aging" (p. 134). However, the concept of successful aging implies a value judgement that one way of aging, living, and adjusting is better than others. There is no best way of growing old, for people accommodate themselves to aging and to life in many ways (Ruff, 1982). According to Ruff (1982):

Like goodness, truth, and other human ideals, successful aging may appeal more than it illuminates. It is an image that attracts human interest, but defies easy or consensual definition. As growing numbers of people anticipate a long old age, the meaning of successful aging takes on even greater importance. Formulations of the concept become standards by which individuals evaluate themselves and others, as well as visions toward which to strive.

(p. 209)

A rigid and all encompassing definition of successful aging may be unrealistic, but such a concept is not without value and merit, for it can serve as a model and standard for varied research and educational efforts as well as to teach us much about the many possibilities available to us and others in our later years. Ruff (1982) states that any definition or treatment of successful aging would have to take into consideration many variables such as cohort effects, situations, variability, cultural diversity, and individual differences. These definitions should take into account both objective social criteria of success or competence as well as the individual's own subjective evaluations of both present and past life experience.

Such factors as cohort effects and history lived through can impact significantly on a personal and cultural definition of successful aging. This is

illustrated very well in Elder's (1974) study of children of the Great Depression. He concluded that economic hardships experienced at that time made a lasting contribution to views on things that mattered in life such as family, children and work and made a negative impact on personal health and the importance of formal schooling.

#### Nondevelopmental Theory Approach

There have been several attempts at defining and describing successful aging in the literature. Perhaps the best known attempt to understand better the process and definition of aging successfully came from the Kansas City Studies of Adult Life. Four dimensions of successful aging were proposed: (a) the amount of activity or socialability outside the kin network, (b) the ability to disengage, (c) satisfaction with life, and (d) personality integration or maturity. Other researchers have identified other dimensions. In Lives Throughout the Years, Williams & Wirths (1965) cited two other dimensions of successful aging: a balanced exchange of energy between the individual and the social system and a stable social system. Palmore (1979) defined successful aging as persons who had survived to age 75 (longevity), a physical function rating indicating less than 20% disability (health) and a high happiness rating (life satisfaction).

George (1980) stated that social investigators "have used measures of quality of life to depict successful aging

and the conditions associated with particular patterns of aging" (p. 4). Further, she noted with concern: "On the whole, social scientists have failed to provide consistent and concise definitions of quality of life. The task is indeed problematic, for definitions of life quality are largely a matter of personal or group preference; different people value different things" (p. 1).

The Duke researchers defined quality of life in terms of four underlying dimensions: (a) life satisfaction, (b) self-esteem, (c) general health and functional status, and (d) socioeconomic status. Both objective conditions and subjective evaluations are important considerations in understanding and assessing these proposed dimensions of quality of life. However, according to George (1980), such definitions can vary from group to group as different people value different things. These are proposed by George as central and virtually universal components of quality of life in this society, but she noted that they are only four dimensions out of a potentially endless number of possibilities that could be used in defining quality of life.

Life satisfaction. Of all the dimensions of successful aging, life satisfaction has become the most frequently investigated dimension of successful aging. In fact, according to Maddox & Wiley (1976), life satisfaction is the most studied variable in the field of aging. George

(1980), echoes the importance of this variable: "Perhaps the most crucial subjective assessment of life quality that individuals can report is their relative satisfaction with life in general" (p. 7).

Life satisfaction can include such factors as current satisfaction, future prospects, happiness and well-being, and comparison of aspirations to achievements. George went on to say that the major theories of successful aging, including disengagement, activity, and continuity, have been formulated with life satisfaction specified as the outcome of interest. In the literature the terms "life satisfaction," "morale," and "happiness" have been used interchangeably, which makes cross referencing comparisons difficult. Cantril (1965) proposed a commonly used working definition of life satisfaction as an assessment of the overall conditions of existence as derived from a comparison of aspirations to actual achievements over a lifetime.

Neugarten (1974) defined later life satisfaction as the extent to which the person

takes pleasure from whatever round of activities that constitute his everyday life; regards his life as meaningful and accepts responsibility for what his life has been; feels he has succeeded in achieving his major life goals; holds a positive self-image and regards himself as a worthwhile person, no matter what

his present weaknesses may be; and maintains optimistic attitudes. (p. 13)

In an article titled "Ninety Years of Research on the Subjective Well-Being of Older Americans," Larson (1978) concluded that the major factors associated with life satisfaction among the aged were better health, higher socioeconomic status, being never married or married, and more social activity (especially non-kin and organizational activity). He agreed with common folklore that health, wealth, and love are the basis for happiness. Level of education, occupational status, married status, availability of transportation, housing, and non-amorous forms of social interaction also help with reported subjective well-being. Yet when taken together, these variables leave much of life satisfaction unknown (Cutler, 1979).

Mussen (1985) believed that more information is needed about the antecedents of late life satisfaction. His research on the longitudinal data from the earlier Guidance Study at Berkely found "a buoyant, positive, responsive attitude toward life is predictive for women and good emotional and physical health for men" (p. 58). Women's later life satisfaction was influenced more strongly by qualities of the early marital relationship, income, and leisure opportunities while the men's satisfaction evolved around current traits of their own and their wives.

Finally, according to Palmore (1985), life satisfaction tends to remain stable for both sexes throughout life and peaks around the age of fifty-five. The best predictor of late life satisfaction is earlier life satisfaction. High life satisfaction is primarily explained by better health and, to a lesser degree, by sexual enjoyment and social activity.

Self esteem/concept/identity. Schwartz (1975) has described "self-esteem as the linch pin of quality of life for the aged" (p. 470). Self-esteem is generally defined as a sense of self-worth and of self-pride. It is the affective and self evaluative aspect of the self-concept, the more cognitive and image producing aspect of our view of who we are as a person. It involves a comparative play between the ideal and the real self (image) as well as a dimension of self-acceptance. Since self-esteem and self-concept relate to the environment as products and producers of experience, they will to a certain extent reflect both how things are going and how the person is accommodating these experiences as evidence of self worth. This is especially important in old age as experiences and stereotypes tend to be more negative.

Cooper and Goethals (1981) distinguish between several separate processes in way of self concept development formation:

(a) Self attribution is the process of drawing



conclusions about the kind of person one is on the basis of observing one's own behavior. (b) Reflected appraisal refers to the process of forming a self-concept on the basis of other's opinions. (c) Social comparison is the process whereby people evaluate their abilities and opinions by comparison with relevant other persons. (d) Finally, identification is the process of attempting to imitate or emulate an admired or powerful person and to become as much like him or her as possible. (p. 435)

Thus, when considering self-concept or esteem in any individual it is necessary to specify what aspect or dimension being addressed for each will have a different history and expression throughout life and at different ages (Cooper & Goethals, 1981).

Morgan (1979) has suggested several personality factors as being important to maintaining self-esteem in the later years. First, a person needs to reinterpret the meaning of self such that self-worth is not defined in terms of previous roles. Second, the person must accept the reality of the aging process, its possibilities and limitations. Third, the person should reformulate and reevaluate their goals and expectations to reflect their current station in life. Fourth, the person should be able to objectively look back and review one's past.

Research by Fiske et al. (1980) proposed four

dimensions of adult self concept content: an interpersonal dimension that focuses on social relationships; an altruistic dimension that includes ethical, religious, and philosophical concerns; a mastery dimension that includes competence and a sense of efficiency; and a self-protectiveness which incorporates concerns regarding economic, physical, and subjective well-being. Obviously people differ in the amount of commitment given in these four dimensions.

Along with self-esteem and self-concept, another important aspect of the self-construct is self identity. What factors influence on the older adult's self identity and what part might this personal or self identity play in the person's possible status as a successful ager? According to Breyspraak (1984), the aspect of the self that perhaps has been most often researched in social gerontology is subjective age identity. Peters (1971) describes age identity as "how a person feels in regard to age, his self-orientation within the limits set by his own social situation and experience, and the limits of his own physiological condition" (p. 70). Breyspraak goes on to stress that we must know something about the meanings of subjective age and the process through which a person moves from an identity of middle aged to one of old.

This may come, in part, from reference group comparisons. The nature of one's self evaluation depends

on who or what has been or is being used as a standard of comparison. This could include a comparison with an earlier stage in life or a comparison with age mates or with members of one's cohort.

According to Eisenhandler (1989), "A principal component of identity in old age and the social construction of the aging experience is the perception of one's health" (p. 174). In her qualitative study of 50 community elderly, 18 elders reported that old age became part of their personal identity when it was related to troubles with health, memory, and changes in the perception of time.

Health and functional status. Health can be seen as the absence of disease, discomfort, and disability as well as the elements of physical and emotional well-being. Functional status includes such factors as general energy level, mobility, movement, ability to perform self-maintenance and preferred activities. Larson (1978) in his review of thirty years of research on subjective well-being of the elderly reported, "among all the elements of an older person's life situation, health is the most strongly related to subjective well-being" (p. 112). All studies noted by Carson (1978) that addressed both health and reported well-being found a significant relationship between the two variables.

In studying the effects of health and income on

control orientation and life satisfaction among the aged, Mancini (1981) found, consistent with previous research, an internal locus of control and higher life satisfaction to be significantly associated even when controlling for the effects of self-rated health and income. Mancini concluded that internal control is related to life satisfaction independent of health level or income.

Zautra and Hempel (1984) concluded that subjective measures of health are more reliable indicators of well-being than are objective measures, including physician's ratings. Poorly understood by the scientific community is the mechanism or process by which a person comes to understand and evaluate his/her health (Zantra & Hempel, 1984).

As a general rule, older adults usually tend to rate their health positive, despite health problems. Myles (1978) found that this could be explained in terms of comparison to peers, a sense of accomplishment from having survived to their age, and a sense of self-efficacy. Older adults who think of themselves as healthy report being more happy, satisfied, involved socially, and less tense and lonely (Cockerham, Sharp, and Wilcox, 1983).

Health and functional status, perhaps more than any other factor, influences the older adult's age identity (Eisenhandler, 1989) and subsequent quality of life. A major change in health impacts on each of the quality of

life factors of satisfaction, self esteem, and even socioeconomic status.

Socioeconomic status. Primary measures of socioeconomic conditions and status have included occupation, income, educational attainments and patterns of sources of income. George (1980) maintains that material adequacy is a part of quality of life though its relative importance is uncertain as well as the process by which it influences and conditions life experience.

Occupational status meets many needs throughout life. These include a source of personal identity and self-worth, time structuring, friends, income, a means of expressing self and skills, and a platform for goal setting and attainment. Occupation is a source of social status (power). What relevance prior occupation has for older people is not clear. The identification with occupation continues with some people. Retired individuals are not ranked nor usually included in measures of occupation status (George, 1980).

Income is an important indication of quality of life for all ages for it provides comforts and protects against discomforts. It certainly can provide the means to display various status symbols. The picture changes drastically for most elderly people with income usually being reduced by half at retirement. Both prior and current income and net worth should be considered when examining the

subjective significance various financial resources have for people.

Quality of life dimensions have been used by researchers to define successful aging. Factors of personality and longevity as well as a more general approach to define successful aging will now be examined.

In an earlier longitudinal study, Maas and Kuypers (1974) drew the following conclusions about continuity and change from 30 to 70. In regard to personality men tended to change more than did women. In regard to life styles women tended to change more than did men. Women tended to stay constant with personality and men with life styles. Social withdrawal, when it was found, usually indicated illness and disability and high involvement in the sick role. "There was no disengagement without somatic difficulties" (p. 208). Correlating personabilty to lifestyle with health, Maas and Kuypers found health to be a crucial correlate to total personal functioning in old age and that late life health concerns are "clearly foreshadowed in the early-adult years" (p. 208). The differentiators of life style in old age "is that antecedents or early experiences are more influential for how fathers live in their old age; environmental or other conditions are more important for the mothers" (pp. 212-213).

Regarding longevity as a possible criterion for

successful aging, Jewett (1973) characterized his sample of old-old (87-103 years) as able to maintain appropriate and needed contacts with others, pursue activities that challenged and interested them and that were in line with their life goals, able to adapt to changing life circumstances, were broadly religious with a good sense of humor, enjoyed life, and were moderate in food, drink, and anxiety. These characteristics went beyond cultural restraints, describing long-living successful agers everywhere.

Earlier Palmore (1974) had found that predictors of longevity include being female, being physically active, not smoking, having good cognitive functioning, higher socioeconomic status, more social activity, greater life satisfaction, greater work satisfaction, a higher happiness rating, and having satisfying sexual activity. "In general the predictors of longevity also predict better health among the survivors" (p. 654). In Normal Aging III Palmore (1985) named essentially the same factors.

Successful aging has been studied in terms of morale, health, subjective well-being, longevity, happiness, socioeconomic status, adjustment, functionality, and the balance between aspirations and achievements (George, 1979; Larson, 1978; Palmore, 1979; Cutler, 1979). Leonard (1982) found marital status, occupational prestige, years of formal education, race, annual income, and a variety of

specific satisfactions with life measures (city, hobby, family, friends, and health) all statistically significant when related to successful aging or life satisfaction indexes. Work status, family size, gender and social class were unrelated to successful aging as defined by this study.

In the First Duke Longitudinal Study, Palmore (1970) found the best predictors of later successful aging dimensions to be initial health and happiness. The longitudinal studies seem to indicate that the best predictors of successful aging are health, socioeconomic status, social activity and marital status (Larson, 1978). Later Palmore (1985) named secondary group activities, physical activity, work satisfaction, more education, better cardiovascular function, and lower serum cholesterol as the predictors of successful aging. Good health is the top predictor of successful aging after retirement.

A major theme of the findings in all three volumes of Normal Aging was that there was little or no decline in social and psychological functioning and that there were wide variations in aging patterns and styles. According to Palmore (1985):

The present reports show little or no declines in most measures of mental health--coping with stressful events, intellectual ability on untimed tests until the eighth or ninth decade, general intelligence,



personality, internal orientation, self concept, heterogeneity, life satisfaction, activity in voluntary organizations, and religious attitudes--and in activity among blacks as well as among whites. It is impressive how many of the normal aged are able to compensate for their growing physical handicaps and maintain fairly stable levels of social psychological functioning. This evidence tends to refute the disengagement theory that social and psychological decline are typical, inevitable, and normal. (p. 458)

Ruff (1982) believes we should move away from this examination of essentially nondevelopmental dimensions like morale and life satisfaction that would indicate successful living or subjective well-being of any age. Instead, she advocated, "The identification of the unique qualities of successful living in adulthood and aging, along with the concern for an interpretive theoretical framework, contribute key elements of the alternative approach to successful aging being advocated herein" (p. 210). This she believed could be accomplished through the revitalization of current developmental stage theories and optimumization theories. Two theories suggested are the psychosocial stages of Erik Erikson (1959) and the optimumization theories of Buhler (Buhler, 1935; Buhler and Massarik, 1968), and others (Rogers, 1959; Maslow, 1968; Allport, 1961; and Frankl, 1962).

### Developmental Stage Theory Approach

Ruff's alternative to correlating for variance (non-developmental approach) was to revitalize developmental stage and optimumization theories. Leading the way in this direction was the research of Gould (1978), Levinson (1978), and Vaillant, (1977). This research was largely idiographic, reflected clinical case studies, and usually focused on young adult and middle-aged men. To these theorists must be added the earlier ideas and research of Havighurst (1968, 1972), Neugarten (1968, 1973), and Peck (1968).

Havighurst (1972) developed a set of developmental tasks common to each major stage (young, middle and late adulthood) of life. In late adulthood such developmental tasks would include (a) adjusting to declining physical strength and health, (b) adjusting to retirement and reduced income, (c) adjusting to death of spouse, (d) establishing an explicit affiliation with one's age group, (e) adopting and adapting social roles in a flexible way, and (f) establishing satisfactory physical living arrangements. To be maturing and aging successfully one should be addressing these "stage appropriate" tasks as they moved through their life cycle. The ultimate completion of these tasks could signify that one had indeed aged well.

Neugarten (1968) postulated the existence of an

internalized "social age clock" or the societal dictated age appropriate behavior, roles, and the appropriate time for their completion. This social age clock is society's way of monitoring the completion of the tasks deemed important to each stage of life. Later in life processes of interiority and the active-to-passive mastery sequence could be observed and could be mistaken as the "natural process of disengagement" among the elderly.

Peck (1968), expanding on the work of Erikson, developed a model of psychological adjustment. In adulthood a person must complete the task of letting go of what worked "in the morning of life" in order to grow into what is necessary for "the afternoon and evening of life", to borrow Jung's metaphors. According to Peck, during late adulthood the shifts and adjustments continue from work role preoccupation to ego differentiation, from body preoccupation to body transcendence and from ego or self preoccupation to ego transcendence.

Ego transcendence comes from the realization of personal mortality and is related to Erikson's last psychosocial stage of integrity vs. despair. Attainment of integrity means that the successful ager reviews his/her life, has found a way to accept his/her life as a consistent and integrated whole and as "something that had to be and that, by necessity, permitted of no substitution" (Erikson, 1959, p. 268). The elder seeks to bring into

balance a sense of integrity or integration and acceptance and attempts to reconcile his/her earlier psychosocial themes and to integrate them into current development (Erikson, et al., 1986). Erikson suggested that wisdom is the virtue of old age and a consequence of ego integrity. He defined wisdom as "the detached and yet active concern with life itself in the face of death itself," (Erikson, 1963, p. 135).

Despair is experienced when the person finds his/her life cycle, past, present, or future, lacking and unacceptable in a significant way and realizes that there is not enough time left to start over or make it right. Despair must also be considered in the face of death. Thus some despair has to be acknowledged and integrated as a fact of living. Integrity, in part, comes from the integration of elements of despair through the perspective afforded by a long life and by the aging trajectory and nearness of death.

Levinson (1978) viewed adult life as a series of periods and tasks making up the individual's life structure. Each period is introduced and concluded by transitional phases. How we integrate the learnings from the "soul searching" and reassessment common to our transitional phases as well as the choices made concerning the age specific tasks will dictate our future happiness and success in living and in aging. Levinson sees middle age

as important for maturing and later development particularly through the processes of disillusionment and individuation.

Gould (1972, 1975, 1978), a psychiatrist, proposed a theory of adult personality development. Adults, in order to mature and age well, must work to let go of and eliminate irrational childhood ideas, beliefs, and assumptions that have a tendency to restrict their lives and stop their growth (Turner & Helms, 1982). Gould says that certain irrational beliefs are common to particular age periods, yet had little to say about the later years. In middle adulthood one accepts their mortality, faults and lack of innocence, among others.

Kegan (1982), in The Evolving Self, described a stage model of life span growth. The individual moves through stages which force the person to swing between his/her and other's concerns, and between old and new definitions of self, both requiring a reaching out and letting go of previous priorities, needs, limits and boundaries. Essentially throughout life and especially in the later years the person moves between separateness and unity both within and outside self.

In this developmental approach to conceptualizing successful aging, stage specific learnings and lessons are derived primarily from choices regarding developmental tasks with each step or stage of the way throughout life.

Persons must "complete their homework" as they age if they are to age successfully.

Stage models can be useful as maps of the terrain of adult growth and development but should not be mistaken for the actual terrain itself which can vary by day, by season of life, and even by the changing view and mood of the viewer. Much variation and mystery typifies the human subject.

Finally, Loevinger (1970), in discussing her stages of ego or character developmental types, makes an important point that can be applied to developmental theory in general.

There is a temptation to see the successive stages of ego development as problems to be solved and to assume that the best adjusted people are those at the highest stages. This is a distortion. There are probably well-adjusted people at all stages. Probably those who remain below the conformist level beyond childhood can be called maladjusted . . . one should see the sequence as one of coping with increasingly deeper problems rather than as the successful negotiation of solutions.

#### Optimumization Theory Approach

Another line of inquiry into the study of successful aging comes from the optimumization theory approach. This includes such schools of thought as humanistic psychology

represented by Rogers (1959), Maslow (1968), Allport (1961), Buhler (1968); existentialism represented by May (1953) and Frankl (1962); and transpersonal psychology, represented by Walsh and Vaughn (1980) among others. The assumption in this approach is that through understanding existing models of the fully functioning person, an ideal model is available for comparison as a standard or goal. Rather than going by the normative structure or cultural image, a person can consider the examples and models already set by the successful agers present around him/her and by those who have gone before. Each of these models or forces will now be examined.

Humanistic psychology. Carl Rogers (1959) has described his ideal of the complete person or personality in his model of the "fully functioning person". Characteristics of the fully functioning person include: (a) more of an openness to and awareness of all their experience, (b) existential living or living fully and spontaneously in each present moment, allowing each event to speak for itself, (c) organismic trust or the ability to trust in the feel of their own organism or sense of rightness with locus of control, evaluation, and decision making lying within, (d) experiential freedom as free choice agents being fully responsible for self, and (e) creativity in daily living, seeking new experiences and challenges, spontaneity and flexibility in adjusting to

change and transitions.

An individual's frame of reference potentially spans his/her total phenomenal field. To age well depends on how fully the person demonstrates traits of the fully functioning person and congruence between the real self and ideal self. A close match between the ideal/real self can make for a higher satisfaction with self and life, another component of aging successfully.

Allport (1961) described seven criterion for judging personal maturity in an individual. These criterion are essentially contained in Maslow's characteristics of the self-actualizing person. Buhler (1935, 1968) proposed four basic tendencies in life leading toward need satisfaction, adaptive self-limitation, creative expression, and upholding internal order.

Maslow's (1968) description of the characteristics of the self-actualizing individual include the following. Such a person has a more real and efficient perception of reality both internal and external. The person has a strong acceptance of strengths and weaknesses in both self and others, is spontaneous and problem centered and seeks detachment, solitude, autonomy and independence. He/she has a continued freshness of appreciation for life, has the mystic or peak experience more than most people, and demonstrates brotherly love. Such a person has uniquely deep interpersonal relations, has a democratic character



structure and a philosophical sense of humor and is resistant to enculturation.

To age successfully, according to many humanistic psychologists, would involve living as a fully functioning person (Rogers, 1959), an actualizing person (Maslow, 1968), or a mature person (Allport, 1961). These ideas go beyond merely fitting into and being well adjusted to the status quo. They strive to seek a balance between the inner parts of the self, between self and society and, with existentialism and transpersonal psychology, between being and not-being and between one's personality and one's spiritual self.

Existentialism. Engler (1985) explains the meaning of existentialism:

Existentialism begins with personal existence. It asks, "What does it mean to be a self?" It questions the purpose and nature of existence. It views each individual as an agent with free choice who is responsible for his or her actions. Each of us carves out our own destiny. We are literally what we do. The existentialist posture leads to an emphasis on choice and responsibility and to the view that a worthwhile life is one that is authentic, honest, and genuine . . . Existentialists suggest that there is no truth or validity for us as human beings except as we participate in it, are conscious of it, and have some

relation to it. (pp. 466-67)

Thus, successfully aging persons find their own meaning from life, live authentically, choose to be responsible for their own destiny and to live their truth as they find and experience it themselves.

Existentialists such as May, Frankl and others focus on such concerns as the human predicament, powerlessness, anxiety, the will to meaning, love, intentionality, diemonic forces, courage, creativity, freedom, and consciousness of self. May (1953) spoke of a stage of creative consciousness of self or the ability to see beyond/outside one's usual limited viewpoint and know objective truth as it exists in reality (beyond our needs, projections, distortions) and beyond the dichotomy of subjectivity and objectivity. Becoming conscious of and responsible for self and living accordingly is part of the existentialist's ideal model of living for humankind.

Frankl (1962), psychiatrist and survivor of Auschwitz, developed the existential therapeutic school of logotherapy. His theory of human nature is built on three pillars: the freedom of will, the will to meaning, and the meaning of life. Three factors comprise the essence of human existence: spirituality, freedom, and responsibility. Frankl echoes Nietzsche when he postulates, "He who has a why to live for can bear with almost any how". To find satisfaction with living and aging one has to continue to

find personal meaning in life, to set goals, to move towards the future with purpose (telos), and to have a reason or purpose for which to live. His ultimate criterion for a healthy personality was the immersion in some person, thing or idea beyond ourself. Only then can we truly find and become ourselves. Frankl believes a will to meaning in the moment transcends any need to strive for self-actualization.

Transpersonal psychology. The term transpersonal defines and addresses that portion or dimension of the person that lies beyond but includes the self, ego, personality, and individuality. Transpersonal psychology holds much in common with humanistic psychology but adds the dimension of spirituality, the existence of a Higher Self, the position that mankind's essence is divine and the importance of consciousness. Knowledge and learning are state-of-consciousness (SOC) or domain specific and depend on the person's current state of awareness, perspective, and filter of perception. Such a person would attempt to live consciously in the on-going unfolding of what actually is in that moment.

Moody (1985), in considering a philosophy of gerontology, proposes four model patterns or stages of ways society tends to regard older people: (a) rejection, (b) social services, (c) participation, (d) self transcendence. The first two are most commonly practiced with the third

and fourth reflecting humanistic and transpersonal meaning perspectives. Stage 4 speaks to a spiritual purpose and possibility for the later years:

What Stage IV argues for is instead a deepened definition of what psychological growth in old age might consist of, perhaps modeled on the insights of the great world religions or the contributions of humanistic psychology . . . In this new image of psychological growth, disengagement is required but only for the sake of a more meaningful form of activity: contemplation and resynthesis of the self.  
(p. 10)

According to Moody, "Stage IV does not yet appear on the agenda of social policy, even of social critics and reformers, although its implications for education of older adults are profound" (p. 8).

The Hindu religion speaks with insight to this disengagement for contemplation and resynthesis in its model of the life span. The Hindu people recognize four life stages with each stage covering one-fourth of the person's life. The stages are: (a) student, (b) householder, (c) spiritual seeker, and (d) teacher or guru. After completing family and civic responsibilities (stage two) the person in midlife retires from active community life to begin full-time spiritual practice and study. It is time for the individual to begin his true adult

education, to discover his inner-most self and to find out what life is really all about (Smith, 1958). Finally, usually in the seventh decade of life, the elder becomes a teacher for others on their spiritual path. According to Lief (1982), "In the last stage, the realization of the spiritual life and transcendence become the focus of all life's activities. American culture at its current stage of development has no clear system of meaning and value for life in advanced age" (p. 56). This elder as teacher goes beyond Butler's "elder function" for the realms of possibilities of existence being taught and sought transcend time, place, and culture. Western society seems to be hung up or fixated on the second stage, the householder, and only sees value and worth with this stage of the life cycle (Havice, 1974).

Little support is given to the positive potentials of the later years. However, according to Callahan and Christiansen (1974), "By becoming an ascetic, the Hindu elder approximates the process of loss which makes up old age and spiritualizes them. His natural diminishment is freely transformed into spiritual insight. As a result the signs of old age are not marks of a slow decline but the starting point for a new life-task" (p. 10). Old age is naturally built for spiritual practice. Thus disengagement, increased interiority, passive mastery, ego transcendence, increased leisure, and aloneness all can be

used as vehicles for spiritual growth. Spiritual practices such as meditation, selfless service, and various exercises in surrender could be utilized by the older adult.

A transpersonal or spiritual view of successful aging would require a letting go of attachments, of conditions for happiness and satisfaction, and of definitions of self identity. Throughout life conformity and commitments form the very fabric of functioning in society. But the elderly " . . . have freedom to be only at the last--all the hampering commitments are gone--and they can touch pure, unhampered, unobstructed existence" (Staude, 1981, p. 166). With this freedom the person can choose to continue as before, to retreat or to be bored, or to seize the opportunity to see into the nature of existence and of life. For many, nearness to death, regardless of age, can serve as a stimulus to reorder priorities, to transform one's perception of life and its purpose, and to knowledge of God. The metaphor of death as a teacher and liberator can be found in all the major spiritual traditions of humankind (Metzner, 1986, p. 174).

Another spiritual practice with application value for the later years is consciously dying. Every ending and every loss is a dying. We experience thousands of "little deaths" every day. According to Gurdjieff (1949), "A man must die, that is, he must free himself from a thousand petty attachments and identifications . . . He is attached

to everything in his life, attached to his imagination, attached to his stupidity, attached even to his sufferings, possibly to his sufferings more than to anything else" (p. 218). Attachment is bondage to the personal and to the past. It limits what is possible and attainable.

Ruff's (1982) suggested alternative approach to successful aging calls for the identification of the unique qualities of successful aging as well as an appropriate interpretive theoretical framework. This is to be found and accomplished through the utilization of both the stage and optimization theories just cited in this review.

#### Sociological Theories of Successful Aging

Several sociological theories of successful aging have been proposed through the years. These include, among others, disengagement, activity, subcultural and personality/continuity.

Disengagement theory. In 1961 Cummings and Henry proposed a theory of disengagement which viewed ideal aging as a mutual withdrawal process between older adults and the social system to which they belonged. When completed, this disengagement is characterized by greater psychological distance, altered types of relationships and decreased social interaction by the elderly (Cummings and Henry, 1961). This theory has generated considerable controversy among gerontologists.

Activity theory. Activity theory holds that for

people to age successfully they need to compensate for inevitable losses of roles and sources of meaning by finding new forms of activity. In other words activity was the ideal, and through role substitution, middle age values, priorities, and activities were to be carried into later years. Personal happiness and satisfaction came from involvement and from the older person's ability to adjust to changing life events (Maddox, 1968). Successful aging occurs as long as the older adult maintains a level of activity and social interaction comparable to middle age. The activity theory has received little empirical support and much criticism.

Subcultural theory. Rose (1965) and Rosow (1967, 1974) responded to activity theory by questioning the idea that the later years were just compensating modifications of the middle years. Because of role change or loss, age and cohort segregation, both voluntary and involuntary, and cohort consciousness and identification, the later years were not the same as the middle years. Subcultural theory was later challenged by continuity theory which advocated that continuity of personality was a stronger factor than cohort identification.

Again, according to Hendricks (1977), "There is a sizeable contingent of social gerontologists who are of the opinion that no monolithic theoretical framework can explain successful aging patterns" (p. 114). To understand



why some people age more successfully than others it is necessary to consider the interplay between psychological, social, and biological factors and changes and how, taken together, these come to express an individual's unique coping style and response to the person's world as he/she perceives it. This adaptability or coping style can be called personality and makes up, in part, the continuity theory.

Continuity theory. The proponents of continuity theory challenged activity theory and disengagement theory for even postulating criterion for successful aging. Continuity theory advocates that successful aging was a practiced style of living, of accumulated experiences and a style that began early in life. One would age much the way one had lived, in part because of the consistency of personality traits.

The personality theory of aging was first incorporated as a dimension of successful aging in a study by Reichard, Leison, and Peterson (1962). They analyzed 87 men ranging in age from 55 to 84 and identified five personality types: mature (constructive); rocking-chair type (dependent); armored (defensive); angry (hostile); and self haters. The mature were ideally adjusted, self-accepting, and related well. The rocking chair types were more passive and dependent, yet were very self accepting. The armored relied heavily on defense mechanisms, were fairly rigid,

independent, yet were well adjusted individuals. The angry were not well adjusted, blamed others and were easily frustrated. The self haters were similar to the angry but blamed themselves for their problems and failures, and were typically depressed. The first three types were considered successful at aging while the latter two personality types were not.

A later study by Neugarten, Havighurst, and Tobin (1968) used the Kansas City Study of Adult Life data. They studied 59 men and women between the ages of 70 and 79 and found eight personality types. The first group, called the reorganizers, are the optimal agers in terms of the American ideal of staying young. The second group are called the focused and are well-integrated personalities who focus on one or two roles with medium levels of activity. The successfully disengaged are the third group which are characterized by low activity levels with high life satisfaction. The fourth group exhibits the holding-on pattern as they hold on as long as possible to the activities of middle age and thus maintain a high level of life satisfaction.

The fifth group are constricted as they have reduced their role activity possibly as a defense against aging. They maintain a medium to high level of satisfaction. The succorance-seeking group of individuals are successful in getting emotional support from others and therefore

maintain a medium level of role activity and of life satisfaction. The next group are called apathetic as they have low role activity and medium or low life satisfaction. Apparently, they have never given much to life and never expected much. The last group are the disorganized for they have deteriorated thought processes and poor control over their emotions. They are largely dysfunctional and have low or, at the most, medium satisfaction.

The first four types measure high in life satisfaction. The next two (constricted, succorance-seeking) measure high or medium and the last two (apathetic, disorganized) are considered medium or low in life satisfaction.

Greene (1984), in his book Successful Aging, states that "The most important finding of the study of personality and aging is that there is no pattern of aging that can guarantee success for everyone" (p. 101). One has to consider the person's values, needs, and wants, both objectively and subjectively, before judging or understanding the person's success, happiness or satisfaction with life.

#### Learning, Aging and Old Age

Much has been said in the professional literature about the impact of aging on learning but rarely considered is the opposite, namely, the impact that learning has on aging in general and about successful aging in particular. Learning impacts on each individual differently because

their educational or learning histories and agendas are unique. This impact comes both from outside the person through actual environmental and historical circumstance as well as from within the person through perceptions, expectations, attitudes and values. Taken together this impact helps to create the individual's lived experience through their possible educative style, self education, and self directed learning which in turn influences the person's experience of living, aging, and successful aging. This was the principle reason for using the Readiness for Self-Directed Learning Scale in the selection of the sample. A person's orientation to (openness, readiness) learning and to life's opportunities was felt to be a characteristic of successful aging.

Educative style. The concept of "educative style" was proposed by Leichter (1973). In her article she noted that:

Individuals differ in the way they initiate, search for, absorb, synthesize, and critically appraise the various educative influences in their environment . . . . Some individuals reach out zestfully for new experiences, while others wait for the opportunity to come to them . . . . Some learn best from listening, others from seeing or doing. Some prefer print, others prefer people or television or cinema. (p. 240)

What impact does educative style have on the learner? Leichter states, educative style "focuses on the individual as he learns a particular educative style and then, living that style, consciously, or unconsciously, makes of himself a particular kind of person" (p. 250). This kind of person could be a successful ager. Does educative style create personality traits or do traits help to create dimensions of educative style? Eventually some circularity would be suspect. This implies that styles of educating self can effect a person far beyond just that of learning information and skills.

Leichter (1973) proposed several dimensions that comprise a person's educative style. These could include such factors as degree of openness to and felt responsibility for the learning opportunity; the various needs met through learning; and self concept as a learner. Moreover each person differs in how they use other people to learn, e.g., learning networks; in the way they appraise learning for usefulness and for believability; and in their manner of dealing with failure, success, transitions and challenges.

Self Directed Learning. Readiness for and willingness to participate in self directed learning was used to select the study sample. Both were dimensions of educative style and thought possibly to play a part in a person's experience of old age and successful aging.

In 1968, Allen Tough brought the concept of self directed learning to the attention of both educators and the lay public. Tough (1968, 1979) examined the nature of self directed learning through learning projects and episodes. Tough defined a learning project as a major, highly deliberate effort to gain certain knowledge and skill or to change some other way. This learning episode lasted at least seven hours with each adult averaging around seven to eight learning projects a year with each requiring about one hundred hours of time.

Tough also examined such questions as frequency and importance of such learning efforts; what, why, when, and who learns; self planned learning; and the process of self directed learning. Tough guessed that 90% of adults participate in at least one learning effort annually.

Penland (1977) found the reasons for preferring self-planned and self-directed learning to be desire (a) to set own learning pace, (b) to use own style of learning, (c) to keep style of learning flexible and easy to change, and (d) to put own structure on the learning project (p. 32).

Much research has focused on finding distinguishable characteristics of self-directed learners. Yet such individuals proceed in such an individualized manner, that it is very difficult to draw any strong conclusions. After an extensive literature review, Brookfield (1986) concluded

that "a great deal more research and reflection is needed before we can say with any confidence that self-directed learners exhibit some uniformly identifiable characteristics" (p. 44).

People learn informally as well as formally. Becoming skillful at informal, self directed learning may, over a life time, be more important and useful than formal learning. Purposeful, intentional learning requires independence, creativity, energy and strong self direction. Yet this is largely absent in schools and colleges which instead encourage dependence, passivity, conformity and a willingness to be directed (Gibbons, 1980).

Goertyles and Goertyles (1962) examined the biographies of the famous and notorious and found a major factor to be their drive towards achievement. Later, Csiksyentmihalyi and Beattie (1979) proposed that this achievement began as an attempt to solve specific personal problems and subsequently led into a generalized response systems to later life problems.

In his study of the relationship between self-directed learning readiness and life satisfaction among older adults, Brockett (1985) noted a statistically significant positive relationship between self-directed learning readiness and life satisfaction measures. Readiness for self-directed learning appeared to be linked with years of formal education completed. No relationship was found with

chronological age and either of the study variables. He concluded that "the findings offer tentative support for the view that a relationship may exist between a tendency toward self-directedness as a learner and such issues as independence and quality of life during the later years" (p. 210).

Curry (1983) also found support for the self-directed readiness and life satisfaction link with her sample of participants in formal adult education programs. Brockett (1985) found that "previous education to be a slightly stronger predictor of self-directed readiness than life satisfaction" (p. 216).

Gibbons et al. (1980) analyzed the biographies of twenty acknowledged experts without formal training beyond high school. Their objective was to find commonalities suggestive of how people become effectively self-directed in learning and accomplishment. This study outlined "a pattern of education that is sharply focused, active, experiential, self-directed, situational, and often personally challenging; a personality that is both traditional and radical; and a life theme of gathering purpose and drive" (p. 41). Active lives were modeled by the parents of the subjects along with a parental stipulation that they participate and find challenges in daily activities. Though a social support network was important the principle method employed was



self-disciplined and self-directed study. Incidental or accidental learnings were utilized and integrated in order to solve problems and increase understanding. Gibbons (1980) states:

They seem determined or destined to become expert and successful, and neither being poor and abused nor rich and spoiled seems able to deflect their course. One of the strongest motivators seems to be personal accomplishments that have the desired effect on the world. (p. 48)

Absent from the study was any consideration of non-experts or failures; therefore, no comparisons could be made.

The study sketched a "life theme" common to the study subjects. These life themes allowed the subjects to "give expression to their interests, abilities, past experiences, and present opportunities" (p. 49). The study concludes that "talent may be a product people create, rather than a gift they receive" (p. 49-50). In retrospect talent was seen as acknowledged direction, effort, and results of a person's "work".

This need to achieve, to make one's mark on the world appears often in the literature on self educators, self actualizing individuals and successful and famous people, particularly the self-made person. Identified reasons for this orientation vary and continues to remain inconclusive.

Personal Perception and Meaning Making

A person's experience of old age and successful aging may be influenced by how one perceives, interprets, integrates, and utilizes their daily opportunities for experience. According to Denzin (1970), "every man, symbolic interactionism suggests, defines his world differently. If sociologists are to accurately explain these definitions and relate them to action, they must penetrate this subjective world of definitions, experiences and reactions" (p. 220). Mead (1934) and symbolic interactionism have been cited as guides to the reality of social life where "people make tentative moves and then adjust and reorient their activity in the light of the responses (real or imagined) others make to these moves" (p. 425).

In a narrower sense, Kolb (1984) notes that Leona Tyler's "possibility processing structures" are programmed in part through learning styles. He states that "the way we process the possibilities of each new emerging event determine the range of choices and decisions we see . . . [These] . . . determine the events through their choices of the actual occasions they live through" (p. 64). These can be actual as stated or hypothetical through our "definition of the situation".

Mezirow's (1981) "meaning perspective" speaks to the same point. The perspective of meaning given to an event actively influences the person's view and expression of and

possibilities for self.

Individuals many times simply keep missing insights and lessons from their learning opportunities. According to Jackson (1984), "the repetition compulsion can be seen as a kind of unreflective behavior in which an individual acts on the basis of life-historical themes without understanding the full extent to which his or her concept of self is based upon them" (p. 109). A person often responds to a learning opportunity out of habit and does not understand its full possibilities and implications.

Mezirow's (1978) concepts of meaning perspectives, critical reflectivity, and perspective transformation transcends this repetition compulsion by describing the process by which a person, through critical reflectivity, transforms prior meaning perspectives. Daloz (1986) also speaks to the transformational nature of learning as well as to an openness to opportunities when he says "we grow through a progression of transformations in our meaning making apparatus from relatively narrow and self-centered filters through increasingly inclusive, differentiated and compassionate filters" (p. 149).

Another major "limit of possibilities" is the paradigm through which the phenomena is being considered or perceived. According to Kuhn (1970), a paradigm is a type of general or grand theory of such magnitude that it encompasses or is capable of providing a context for most

of the known phenomena in its field. In time the paradigmatic description of reality becomes the reality in rather fixated fashion and resists new paradigms or possibilities of what could be. Language also creates limits of possibilities where "each language offers an arbitrary set of categories, and in so doing artificially slices the continuous spread and flow of existence in a unique way" (Goleman, 1980, p. 29).

Even psychology is capable of sharing credit or blame in playing God. Berger and Luckman (1967) note:

Insofar as psychological theories are elements of the social definition of reality, their generating capacity is a characteristic they share with other legitimate theories . . . If a psychology becomes socially established (that is, becomes generally recognized as an adequate interpretation of objective reality), it tends to realize itself forcefully in the phenomena it purports to interpret . . . Psychologies produce a reality, which in turn serves as the basis for their verification. (p. 178)

Moreover, according to Walsh and Vaughn (1980), "psychological theory is shaped by autobiography, the personal history of theoreticians directly influencing their articulation of and emphasis in theory" (p. 30). Thus scientific paradigms, language, psychology and culture as well as the autobiography of the theoretician can serve

as distorting perceptual filters of what is and what could be. Other examples of various reality producing filters follow, each of which influencing why, how, and what we learn throughout life.

Bruner (1957) believes it is human nature and a trait of adulthood to anticipate and simplify reality by developing categorical systems for sorting out the many incoming perceptions. All behavior and learning is categorized according to such categories. Yet what is actually experienced is the category rather than the occurrence of the real world. "We construct a model of the world with our system of categories, come to expect certain relationships and behaviors to occur and then experience our categories" (p. 123).

Following the lead of Schultz (1962, 1970), a phenomenologist and conceiver of the process of "typification," Starr (1982) believed that this process is indispensable in understanding how people make sense of the many and varied events and experiences in their daily lives. Starr says,

people assign them (events) to one or another ideal category (type) of event that is part of their 'stock of knowledge' at hand. Thus, the 'reality' of events is 'negotiated' through this process of fitting one's observations into such typification schemes . . . typifications provide schemes through which events

can be interpreted as meaningful. (p. 262)

Gergen (1980) proposes an "aleatoric" account of aging defined as "an account that calls attention to the flexibility of developmental patterns" (p. 34). The development trajectories may be virtually infinite in their variation and possibilities, such that no prediction or stability of structure is possible. This comes from the natural interaction between person, culture and history and views the individual as an active agent who conceptually constructs and acts on his/her environment in an infinite number of ways.

Paraphrasing Tyler (1978), Starr states, "through self-reflection, the individual mentally constructs images of the sociocultural and biological worlds towards which he acts. Through such cognitive processing, the individual conceptualizes and selects from a range of behavioral alternatives" (p. 258). If the individual is seen as an active, choosing being then the process or procedure used in this choosing is important to the further understanding of human behavior and even of human learning. Such phenomenological or symbolic interactional approaches see and treat the self as an existential agent choosing from, acting on, and shaping and being shaped by his (real or imagined) world and phenomenal field of awareness (Starr, 1982).

This active choosing does not stop with present

awareness but is intertwined with the past as well.

Kaufman (1986) speaks to this when she writes:

The sources of meaning which themes integrate are continually reinterpreted in light of new circumstances. A person selects events from his/her past to structure and restructure his/her identity . . . . Continuous restructuring allows individuals to maintain a feeling of unity about themselves and a sense of connection with the parts of their past they consider relevant to who they are at present. (p. 50)

Whatever our age, we are continually involved in the process of the revision and reconstruction of our selfhood, or as Marshall (1980, p. 108) calls it, the "legitimation of biography". Mead (1934) believed "we work from the vantage point of an emergent present to reconstruct our past biographies and anticipate our future selves" (p. 99). Breytspraak (1980) states, "we act as revisionist historians with regard to ourselves . . . . First, we are guided by our tendency to be self-focused historians . . . . Second . . . we are self-aggrandizing historians . . . . Finally, we are self-justifying historians" (p. 99).

In short, all meaning must ultimately be understood in terms of the relationships between the person and his/her emerging self for the person reacts to all experience as he/she perceives them. The person reacts to experience as an organized whole that includes both internal and external

realities. To be fully understood the behavior of the person must be considered from his/her own point of view.

Some gerontologists have identified the last third of life as a period in which meaning is a central issue or concern for the adult. "The primary integrating theme of this life stage, no matter how long it lasts, is a search for identity" (Newman & Newman, 1979, p. 126).

In summary, there obviously have been many attempts to name possible dimensions of successful aging. These have included many different approaches and academic disciplines and usually have consisted of quantitative research designs, clinical studies, or autobiographical accounts of a single life. In the last decade or so there has been an increasing willingness for researchers to use case studies and the phenomenological approach in their effort to better understand dimensions of the lifespan and of the later years. Ordinarily however, in these studies the older adult has not been questioned about their own criterion for and experience of successful aging nor about how personal meaning is discovered in and given to the lived experience of their later years. This is especially alarming given the fact that several writers believe that the major task or purpose of the later years is to find meaning for their life's experience, past, present, and future.

The current research focus attempts to address this serious gap in our understanding of the actual reported



lived experience of old age and successful aging in two diverse groups of older adults. It is felt that traditional research designs--multivariable correlation studies--miss vital information concerning motivation, perception, processes, and relationships because of inherent limitations of the quantitative research designs and especially because of the predetermination of the dimensions of study or study variables. By using a theoretical sampling and phenomenological approach, themes, processes and relationships closer to the lived experience of the subjects are expected to emerge from the data.

## CHAPTER III

### Methodology

#### Introduction

The purpose of the research was to examine the self reported, lived expression of two groups of older adults exhibiting a diverse response to and expression of life satisfaction and readiness for self directed learning in order to describe, generally and personally, the meaning of being old and the dynamics involved in successful aging. In this chapter the research process and methodology will be presented. This will include a consideration of the design, population and sample, instrumentation, collection of data, and analysis of data.

#### Design

Several initial study categories or dimensions were considered based on a review of relevant literature and assessment of an initial pilot study of ten individuals. The variable of successful aging was initially conceptualized to contain the dimensions of life satisfaction and readiness for self directed learning. Self reports of health, functional status, age, and socioeconomic status were obtained and considered in the selection of subjects and analysis of data.

Successful aging was operationalized through the use of the Salamon-Conte Life Satisfaction for the Elderly

Scale (LSES) and the Self Directed Learning Readiness Scale (SDLRS). These measures ensured appropriate subject variability on the study variables. Around forty elderly subjects were tested with the LSES and SDLRS. All subjects lived in either Lee County, Virginia, Claiborne or Knox County, Tennessee, or Bell County, Kentucky. Twenty of the subjects were members of retired teacher associations and nineteen of the subjects lived in low income housing for the elderly. Such diverse populations of retired persons were selected for their availability, their suspected diversity and heterogeneity, as well as for theoretical sampling opportunities.

The case study design called for subjects to vary from high, middle, and low on the dimensions of life satisfaction and readiness for self directed learning. The sample of high and low scorers on the dimensions of life satisfaction and readiness for self directed learning were then asked to participate further by participating as case studies and addressing questions in the interview schedule. Before the actual interviews with the sample of older adults, a second pilot study was completed with around ten individuals. From this study, some initial interview questions, categories and codes emerged and were used with the first few subjects. Categories, codes, and questions changed somewhat with each subject and interview. The responses were examined, case studies developed and

compared, cross case analysis addressed relevance to the studies' research questions and conclusions were drawn.

#### Selection of Cases

The population of the study consisted of community dwelling elderly white female individuals fifty-five years of age or older. Cases were selected through solicitation of various Retired Teachers Associations (RTA) (Lee County, Virginia; Claiborne County and Knox County, Tennessee) and of occupants of various low income housing projects (Lee County, Virginia; Bell County, Kentucky; and Claiborne County, Tennessee. The solicitation procedure generally involved the researcher contacting the president of the RTA group or the housing director of the housing project. Permission was obtained to address either a regularly scheduled meeting (RTA's) or an unscheduled called meeting (low income housing elderly) to explain the need, purpose, and requirements of the research. Those interested and able then stayed to fill out the instruments. In one instance (Chappell Gardens), the researcher went door to door in the project after the office staff had called around requesting permission to do so.

Each group was told of the researcher's background, the nature of the research, and the requirements of the participants should they decide to participate. All RTA subjects completed the instruments and all instruments

were usable. However, around 38% of the low income elderly were either unable to finish the instruments or their responses were unacceptable. Not finishing usually meant that they could not understand the questions or they could not tolerate the stress involved in completing the instruments. Apparently, reading comprehension was a factor in understanding and completing the instruments. Many had only a third or fourth grade education, had been out of school for seventy years, and had never filled out anything of such a complex nature. Unacceptable responses usually meant that the person did not understand the questions and was faking his/her responses. This was determined by the actual responses (e.g., only level four responses were marked throughout the instrument) or by the nature of the questions asked of the researcher by the subject. Over thirty low income subjects were screened to get the nineteen usable sets of instruments.

A short questionnaire asking for biographical data was included as part of the instrumentation. Categories addressed were age, gender, marital status, family dimensions, health, and functional status, former occupation, formal educational level attained, and income both past and present. These items had two purposes. First, they helped to establish a basis for the selection of the research sample by allowing some matching across conditions and variables. Second, they served to cross

check or validate certain scale measures on the instruments, e.g., health.

Selection of the research sample was based on the total scores of both the LSES and SDLRS. Subjects were selected and grouped based on their standard deviation score. High scorers (high life satisfaction and a high readiness for self-directed learning) were assigned this status by scoring one or more standard deviations above the mean on the total score of both instruments on the study sample. Low scorers (low life satisfaction and low readiness for self directed learning) were assigned this status by scoring one or more standard deviations below the mean. Middle scorers (average life satisfaction and readiness for self-directed learning) were given this status or ranking by scoring within one half standard deviation above or below the mean. High, middle, and low scores across the conditions on the LSES and the SDLRS are indicated in Table 1. Age and educational levels are compared in Table 2. As will be noted in Table 2 all conditions for the low income housing elderly did not meet this criterion. No subject scored consistently low on both measures. A mixture of low and middle scorers were used and deemed appropriate given that the purpose of the sample was to assure diversity and variability and not to fit a traditional experimental design. The range of people were not as varied as was expected.

Table 1

Sample Scores on LSES and SDLRS

	Retired Teacher Association Member		Low Income Housing Resident	
	Age	Education	Age	Education
High Condition	75	College graduate	70	8½ years schooling
	72	College graduate	77	2 years college
Middle Condition	83	College graduate	79	8 years schooling
	73	College graduate	72	4 years schooling
Low Condition	81	College graduate	80	High school graduate
	88	College graduate	68	8 years schooling

Table 2

Sample Age and Educational Level

## Retired Teacher Association Member

		LSES	Mean = 156 SID = 10.5	SDLRS	Mean = 237 SID = 22
Condition	Subject	Raw Score		Raw Score	
High Condition	Kate	176		263	
	Wilma	171		275	
Middle Condition	Gail	153		242	
	Edith	158		228	
Low Condition	Hanna	141		203	
	Mary	139		194	

## Low Income Housing Residents

		LSES	Mean = 131 SID = 17	SDLRS	Mean = 212 SID = 24
Condition	Subject	Raw Score		Raw Score	
High Condition	Irene	156		275	
	Linda	154		231	
Middle Condition	Marge	128		220	
	Lynn	138		174	
Low Condition	Helen	121		171	
	Viola	122		177	



The final case studies were selected from these subjects and were based on availability. Nearly four years of time separated the initial data collection for sample selection and the subsequent interviews and case studies. Each subject's earlier biographical report was checked and updated. Twelve subjects and their scores approximated the criteria for variability for the conditions. All 12 people who were asked agreed to participate in the study. The average age of the six low income housing elderly was 74.4 years with an age range of 70-80. The six retired teacher's average age was 79.4 years with an age range of 72-88 with the mean sample age of 76.9.

Since the purpose of the study was not to generalize or prove causality but to describe characteristics and relationships, these case studies provided meaningful saturation of several categories relevant to the studies' research questions.

#### Instrumentation

The following instruments were used to identify study variables and for selection of case studies. Both instruments, the SDLRS and the LSES, are relatively new but are supported in the literature.

#### Self Directed Learning Readiness Scale (SDLRS)

Lucy Guglielmino (1977) developed this self-report questionnaire with Likert-type items as a measure for

readiness for self-directed learning. The scale construction included two parts: a Delphi survey of authorities on self-directed learning characteristics and based on the survey's results, the development of the Scale (SDLRS). The instrument was administered to 307 subjects in Georgia, Canada, and Virginia. A reliability of .87 was estimated. Factor analysis indicated eight factors in self-direction in learning: openness to learning opportunities, self-concept as an effective learner, initiative and independence in learning, creativity, future orientation, and the ability to use basic skills and problem solving skills.

Hasson (1981) found the SDLRS to be valid as a predictor of adult's increased readiness for self-direction in learning as determined by advanced educational attainment. Support was found for internal and predictive validity for the scale. Regarding two dimensions of self-direction in learning, self-concept and creativity, the SDLRS produced significant results. Sabbatghian (1979) found a positive significant relationship ( $=.56$ ) between the SDLRS and the Tennessee Self-Concept Scale. Torrance (1978) also found moderately high correlations ranging from .38 to .71 between the SDLRS and Thinking Creatively About The Future, Torrance's test of creativity. Brockett (1985) found a statistically significant relationship between the SDLRS and life

satisfaction as measured by the Salamon-Conte Life Satisfaction in the Elderly Scale (LSES). Brockett also found a reliability coefficient of .87 for the SDLRS. He also noted some concern with the internal consistency of the scale as well as its use with uneducated adults.

Brockett's concern was found supported in this study. Many low income housing elders had trouble understanding directions and questions of the SDLRS, and several extra subjects had to be tested before sufficient numbers of subjects were available.

#### Salamon-Conte Life Satisfaction in the Elderly Scale (LSES)

The LSES was designed as a general measure of well-being and includes eight factorially distinct areas relevant to general well-being in older adults (Salamon & Conte, 1984). The eight categories are: taking pleasure in daily activities, regarding life as meaningful, goodness of fit between desired and achieved goals, positive mood tone, positive self-concept, perceived level of health and physical well-being, financial security, and social contacts. Scores range from zero to twenty-five in each category with two hundred as the total LSES score. The higher the score the greater the sense of life satisfaction.

Brink (1982) found a correlation of  $r = -.48$  and  $r = -.51$  between the LSES and the Beck Depression Inventory

and the Geriatric Depression Scale and concluded that life satisfaction could be an index of depression in the elderly. He also found that the mood tone scale of the LSES correlated with the  $r = .73$  and with the GDS at  $r = .78$  (Salamon, (1985).

Salamon and Conte found a reliability coefficient from Cronbach's coefficient Alpha of .93 for the scale, (N=408) a much higher figure than reported for previous LS scales. The alpha reliability coefficients for each of the subscales ranged from .60 to .79. In another reliability study, (N = 241) full scale reliability was high at  $r = .92$ . Test-retest reliability coefficient was found to be  $r = .67$  in a later study.

According to the scale manual (1984), the LSES has been validated through several approaches:

Multivariate techniques were used as a means of self-validation to reveal the relationship between the hypothesized scales and the resultant factor structure. In addition, other measures of physical and mental well-being have been used to provide concurrent and discriminate validity. (p. 7)

### Interview Schedule

The Interview Schedule focused on several broad questions pertaining to the person's current experience. These include:

1. How does the subject spend or utilize her time?

2. What are the subject's current interests, needs, and activities?

3. What are the subject's recent learning activities or efforts, involving both old and new interests?

4. How satisfied is the subject with how her life has turned out and with current circumstances?

5. How does the subject describe and feel about herself?

6. How does the subject respond to and cope with her various problems, changes, dissatisfactions, and losses?

7. How does the subject describe or characterize her engagement style of relating to others and the outside world including solitary activity?

8. How does the subject respond and relate to aging, old age, the passage of time, the future, and to death and dying?

9. How does the subject describe successful and unsuccessful aging in herself and others?

#### Collection of Data

The variables of life satisfaction and readiness for self-directed learning were operationalized through the use of the SDLRS and the LSES. A population of around forty elderly individuals filled out both instruments. Based on their overall scores on each instrument plus some matching on the demographic factors of age, gender, educational level, and race, several possible subjects

were selected and were interviewed in-depth with the Interview Schedule.

The Interview Schedule was sufficiently open ended to allow the subject opportunity to go where necessary to answer the question. Subsequent probes were used for clarification and expansion. This unstructured aspect encouraged much latitude in response as well as increased the possibility of discovering unexpected relationships, dimensions, and characteristics involving the research variables.

An audio recorder was used. The consent form was read, discussed and signed. When necessary the recorder was turned off to allow the subject time to reflect on a question. Sessions ranged from 1 1/2 hours to 3 hours, and in a third of the case studies a second interview was conducted.

Location and conditions for the interviews varied. Mary was interviewed in her own home without interruptions. Some furniture was shifted around to accommodate the tape recorder.

Hanna was interviewed in her home. However, her husband sat quietly in the room during the session and at one point offered a personal story from his remote past. There were around five interruptions including family, friend, preacher, construction workers, and phone. Despite these Hanna gave the session her full attention

after appropriately and effectively dealing with each person. During her second interview, we talked by ourselves in the kitchen with few interruptions.

Irene had moved from Virginia to a town located half way across the state of Kentucky. We sat across her kitchen table from each other for three hours. There were no interruptions.

Helen was interviewed in her apartment. There were no interruptions. She agreed to the interview after her cousin had called to encourage her to participate.

Violet was slow in agreeing to the session. She did so only after a couple of weeks to further mend from surgery and after consulting with a daughter. She was distant during the session and broke beans most of the time. There were no interruptions.

Gail met for the session at the local senior citizens center where she is the coordinator. The interview was delayed because she had scheduled an earlier meeting with a volunteer. Towards the end of the session, another interruption and requested consultation with her took place.

Marge was interviewed in her apartment. With Marge, as was true of most of the low income housing residents, there was the concern over room temperature. A compromise was always negotiated between air conditioning noise and the tape recording effectively picking up the

conversation. There were no interruptions.

Kate was interviewed in her home. An appointment with a client at her home rushed the last thirty minutes of the session. There was one brief phone call and a barking dog.

Linda and Lynn were both interviewed in their apartments. There were no interruptions.

Edith was interviewed in a very small back office at the head quarters of the site of her employment. Both people moving around outside the office and an air conditioning unit caused some distraction.

Wilma was the only retired teacher who lived in an apartment. There were no interruptions.

In summary most of the subjects were very cooperative and wanting to please and do what was needed for the project. Irene and Violet were both a bit resistant and Irene had her own agenda to a certain extent. Generally, the tape recorder was soon forgotten throughout the interview.

#### Analysis of Data

Data analysis for selection of the research sample involved the scoring of the LSES and SDLRS instruments. Case studies were selected based on standard deviation. Chapter IV data analysis involved assessment of the case studies for categories and their properties, and dimensions concerning the research questions. Presence



and strength of categories was determined by responses to the Interview Schedule questions from both the initial questions and subsequent probes as well as emerging questions and categories throughout the case studies.

A "start list" (Miles & Huberman, 1984) of codes came from the conceptual framework, research questions, the literature review, and two pilot studies. These research categories initially included educative style, conditions of satisfaction, self esteem, engagement style, time, coping, and successful/unsuccessful aging.

New categories emerged throughout the process of data collection and were used to sort, code, and understand what the subjects were saying. This required a new list and system of codes shown in Table 3. Initial categories such as life satisfaction, time, and self concept were coded as such but upon further examination over time of the near 500 pages of transcripts it was obvious that the categories needed to be expanded. For example, life satisfaction made more sense as conditions of satisfaction which in turn expanded to include conditions of satisfaction/continued satisfaction and conditions of dissatisfaction/continued dissatisfaction as the elements of time and dissatisfaction emerged quickly in the data.

Time was divided chronologically into references to the person's past, present, and future. Certain experiences and processes seemed to fit under/with each

time category e.g. ego integrity, passing time, and future images. References to the past were categorized as either regrets or satisfactions and as possible evidence of life review or ego integrity work.

In talking about their present circumstances each subject spoke to the construct of time ususally in terms of amount of time available to them and a kind of relationship with time, including feelings such as frustration.

References to the future were both spontaneous as well as in responses to specific questions. Examples of such responses included plans for and fears of the future, how the present and future were related in terms of continuity and finishings or completions, and how a feared future or conditions of dissatisfaction could warrant conditions of preferring death.

All references, both directly and indirectly, related to self were grouped under self esteem (feelings), self concept (construct), self identity (picture) and self effectance (opinion of personal ability to effect and control environment). The subjects varied widely as to their use of a self construct as a reference point/source of identity.

A person's needs, values, and philosophy were all grouped under the category of motivation. Determining any kind of personal motivation though is readily

Table 3

Categories of Codes

## I. Current Satisfaction/Dissatisfaction

1. Conditions of satisfaction/continued satisfaction
2. Conditions of dissatisfaction/continued dissatisfaction

## II. Time

1. Past: regrets/satisfactions/life review/ego integrity
2. Present: doing/passing/using time
3. Future: continuity/images/fears/plans/conditions for preferring death

## III. Individual/Interpersonal

1. Self: esteem/concept/identity/effectance
2. Motivation: needs/values/philosophy

## IV. Responding

1. Coping: adaptation/compensation/acceptance
2. Openness to: experience/reality/change
3. Engagement: activity/socializing

## V. Age Related

1. Successful/unsuccessful aging (other, self)
2. Age identity/agenda

acknowledged as difficult at best.

The subject's way of responding to their reality of present experience was categorized under the headings of coping, openness, and engagement. A person's unique way of responding to the many challenges and opportunities of the later years was found to be important for the understanding of old age and successful aging.

Much of the interviews schedule's questions focused on questions relating directly to the person's perceptions and experiences of their later years. Only two broad categories, successful/unsuccessful aging and age identity/agenda were utilized to group units of meaning pertaining to age.

After the transcribing the taping of the interviews, the transcripts were coded. The categories/codes evolved throughout the theoretical sampling process described previously. The first level coding was done in the left hand margin of the transcript. Pattern coding of immediate or later reflections or associations concerning "repeatable regularities" or patterns in the responses were documented as memoes in the right hand margin. Later themes were recorded as the styles and individuality of the subjects emerged from the data.

From the codes a descriptive case study was developed on each person and each case study was compared across cases with the other case studies. Subsequent pattern

coding/memoing and case analysis allowed conclusions to be drawn concerning how this group of older adults described their experience and meaning of aging in general and successful aging in particular. Implications and applications of these conclusions for relevant adult education and gerontology literature on theory and practice are considered and discussed.

## CHAPTER IV

### Case Summaries: 1-4

#### Introduction

Twelve elderly subjects were interviewed about their experience of old age and successful aging. Several subjects were interviewed a second time. Sessions varied in length from 1 1/2 hours to 3 hours. A case report and summary follows on each subject in chronological order as interviewed. The report follows a categorical outline in which biographical information will be presented, followed by a summary of the respondent's description of engagement, satisfaction, motivation, self, time, and age/successful aging. The reports condense around 500 pages of transcribed taped conversations with the 12 subjects over a period of four months. The case summaries will review the main points, findings, data supporting findings, what is known and unknown, and the agenda, when known, for the next case.

The 12 subjects were given the names of Mary, Hanna, Irene, Helen, Violet, Gail, Marge, Kate, Linda, Edith, Lynn, and Wilma and were interviewed in this order. The retired teacher group consisted of Mary, Hanna, Gail, Kate, Edith, and Wilma and the low income housing elderly consisted of Irene, Helen, Violet, Marge, Linda, and Lynn. The interviewer had decided to begin, if possible, with subjects who had scored low on the LSES and SDLRS among

the more highly verbal teacher group. It was felt that this might be a middle or average point in the sample between the high scoring retired teacher group and low scoring low income housing elderly. Mary and Hanna fulfilled this criterion. The next three subjects, Irene, Helen, and Violet, were low income housing elderly. Irene had the highest scores on the LSES and SDLRS in her group and scored the highest of anyone on the SDLRS. She was chosen to give some perspective or range to the early variables of satisfaction and openness to self-directed learning as well as to the first two subject's (retired teachers) narratives. Helen and Violet represented the low condition for the low income housing. The original thought was to move back and forth between the two groups. The researcher chose to start with the low conditions for each group and then do the middle and high conditions. This was done along with using Irene early to provide possible perspective.

Gail and Marge represented the middle range of the retired teachers and low income housing elderly respectively. Kate and Linda, next in order, represented the high range of the retired teachers and low income housing elderly respectively. Edith, a retired teacher and Lynn, a low income housing resident represented the middle condition on the LSES and SDLRS and finally Wilma, a retired teacher finished the sample and balanced Irene

in the research design.

Given the theoretical sampling nature of this study however, and depending on the variable under consideration many of the categories had already been saturated. The last two to four subjects both provided additional data and validation of categories and themes and completed the design of two subjects per condition for the two groups.

The subjects are now discussed in the same order in which they were interviewed. The case studies will be examined in the next three chapters. Each chapter will consist of four case summaries and will provide a summary of findings up to that point. This chapter will examine the first four case summaries, Mary, Hanna, Irene, and Helen.

#### Case Summary: Mary

Mary, an 88 year old retired public school teacher, is a widow of 21 years and has one son living in Florida. After retirement she continued to do substitute teaching, and shortly after her husband's death she began a second career at the local library. She reports fair health and functional status, is hypertensive, has a lens implant and suffers from a bad ankle and upper arm which limit her mobility and range of motion. She is financially secure and lives alone in her own home. During the winter months she lives with her son and daughter-in-law in Florida, and she has a caring and attentive extended family nearby.



She continues to drive during the day, stays active in community, church, and educational organizations, and has many long time friends nearby.

Mary puts much emphasis on her ability and need to remain self-sufficient. Regarding her housecleaning and yardwork, she says, "I don't want anyone to do it for me; I want to do it for myself." She continued to drive her riding lawnmower into her mid-eighties until her son became concerned about her balance. She believes that her housework provides her a means of staying mobile and active, especially in terms of her arm and ankle, and it gives her something to do with her extra time.

She has always been very active in the community, holding various leadership and political positions, but stressed that others always asked her to assume or run for the offices. She called these "extras" or "blessings" and just did what came along. Mary felt it was her duty as a Christian and as a member of the community.

Reasons given for quitting her library job were that she could not think as well as before nor put up with small aggravations, had less energy, and was failing to live up to her standards. This came at a time when she was being treated for over-medication, following several doctor's orders and prescriptions. This and her fall resulting in a broken ankle proved to be critical incidents concerning her partial and total disengagement

from several roles and activities.

She felt very satisfied with her life as lived and expressed much satisfaction with her current circumstances. She mentioned appreciation of still being able to drive, still able to have her home and maintain it, good neighbors, friends and family, opportunity to help others, and the "unexpected pleasure" of former students remembering her. She felt she had achieved more than she would have ever anticipated. She offered the observation that bad things usually turn out to be beneficial (in hindsight). However, she was unable to find any good for her broken ankle of the previous year; although she went on to comment, "the more I can learn to do with it, the better."

Mary's biggest worry is becoming disabled and having to go to a nursing home. She would not burden her family and cause them to stay home from work with her. She stated that she hoped she would not be here in five years for she had "done her due." She felt like she was getting close to having lived too long, was past being useful, and was finding nothing to look forward to.

Several times she mentioned a need to get things in order around the house so her son and family would not have to do it after she was gone. Her biggest day-to-day concern was not being able to fill her time with meaningful activity. This came as a consequence of lack

of opportunity and from not always feeling like doing what she wanted to do.

Mary mentioned several coping strategies and adjustments to changes and losses. She only cleans a room a day, and when she cooks, she cooks extra and freezes it for future meals. Because of her limited arm reach her kitchen things were adjusted to her reach. She cannot read as much, nor write anymore due to her arm, and does not drive at night nor as far. She does daily rehabilitation exercises for ankle and arm, has turned over her investments to her son, and she no longer plays the piano, or organ, or teaches Sunday School. She felt that the ankle disability has pushed her beyond compensation. While in the nursing home after her hospitalization, she "saw too many things" and wants no part of a nursing home. She hopes that when she can no longer take care of herself, God will take her, and hopefully, like her husband, with some dignity. She expressed resentment at doctors for keeping people alive beyond their time.

Mary has a strong need for variety and challenge. "To give up would be foolish." To live is to be useful to others. She felt that someone (God) had guided her and had taken care of her throughout her life. She likes to have something to look forward to, and she feels a need to do more for others and to be able to care for herself.

She reads, especially biographies, both to get her mind off of herself and to learn about something. She felt it was important to "do the things that came around for you." She was satisfied with a future no worse than today.

Mary is a lifelong learner and despite her limitations continues to be open to learning opportunities. She was teaching herself to type through textbook typing drills when she injured her arm in her mid-eighties. She says she works best by sensing the rightness of something rather than planning or hunting. When considering whether to involve herself in a learning project she describes an internal process consisting of "thinking about how much I know about the topic, sensing the inner urge, thinking that that would be interesting, and deciding that I can and will do that." She says that its harder to learn now, especially in recalling steps, procedures, and directions.

Concerning her sense of self, Mary seems to define herself by what she does and has done. "I just can't realize that I'm that old hardly because I've just done so many things." She answered the question, "Who are you?" with "Am I living the right kind of life?", for she said that she had never thought about who she was before. There was more she wanted to do if she could get it done. She basically felt positive about herself and had high expectations for herself. "There's not many times when I'm just down and out." "I can't feel that I'm really

helpless and that I've done everything that I can." She saw herself as someone who took pride in her appearance, gave people her best and was fair to people. She felt that she could not share parts of her real self with her children because "they had always looked up to Mamaw, and I want to keep it that way."

Her ankle injury made her feel her age because she could no longer do what she had done before. Mary feels much similiarity between herself and others her age and feels lucky to know so many well-agers. Successful aging was described in terms of good memory, health, staying active, busy and useful (helpful). In short, she measured her peers by what they "still could do." She said that she did not think about those who had not aged well. She characterized them as being in a knot and inactive and drew herself in a knot-like position as she spoke to demonstrate many of the nursing home elderly she had observed. According to Mary, to age well means that a person would keep their life full, and would stay busy and keep open to opportunities. Do not give up and quit caring. Stay interested. You have the choice to do so but will have to learn your own way. Her philosophy of life went, "Do the best you can and take it every day as it comes along. You'll be surprised how it works out."

Several points seemed to stand out from Mary's two sessions. These were: (a) Certain critical incidents

seemed to dramatically change her lifestyle afterwards. (b) Her phrase, "still can do" was a standard of getting along for self and others. (c) Mary seemed to really live and demonstrate her philosophy of life. (d) She put emphasis on always doing what comes around in life. (e) We are and define ourselves by who we know and see (our age)--social comparison. (f) Mary enjoyed being challenged and tried to turn her problems into challenges and opportunities to grow. (g) Life satisfaction seemed to be made up of expectations plus extras or blessings. (h) She was afraid of living too long and felt that a person may desire death after or before critical events or markers, e.g. nursing home placement. (i) The diversity and creativity involved in compensation for changes and losses in her later years was exceptional. (j) Mary had a strong fear of a nursing home because of what she saw there, perhaps her own possible (feared) future self. (k) Mary scored low on the LSES apparently because her physical disabilities no longer permitted her to do as before.

Since Mary was the first subject interviewed most of what she said seemed important initially and most of the main points were worked into subsequent questions, probes, and categories with the next subject(s). It was not obvious until several interviews later just how rich with meaning her remarks actually were. Her genuineness and

captivating manner made her an ideal beginning.

Mary put much emphasis on and gave much meaning to the role of activities. She turned her housework into exercise so she could stay active and self-sufficient. She gave birth to the term "still can do" and described her efforts at coping with "no longer can do's". She talked of a future that included necessary activities to be completed or finished before death, of an increasingly narrowing experiential space within her home that came with disabilities, of a fear of living too long beyond usefulness and of the first hint of "conditions for preferring death" to life. Mary looked for the good in what she did, attempted to do and accept what came around in life for her; yet she hoped and prayed that this would not include such disability that would require a nursing home, a fate considered worse than death.

Mary's conditions for satisfaction were to be able to continue doing the things she found fulfilling. As long as she still could do, she would be satisfied. Disability, loss of independence, and placement in a nursing home would all be conditions of dissatisfaction. Her past regrets were very few, satisfactions many, and her dealings with the task of ego integrity, seemed near completion. Depending on her activity she described a sense of doing time (living too long, especially with her disability), passing time and using time. Mary felt she

was basically finished with life and expressed much concern for her possible future. She seemed to feel good about herself and her life, was motivated by challenge, service, and variety, and remained relatively open to life's experiences despite her physical limitations. She coped well through compensation and acceptance and remained reasonably engaged and active socially. Her sense of age identity came with her critical incidents resulting in physical disabilities.

#### Case Summary: Hanna

Hanna, an 81 year old retired public school teacher, currently lives in her own home with her ailing husband of 61 years and her daughter and grandson who just moved back home last year to help Hanna take care of her husband. Four years ago she reported good health with regular bouts of laryngitis and some difficulty lifting because of a crushed vertebra. Since then she has developed bleeding ulcers and eye problems and she no longer sings. She is financially secure and reports her only functional limitation is lack of time.

Hanna keeps very busy whether at home taking care of her husband, talking on the phone, writing for newspapers, participating in hobbies, e.g. reading and historical research, or outside the home, visiting friends and the sick and needy and participating in various organizations. Her only disengagement comes as a consequence of her



spouse's failing health, but with her daughter and grandson now living with her, she now continues to live a very busy life. Yet much of her time is not her own as many people call on her for assistance and time. She seems to never say no and trys to find some way to accommodate all requests, usually at the expense of something else.

Her involvements include visiting the sick, writing for the local paper, and helping others. Her reasons given for these involvements included personal interests, obligations to others, her duty as a longtime member of the community, personal enjoyment, and as a necessary part of living. She does not have enough time to do all she commits to and she starts far more than she finishes.

She faults her many interests, and the time necessary for caring for spouse and for responding to the many calls for a listening ear from lonely relatives and needy folks for her many piles of unfinished projects lying around the house. Later, when asked about how she would be remembered, she responded that with death, people can no longer call on you for things.

Hanna reports several recent adjustments to losses. She cannot see as well so increased lighting is needed for reading. She cannot travel with spouse anymore so she makes this less important or travels with a friend instead.

With spouse requiring much more attention she was not able to go and do as before, but with daughter available to help, this is now less of an obstacle for her. She reported that "they came out of love for us." Her children, with younger children, no longer visit as much, for they are concerned that the noise would be too much.

Current satisfactions include being able to get out of the house and not having to provide fulltime care for spouse, enjoying her music and reading, visiting, being helpful and useful, good health, no job responsibilities and no life regrets. She says she tries to be happy in whatever she does, to find good in it.

She reported several concerns or problems. Probably her main concern is not having enough time for her projects. This, she says, is because she branches out too far with each and because she starts too many things before she finishes others. She complains of interruptions from people asking for her time. Yet, she reports using interruptions as opportunities. During our two hour talk, we were interrupted six times, including house workmen, preacher, and friends. Yet she worries whether she is doing enough for people. Several times she made references to various piles of projects around the house. She said she cannot throw things away for they were a part of her.

She feels that her way of doing things is necessary

for we should be helpful if at all possible. She wants to be happy in what she was doing and to be helpful, enjoy family, neighbors, and friends. She says she has learned patience all her life. In response to the question of "As long as I," she responded, "I want to keep doing things for myself and taking care of my family, learning new things, and being helpful to others." Her philosophy required that she do the best she can and to practice the golden rule. A person had to work with what was and to grow in the process.

As she spoke of the future, no mention was made of her semi-aware husband who was lying in the same room. Five years hence would hopefully find household things sorted and made useful and the family would be grown. Her past life carried no regrets other than perhaps more travel and education. Her future life carried no concerns. Perhaps her spouse and offspring served as buffers and the presence of her spouse served to limit her disclosures.

Hanna seemed to be very open to learning in general and self directed learning in particular. When needing to learn she seeks out those who know and then uses trial and error on her own to master the task. She taught herself how to play the organ based on her prior knowledge of the piano. She is currently trying to grow flowers. She scans papers and books, clips and saves for later writing and sharing, especially items pertaining to local history.

She is involved in commitments of writing the history of her church and the local public school system. She is a self starter and motivator but has trouble following through to completion of previous projects and saying no to time and project requests. She enjoys reading, writing, music, and helping people. Being open or engaged is perhaps an understatement with Hanna. Hanna seems to be very other directed in activities and projects. Even her personal interest in music and local history always has an audience.

She spoke little of herself, yet responded in depth to a question probing for self image. She described herself as a person with a warm heart, sincere, tried to be honest and faithful, hardworking, helpful, not too smart or a quick thinker, not mechanical minded, respected, and a child of God. She seemed to see herself through what she did and was rather demanding of herself. She says she won't let herself get upset and found gossiping and complaining to be distasteful.

She had some clearly formulated ideas about successful aging. Of some agemates she said, "They are just not growing in their mind and in their thinking. Just satisfied to complain about their aches and pains. I think they need to look on the bright side of everything and try to help someone else forget themselves." A person should be active, helpful, busy and useful. "Life is

bigger than four walls of a house." According to Hanna, successfully aged people are interested in everything, have a sharp memory, can stay at home alone, have a good attitude about things and have children that visit. Those who are less successful are dissatisfied, too self centered, don't get along with people, have given up and don't want to do anything. When asked of death, she responded, "death is going into a new room." This is an interesting metaphor given the fact that she is currently having major construction work done on the interior walls and ceilings of her large and old home.

When asked of the purpose for the later years, she responded that a person was to grow, mellow, enjoy their peers and share wisdom with youth. They were to practice sincerity and truthfulness, and develop an appreciation of hardships. Hanna felt like we "don't get as much if things are too easy." Hanna believes we must realize that we have learned from the struggle, an ultimate meaning, and a worth of values.

The following points stood out in Hanna's interview: (a) Hanna's busyness, flight into activity, and no time for herself was overwhelming and would prove to stand in stark contrast to the experience of most of the other subjects. (b) She was a helper and caregiver for her spouse, community, and whoever called on her. (c) She lived with spouse, child, and grandchild; this differed

from most of the other subjects. (d) She was seemingly unable to say no to request for time and assistance. (e) Her identity seemed very bound to others and to what she does, most always other directed and for an audience. (f) Hanna is very open to experience, growth and learning. (g) Hanna found ways to justify what could be/had been and makes it okay, e.g. "husband and I can't travel anymore, but that's alright; we had our times."

(h) In contrast to Mary, Hanna was able to describe herself at length. (i) Similiar to Mary, she "tries to find happiness and good in whatever she does (perhaps this is partially to justify doing it). (j) Her voice over the phone sounded very weak and distant yet, three days later, a youthful and vibrant woman who looked and acted at least two decades younger than her age spoke with conviction and strength.

(k) Her description of successful aging seemed to be a personal description of herself (perhaps we cannot seperate the two totally as self is typically a reference point). (l) Hanna spoke not of herself, her spouse, or a nursing home when talking about the future; perhaps the husband's presence and children living with her both served to buffer and to inhibit her.

Activity was obviously important to Hanna as well but it was apparently for different reasons. Both women had been very active all their lives. However Mary saw

activity as evidence of "still can do" because of her declining functional status while Hanna, being more able, used her activity to continue to carry on meaningful roles and functions from her middle years. The idea of needing to justify and make okay the adjustment to the loss of previous activities first came through with Hanna in her remark, "Husband and I can't travel anymore, but that's alright; we had our times."

Both Mary and Hanna had been life long learners and were still very open to new experiences and learning but functional level seemed to play a vital part in how and to what degree this openness was expressed. Both had seemingly compensated very well but because of more disabilities, especially regarding mobility, Mary felt she had gone beyond her ability to compensate for her ankle. She was far more disengaged because of this.

Both women spoke of things in their homes yet to be done in order to be finished. Mary's goals were apparently preparatory for her own passing and to complete such business for her son. Hanna's piles of projects seemed to symbolize her own ableness and identity, yet, together with her flight of activity, may have been speaking to a legacy and sense of time urgency. With Hanna's personalization of her successful aging criterion, a question was added which asked the subject to rank herself on the continuum of successful and unsuccessful

aging.

Hanna seemed to be satisfied as long as she could continue to remain active and helpful. This satisfaction will continue as long as she and family can manage her husband, she has her health, and she can juggle her commitments. She continued to live her past through her continued involvement in various roles. She had a strong sense of self yet was very other directed. Hanna had strong needs to know, to express herself, and to be helpful. She was very engaged and active socially, very open to both old and new interests, and was presently coping with circumstances quite adequately. However, one could question the adequacy of her style once she could not stay so task oriented and on the go. She neither looked nor acted her years, seemed too busy to give her age much thought, and at least from an activity theory standpoint, was a successful ager.

Six months later Hanna was interviewed for a second time. Since she was the only person who did not mention a nursing home or the future, this session focused on nursing homes, future, losses, and adjustments.

"The more I visit [nursing homes] the less I see I would like to be in one. Because of the crowded conditions and individual care that you don't have. You're like a number, but they are doing the best they can. Twenty years ago, wouldn't have said this;



wouldn't have wanted to bother my children. But I've been around the nursing homes, seen more."

In response to the questions of loses and gains, Hanna responded, "You would lose your family. It's not home; you're just a visitor there. There they are away from everybody who would understand them." "You would have three meals a day, a roof over your head, and doctors and nurses." "If I had my mind and eyesight, I could adjust . . . would stay the same person." Later she said that loss of eyesight would be worse than a nursing home. Yet she responded she would try not to give up even then for "Your attitude and mental conditions are the two things it hinges on."

Hanna discussed loses, adjustments, and the future. She stated that with age, you can no longer be with young school-aged people for they would not be interested but that this is okay as "it's just part of life". She says she compares herself only to herself to see how she has grown through the years. She felt that what we lose physically, we can make up with our attitudes and greater potential ability to get along with people. She will turn 81 shortly. She chuckled as she remembered that she once thought of 80 as being old. "You hurt yourself resenting no longer being able to do things. I do other things to get my mind off it."

When asked to discuss how she's adjusted to recent

loses, she responded: "Loss is a natural thing. Disease and old age would make you miserable if you lived too long." Later she stated that she compares her loses, complaints, and situations to others less fortunate and concluded that we shouldn't complain for it could be a lot worse. Her mother had died a slow, painful death with cancer.

Case Summary: Irene

Irene, a 70 year old retired cashier with an eighth grade education, has been separated from her husband for several years and has seven children. Since retirement she has lived alone in several low income housing for the elderly. However, traveling to and visiting with her children seems to have been one of her great pleasures. Nearly four years ago she reported excellent health but last year suffered a heart attack. Far from being satisfied with her financial status, she stated repeatedly that lack of money and education had always held her back and was largely responsible for her current dissatisfaction. She does not drive but has a daughter and grandchildren living in the same town.

She works at keeping busy around the apartment but expressed much dissatisfaction because of lack of opportunity, transportation, money, and programs. She is involved with her daughter and family on a regular basis, has two or three acquaintances and chats occasionally with

others in the housing complex. She attends church, enjoys singing, and occasionally entertains with a choral group at area nursing homes. Otherwise, she stays to herself. Recently she tried to lead a program at the Senior Community Center a block away. She was not pleased with the response and apparently felt rejected. She attributed this to the group's lack of desire to learn new things. She says she just needs to conform, quit caring and become like the others, stagnate. She reports that she is less open now to learning than she was a few years ago. She goes to the Center only because "it is better than staying by yourself or eating alone."

Irene's recent move last year to a larger town and to be closer to a good hospital and to her daughter apparently did not fully meet her expectations of opportunities in a larger town. She is currently considering taking the GED exams and auditioning for the Sweet Adeline singing group.

She says she has learned much and now wants to give it away. Yet she is afraid that what she knows will die with her. When asked what she had learned lately, she admitted that she had learned only through her reading. Several times she stated that she would have loved to have been a teacher. She confidently expressed the belief that she could be a modern parent combining job, school, and parenting. Although she felt she had the ability and

motivation to succeed, she never had the opportunity growing up because of lack of finances, family support or education. Concerning her life, Irene felt she had made the best of life as it presented itself. She expressed much satisfaction with her children and how they had turned out as well as with earlier traveling. She felt she had a talent for improvising and making the most of what she had to work with.

Her greatest dissatisfaction was her earlier lack of educational opportunity. Currently her financial status, small apartment, and her uninspired peers provide her with much dissatisfaction. Yet she states that we have to learn to live with such limitations that come from outer circumstances, something she has had to do all her life. She felt very frustrated and resentful but was gamely trying to accept her life's storyline. Again and again she struggled to justify and make alright this regret, dissatisfaction, and despair. Perhaps it was enough to have once been able to travel, "to have had her day", yet she obviously wanted more. She stated repeatedly that adjustment to what was currently possible was a necessary task of the later years. Somehow it all had to be justified. When pressed for how she responded to her recent heart attack, she said that she essentially denied its significance although she readily recognized that it could reoccur at any time.

Irene's major problems seemed to be too much time to fill, loneliness, money concerns, past regrets, and not feeling like she had a place or belonged with her peers. She seemed receptive and eager to find ways of meaningfully filling her time at home. Her struggle with accepting her past apparently was taking much time and energy. She saw no solution to the money concern and had serious doubts about improving social and recreational opportunities around her. She did decide to return to an earlier Senior Center seven miles away that was more to her liking.

When asked of her future, Irene responded that "time is growing shorter." She does not want to live with her children because they have their lives and cannot quit their jobs to take care of her. As we discussed disability, she remarked, "If I had my druthers, I'd just druther have a heart attack and go." This statement followed her description of how pitiful the residents looked to her during her singing group's visits to the area nursing homes.

Irene puts much value on money, hardwork, thrift, and education. She was very pleased that all children, sons-in-law and daughters-in-law, and grandchildren were working and had always worked, even during high school. She was also pleased that many had gone on to college.

She seemed to express a strong need to be with those willing to listen to and learn from her, and with those on

her intellectual level for mutual give and take. She stated that she feels different from most people her age, that she has "deeper perceptions" than most her age, and that "there is no one else like me, I'm unique."

She compares her present appearance and energy level to her past and compares herself to most everyone she encounters, especially in terms of age. These comparisons seem to concern who and what she should be at this point in her life, what she should have accomplished, and what behavior is appropriate for her age.

Irene had much to say about aging. In speaking of older people she said: "Most don't know anything much except what they come face to face with during the day." "Some people aren't interested in learning anything except what it takes to get them through the day." "They need something to make them laugh and happy." "You grow old too soon when you sit around with nothing to feed your mind on, nothing to occupy your time and to stimulate your thinking." "Most old people put it (dealing with aging) off then we come face to face with it."

In speaking of her own aging, she said, "As you get older you think about how you used to look." Her additional weight was given as her reason for not attending church and for no longer wearing spiked heels, something she had previously enjoyed. "You need to dress according to your age." Awareness of her own age was

reflected in the following remarks. "Living among older people has caused me to realize that I am older." Someone remarked to her recently, "You live over there among those old people." She is increasingly aware of having conformed and adapted to the prevailing life style around her since she moved into the complex. The worse thing about old age, according to Irene, is that you can't turn back the clock to do things differently. Yet, she concluded "I made the best of life as it presented itself to me."

Regarding successful aging she felt that you had to accept limits, especially circumstantial but you have to also fight them. She named both acceptors and fighters as successful agers. Health and being interested in things were also mentioned. When asked about the purpose of old age she said it would depend on the person, how much value he/she attaches to living those years and what they want to make of them. "Enjoyment of what you have created and also finishing up . . . Thinking about things that they know they can never have now and have to be content with things as they are." Yet her philosophy of life was: "I have to get what enjoyment I can out of life and make the most of what I have." With this we closed the interview and talked about her interest in life after death.

The following points stood out in Irene's three hour interview. (a) Irene seemed to be a very complex person

and apparently was currently involved in a personal struggle within herself. She spoke often of how past circumstances and lack of opportunity thwarted her ambition and ability and how this continued today through lack of finances and transportation. (b) She seemed to exhibit an external frame of reference through her frequent comparisons of herself with others and an external locus of control by blaming outer circumstances for her situation. However, her philosophy of life seems to contradict this. Perhaps both/all of this is true for her.

(c) She expressed a strong need to share, teach and learn; and to express herself intellectually, verbally and through writing, both to peers and youth. "What I know will die with me." The "elder function" comes to mind.

(d) She expressed much current dissatisfaction yet felt that she had done a good job/best she could with life's circumstances. (e) Much of her current struggle seems to be with learning to accept age related limitations. "I can't turn back the clock to do things differently." She attempts to justify and make okay past and present realities, an apparent struggle with the task of integrity vs. despair.

(f) Her future was uncertain, "Time is growing shorter . . . druther have a heart attack" than to be like nursing home residents. Again with this subject the



frightening prospect of the nursing home dominates the future image. (g) Irene compares herself to her younger self, to others near her age in order to better judge or understand herself regarding who, what and where she should be as a person and as an older adult.

(h) Concerning successful aging, she raised the paradoxical position that one has to both accept age related limits but also has to struggle and fight them. She named instances of both acceptors and fighters as successful agers she knew. (i) Irene's reaction to a possible purpose for old age related to the last point: it would depend on the person, how much value he/she attaches to living those years and what they want to make of them. "Enjoyment of what you have created and also finishing up . . . thinking about things that they know they can never have now and have to be content with things as they are."

Irene's words and current experience gave much meaning to Erikson's construct of ego integrity vs. despair. What exactly goes into this struggle, process, and task? How does it work phenomenologically? Once discovered in this case study, future interviews and questions became sensitized to its existence.

Irene really compared herself to her younger self and to others near her age. She seemed to look outside herself for standards of age appropriate behavior and

accomplishments, and seemed frustrated when clear answers were not found. She shifted back and forth between the present and past and basically avoided mentioning her future. Perhaps this comparison process is part of the ego integrity vs. despair process. An interview question was developed at this point to address comparison and standards.

Despair seems to be indicated in such remarks as, "I can't turn back the clock to do things differently" and "time is growing shorter . . . ." Certain activities are more important for they are markers to the person as to what they "still can do". This may give the person a subjective sense or reading of where they are on an "aging trajectory or continuum." This can come in part from observing one's agemates, and this comparison is defined and limited by who is observed, who is selected to be observed, and by the attributional process involved.

In her expanded concept of successful aging Irene seems to describe both acceptors and fighters. Apparently she falls somewhere in between these two parameters of her own efforts to find satisfaction with herself and her life both past and present. However, in both her philosophy of life and purpose of the later years, Irene paints an increasingly integrated and complicated picture of what could be called the process of ego integrity.

Irene seems to be as dissatisfied with current

circumstances as she is satisfied. Any future satisfactions hinge on changes with present dissatisfactions. Her past includes both satisfactions, e.g. children, and dissatisfactions, e.g. schooling, and both certainly carry over to the present.

Passing time daily was a chore and challenge and the future was scary especially given the current conflict with meaning and purpose. The future was involved in the present conflict and lack of closure. Again conditions for preferring death were mentioned.

Irene's needs were largely existential in nature. Her sense of self shifted between confidence and uncertainty. Her personal identity was becoming replaced with an age identity and the environment was becoming increasingly difficult to control or manage.

Her coping seemed to be affected by her lack of closure and success with previous issues. It was difficult to let go and accept current losses and changes because she had not let go of or resolved previous ones. This struggle with ego integrity seemed to influence Irene's degree of openness, engagement, and even her identity as a person and as an older adult. What does it mean to be an older adult may be partially based on broader identity questions.

#### Case Summary: Helen

Helen, an 80 year old retired drugstore clerk and

high school graduate, has never married but has always lived with or in the same area with family. However, eight months ago her brother/next door neighbor died. Her brother's death was a big blow to her, but she feels much better now that a good friend (female) has moved into his next door apartment in the low income housing for the elderly complex. She lists her health as fair, and she suffers from glaucoma and a thyroid disorder. She feels that she is financially secure and feels especially safe in the housing complex where she lives. Helen gestured towards several different directions to locate and name her many friends and acquaintances both in the complex and in town.

She complains of being lonely and alone and not having enough to do to fill her time. She stays active, walking daily around the complex or to town (1/2 mile). She is still learning to cook only for herself but usually cooks enough supper to share something with a friend or needy neighbor. Helen attends church regularly, read a great deal before glaucoma (listens to the radio more now), takes drives through the country with friends and usually listens to the Reds baseball games, a pasttime she picked up from and shared with her brother. She enjoys sleeping and so as "not to sleep her life away", she has a friend to wake her every morning at 8:30. Alarm clocks don't do the trick.

Despite living alone she enjoys going by her own schedule and routine during the day. Her greatest satisfactions are being with friends and helping others. Helen is very satisfied with her housing for it is inexpensive, safe, and someone else is responsible for maintenance and upkeep of both the apartment and the yard. Asked how she managed to get along after her brother's death, she said simply, "I just stood it." At one point tears welled up in her eyes as she spoke of his death. She had to learn to be silent. She had to learn to do things for herself after her brother's death and she felt satisfied with how well she had managed alone. When discussing satisfaction, she remarked, "I just make myself satisfied" and "It doesn't take much for me to be happy."

She characterized herself as a worrier and said that she got it from her mother. She acknowledged she worried over things she didn't need to worry about, was concerned with how things were now, "that the world was going to pot" and that we were getting away from important traditional values. She expressed concern over possibly going blind from the glaucoma condition.

When asked about her future, Helen responded that she didn't want to be old, for to be old is to feel old, and to feel old is to feel bad. She went on to say that she thought lots about dying and about who would take care of her especially since she would probably outlive her

family members. Several friends had assured her of their assistance but the concern still remained. She saw nursing homes as necessary but wanted no part of them as "you couldn't do things you did at home" plus "you would have no privacy." She seemed to measure ages as to their projected longevity--who would die first. She stated that it was bad regardless of whether she or her brother had gone first and finally concluded that it was best that he had gone first. She had not made out her will and was concerned about who would get what of her belongings. Currently she was planning to make her funeral arrangements.

Regarding her present circumstances, she said, "Pert near everybody down here is old and there's something wrong with everybody . . . I think everyone, especially around here (her circle), looks after one another." Concerning her past she commented, "If I had my life to live over I wouldn't want any changes in it." "I've lived a sheltered life, we've never had any hard time anyway." However, upon reflection she thought perhaps she could have taken some courses to have made more money so she would have had more social security. "I have always been shy all my life, and I think I would try to be more aggressive and not be so shy." She did not respond to any probes to expand on this statement. She stated emphatically that there were no regrets regarding

remaining single and childless.

Concerning her decision to grant the interview, Helen shared, "If it wasn't for (cousin) and knowing of your father I would probably not have agreed to this interview." Later she said, "If I'm not good at it, I don't want to do it." She called herself lazy and said, "I just want to do things I want to do." She expressed a satisfaction with who she was and felt she had a good character, love of God, and knew right from wrong. When asked to describe herself she responded with a smile, "I'm ugly . . . but ugly people get along in the world."

When asked to compare herself to others her age, Helen answered, "I'm different from anybody I know in my likes and dislikes." She likes to read more, is less energetic (satisfied to stay at home vs. being on the go all the time) and is not a slave to her house as many are. Her only bad days are sad days and these are only when she visits her sister in a nursing home. She tries to get her sister "out of herself and to cheer her up."

Helen's concept of successful aging seems to be related to her sense of "for my/their age." Such criterion would be age dependent or specific. For example: "I do well for my age or she doesn't do very well for her age." When pressed for specifics she responded with the following: active, spry, gets around, takes care of self (doesn't have to be taken care of),

alert mentally, sleeps good, no physical problems. She says she feels old when she is around children, when she feels bad, and when she wants to give up and not do anything. She usually feels young at heart, younger than she is, and equates young with being interested in lots of things and being with people. When asked to finish the sentence of "The older you get . . . ", she responded, "the faster time passes and you feel you are running out of time . . . also the more you think about dying . . . in terms of who you leave and of being left." As long as she is active she wants to be able to take care of herself and keep her eye sight. Otherwise, she would rather be dead. She does not want to be old, but the alternative is death so she is glad she is doing as well as she is.

When asked to describe a successful ager, she described a 93 year old acquaintance who "does not look her age, gets along fine, lives by herself and she is just as happy as she can be." She said she didn't know anyone who was not aging well except a person suffering from Alzheimer's Disease. She went on to characterize such a person as generally being unhappy and dissatisfied. When asked to rank herself by such standards, she said, "I've aged well for 80 years old . . . the way I feel and the way I look . . . can take long walks . . . can do a day's work without being exhausted (when I'm well)."

When asked the purpose of old age Helen responded



that she had no idea but would love to know how others around her would answer such a question. She wrote the question down in response to the suggestion that she ask them. She said her philosophy would include living a good life, have some kind of religion and keep it clean morally, specifically meaning an injunction against premarital sex. Earlier she had stated that she tried "to live each day as it comes."

Several points or issues stood out in Helen's interview. These included: (a) Helen was a never-married and was seemingly satisfied as such, was sheltered, financially secure, family centered, religious, and a shy person who emphasized safety in her housing situation. (b) Helen's housing circumstances were very similar to Irene's but Helen was very satisfied and Irene was not satisfied. Housing per se does not make the difference, rather it is the perception of the situation that is more important. (c) Like Mary and Irene, Helen did not have enough to do to fill her time each day, even though she named many nearby friends and acquaintances. Does it take a live-in companion to combat loneliness and boredom?

(d) Like Mary and Irene, Helen wanted no part of a nursing home in her future. Hanna, however, had a spouse, child and grandchild living with her and no mention was made of boredom nor nursing home. Helen saw the nursing home option through her visits with her sister--her only

bad/sad days were such visits. With nursing home placement she felt she would lose her privacy and autonomy. (e) Like Irene, she feels different from others her age but unlike Irene this is okay with her and seems to cause no alienation and division. Helen seems to feel good about herself, her past life, and current circumstances.

(f) Irene and Helen both feel that they are running out of time--a sense of time urgency. "The older you get . . . the faster time passes, the more you think about dying." All the subjects seem, in many different and very individual ways, to be expressing a concern with their shortened and quickened life span. Helen adds a dimension of "who will die first" based on projected longevity among her friends and from her concern of who will take care of her. (g) Her condition for preferring death is if she can't take care of herself, she would rather be dead. (h) Regarding successful aging she spoke through the image or construct "for their/my age," a subjective and personal schemata that perhaps wasn't always used consistently or objectively. (i) Of herself, she said she tried to "live each day as it comes"--most all of the others have said this.

With nearly everyone mentioning nursing homes as part of their future image and concerns, probes for details were started after Helen. Subsequent questions would

examine anticipated losses and gains and changes in self upon being admitted to a nursing home.

Helen's major contribution was her construct, "for my/their age" to describe her basis for comparison and criterion for aging successfully. This led to the idea of an "age identity." To what extent do people identify with being an age?

### Summary

The major theme emerging from the first four cases was the importance of activity in terms of "still can do" or still being able to do those activities and functions that previously gave them meaning and purpose. Each person seemed to describe and define themselves through what they still could do and "no longer could do" and through their appraisal and expectations of what ought to be possible or acceptable at their age. This was largely determined through various comparisons with themselves at an earlier age, with earlier models of old age, and especially with current or recent age mates observed. The no longer can do's were usually marked by or acknowledged through critical incidents, e.g. falls, heart attacks.

Everyone who lived alone expressed dissatisfaction with not having enough meaningful activities to fill their time. All subjects seemed to speak to a sense of time urgency--of time both speeding up and running out for them. It was especially frustrating when the person experienced

both the lack of meaningful activities to fill time and the sense that their time was growing shorter.

Fear of nursing home placement was mentioned by three of the four subjects as a fate perhaps worse than death. This was part of the future image that included "conditions for preferring death".

Especially with Irene's struggle to accept life as enough, the construct or task of ego integrity became evident. Each person seemed to be in process in their response(s) to the changes and losses of their later years. Various responses such as denial, justification, struggle, and acceptance were observed. This also somehow related to the activities and constructs of "still can do" and "no longer can do".

Helen's construct "for my/their age" was seen as indication of an age identity. It was usually linked to some kind of comparison process with peers, etc. Not only did it indicate that age was a part of the person's identity but it seemed to be related to the person's criterion for successful aging.

Being a life long or long term resident of an area seemed to increase the overall satisfaction of the person. Thus far everyone has stated in some form the need to be useful by being helpful to others as a condition of satisfaction.

As a rule there was much congruence between verbal

and non-verbal channels of communication. It was unusual to observe a lack of fit or contradictory cues. Many subjects spoke with their whole bodies, gesturing and demonstrating their words. The retired teachers were especially demonstrative. Much feeling was expressed from Irene's frustration and resentment to Helen's sadness and grief over the death of her brother. Mary expressed a wide range of affect such as joy and fear, while Hanna basically kept the same face throughout the interview.

Each of these themes were noted, and questions, categories and codes were developed to help sensitize the research process to the properties of these patterns. Four more subjects, Violet, Gail, Marge, and Kate, were selected for interviews.

## CHAPTER V

### Case Summaries: 5-8

#### Case Summary: Violet

Violet, a 79 year old retired assistant dietitian with an eighth grade education, is a widow of 21 years and mother of seven children. After retirement she worked in a convalescent home for eleven years, as a college dorm parent for two years, and as a home health aide to an elderly man for two years. Four years previously she reported a monthly income of \$500, a functional status of excellent, and her health as being not so good from being hypertensive and a diabetic. Six weeks preceding the interview she had a seven pound non-cancerous tumor removed from her belly. She did not mention finances during the interview. Violet lives by herself in a low income housing for the elderly highrise apartment complex. A daughter lives nearby. Violet regularly flies alone to Indiana, Texas, and Virginia to visit her six surviving children and the deceased son's wife. She reported that all of her children had a high school education. She does not drive but rides the senior citizen's van to the Senior Center and town or rides with her daughter. Although she attends church regularly where she interacts with her two friends, she does not mingle much with other residents of the housing complex, choosing to stay mostly to herself.

She stated that she would prefer to be working now and that she enjoyed working. She broke beans throughout our session.

Since she no longer works nor has family at home, she has trouble finding things to occupy her time. She says, "You feel left out after you retire." She reads and keeps the TV on mostly for noise and companionship. Violet "loves" to travel and fly to see beautiful places and to visit her children. She says, "All my children are good to me . . . one is foolish over me . . . the others are 'jealous'." Her major form of adjustment to retirement is to visit her children. "When I get too lonely I get up and find something to do or else call the children and say can you pick me up at such and such a day and I'll come stay with you awhile, which they are always glad for me to do."

She says that she had a problem trying to commit herself to learn new projects to pass time, that there is nothing of interest going on at the Senior Citizen's Center, that there's too much gossip going on in the apartment complex for her to get involved there, and that she can't play bingo at the Center for all the smoke. She enjoys staying busy and stated that family (housekeeping, cooking, and sewing) and work were always enough. She reports having had a good life but hard: "God provided a way for me." Violet's life was a happy one with her only

two regrets being the deaths of her spouse, a lumberman, and a son. Her major satisfaction was "that God had seen fit to let me live as long as I have . . . each day is a blessing."

Her recent surgery was seen as a good experience as she recovered normally, something she had not done as well with two previous surgeries. She says she has few worries aside from some concern about blindness with cataracts and diabetes. Violet stated she was not worried about blindness, death or nursing homes for "I don't let my mind dwell on things like that (future) because that's going to help you to your grave that much faster." She is a devout Christian and enjoys witnessing for the Lord whenever she can, even if people "resent it". One possible regret was not becoming a missionary. Yet she commented that she was doing some of that now in her witnessing.

Her most recent move to a small, remote, southern Appalachian mountain town has left her with fewer resources and options. She says she has had to learn to live without, to cope with other people better, and not doing for family or a job. When asked what she would want at the Center she replied, good music and religious programs. Of her deceased spouse she said "no one could take his place." Violet tried to live by a "live and let live" philosophy with her children and their families and tried to honor everyone's privacy.



When discussing herself she said that she basically kept to herself and perhaps was a loner. She gets nervous after talking to someone awhile. She finds herself withdrawing from people just like her son. Yet later she said, "I don't worry about what others are going to say about me." She seemed to advocate positive thinking: "You build up worries and it's going to make you sicker." Several times she characterized herself as independent and "fussed at kids for doing too much". She admitted that she had faults like others.

When asked of aging she replied that she did not give too much thought to that and moreover, "since retirement I have not associated with people, old people to know how they are." Her two positive aging examples came from a woman across the hall and from a 101 year old woman from her days working at the nursing home. Of her successful ager she described a person who doesn't look her age, gets along and with no problem in the world. A person who sn't aged well doesn't have a good disposition and doesn't care about getting along with people.

Regarding herself she said, "I'm closer to aging well because I don't worry about being old." An advantage to old age is that one has lived to enjoy life that much longer. "The older you get the more you enjoy life." "You learn to appreciate what God has done for you more than ever, and learn to enjoy the beautiful world." She

considers herself finished but would stay and enjoy. "I'm happy to stay as long as God chooses for me to stay."

"That's the only time I ever think about death is when I think about my age . . . and I think, well I don't guess I have very long." "I don't worry about it." "I'm not bothered by the nursing home prospect. It all depends on you, what kind of treatment you are going to get. If you are there and a mean old scudder fighting everyone all the time, you're going to be treated mean."

Although she did not respond with a philosophy of life, the following statement may come close. "Through life if you are hard to get along with sometimes you bring mistreatment upon yourself because you won't let the person be good to you."

She was visibly shaking two weeks preceding the actual interview when she was first asked to participate in the study. She asked that we wait a week or so to see if she was feeling better from the surgery. She seemed to be frightened by the prospect of the talk. Afterwards, the researcher sent her a letter on University stationary, again explaining the nature of the request and research. In the meanwhile, she asked her daughter if she should participate. The daughter had heard of colleges doing such projects with older people and encouraged her to participate.

Several points stood out in Violet's interview: (a)

She had had a seven pound tumor removed six weeks preceding the interview; she was recovering very well; she went into the surgery seemingly with little fear; and she saw it as a good experience. (b) Violet had held several interesting jobs since official retirement and stated a strong preference to be working full time now at age 79. (c) Her identity is very focused on family and job and she seems to have trouble going beyond these roles other than as a witnessing Christian.

(d) Like most of the others, she does not have enough to fill her time each day. "You feel left out after you retire." She gives various excuses and reasons for her lack of involvement in activities around her. She characterizes herself as a loner, withdrawn, nervous, and independent. She flies alone to visit children but doesn't drive herself.

(e) She expresses satisfaction with her past and present life and says she has no worries about the future, including possible blindness, nursing home, and death. Part of her lack of worry or concern seems to be linked to her strong religiosity. Another aspect seems possibly related to her belief that worry only makes things worse or makes you sick. Her lack of concern regarding the nursing home seems to be explained by her observation that you are treated by the staff according to the type of patient you are. Thus she felt she could control and

create a positive experience for herself within the institution. Moreover, she enjoyed telling the story of one grown child telling off the doctor for even mentioning the possibility of eventual institutionalization for her mother.

(f) In speaking of her future she expressed a desire to live and enjoy as long as God saw fit for her to do so. Religion seems to play a strong role in Violet's thinking. She seems most satisfied when she can witness and had to ask the researcher if he was a Christian. She says she witnesses to people even though they sometimes resent her doing so.

(g) When asked about aging she responded that she gives it little thought and since retirement isn't around old people to know much about them (despite the fact she lives in a highrise for older adults and worked in a nursing home for eleven years). The older you get "the more you enjoy life . . . appreciate what God has done for you." She characterized herself as close to aging well because she didn't worry about being old. She seems to put much virtue on not worrying. (h) Violet, like Mary, Irene, and Helen, expressed the belief that her time was running out; yet, she seemed to feel less time urgency. Her life, time, and future are in God's hands. She is finished and is just enjoying and appreciating life each day.

With Violet and previously with Mary and to a lesser extent, Irene, came the idea and analogy of "doing time" (prison inmate subculture). Violet was doing her time and was just waiting for God to take her home. This was different from killing or using time.

Her posture towards old age was unclear. At times it seemed like denial and compartmentalization and at other times like a mature religious, personal, and philosophical outlook for her later years.

Like the previous subjects, she needed to be helpful but fulfilled this need through witnessing and doing for her family. Unlike other subjects her fear and concern of the future and nursing home placement was seemingly controlled and channeled.

Her past life had been positive for her. Currently she felt some frustration in having not found appropriate replacements for her work and family roles. She named future concerns but expressed no fears or dread of disability and loss. Everything was in God's hands. Her task was to accept that fact and to take things in stride as they came along.

Her major values and philosophy were guided by her strong Christian beliefs. Violet seemed to feel quite competent with her daily tasks of living. She acknowledged not always being able to be open to other people. This resulted in her being more disengaged

socially than was otherwise necessary. Family and church were her only two spheres of interaction with others although she wanted to work full time again. Her withdrawal and guardedness were apparently lifelong traits.

Although she felt she was a successful ager, her criterion for not aging well seemed to apply to her to a certain extent. "A person who hasn't aged well doesn't have a good disposition and doesn't care about getting along with people."

Case Summary: Gail

Gail, an 84 year old retired public school teacher and A.B.D., has never married and lives with her four siblings in the house where they were reared. Each sibling had maintained a home of their own but moved back late in life, either to help care for their aged parents or to be cared for themselves by more able siblings. After retirement, Gail worked for another five years as a teacher for homebound handicapped children and still later as a safety driving instructor. She has worked tirelessly on both state and local levels as an advocate and service provider for the concerns of older adults. This mission seemed to come many years ago from a chance meeting of Senator Claude Pepper on a train running from Bristol, Virginia to Washington DC, and from hearing an address in California by Ethel Percy Andrus, founder of the Retired Teacher's Association. Gail reports excellent health and

functional status aside from a longtime allergy cough. Her income allows her to get by financially. She experiences few age related limitations, is very active in community, church, and educational organizations, and has many long time friends nearby.

Gail seems to be on the go constantly except for her two days at home each week to care for her elderly ailing brother and to provide respite care for her sister. She gets up each morning at 7:00, an old habit, for there is "always something waiting to be done." She is president of the [town] Senior Citizens Club, chairman of the Board of a four county Area Agency on Aging and a study leader at church. She has served on state and local committees and boards, including the Virginia state legislative committee for AARP and has advocated the need for home health aides and for their training in state community colleges.

She enjoys being with people more than anything, especially those who share her experiences, e.g., RTA. She also enjoys plays, good old movies, travel, big cities occasionally, reading, needlework and picnics. Gail expresses much satisfaction with her life both past and present and hopes for a future much like the present. She finds "people to be interesting animals. It's just very interesting to get their views on things. Anything they say or do gives away what they are and what they are

interested in." Her conditions for continued satisfaction are that her family stay fairly well the way they are now. She expressed no real dissatisfaction other than to describe a bad day as one that includes the tragedy(s) of illness and death of people you know, especially before they live out their years. This concern seemed to be reflected in her memorized quote and prayer of Ethel Percy Andrus, "Lord, let me work as long as I live, and please let me live until my work is done." This quote would seem to be her principal goal and aim in and for life.

She said that there had been no major changes in her life since retirement. She had no problem with retirement as she kept busy doing many of the same things. Little had changed with her aging other than some endurance and memory loss, aging in appearance and a change in the expectations she had of herself. She coped by trying to accept the things that were beyond her control. The siblings seemed to provide much support for each other with the ailing brother helping financially as need dictated. When asked about her "condition for preferring death", she responded with the conditions of being helpless and not being able to do for self. Yet she reflected that she had seen others finding much to live for despite unbearable circumstances and concluded that we just can't know about such things. Her best day recently was when the governor of Virginia honored her with the



state's Volunteer Excellence Award.

Gail recognized and acknowledged some time urgency when she said, "Anything could happen to me anytime." She felt nursing homes were necessary under the right circumstances but hoped that as long as she lived, she could remain active. When asked, "What if she could no longer be active?" she responded that if she continued to be mentally alert, she would get along. She would find a way.

She felt that we needed to be learning everyday. She has recently learned to weave a rug and is currently working on a lesson to present to her study group at church. She continues serious Bible study because she has forgotten much of what she once knew. She studied dieting and diets from Mayo Clinic. When asked how she taught herself, she responded that she used books, television, lectures, and meetings.

Concerning her motivations, values, and philosophy, Gail had much to share. She felt that we needed to accentuate the positive in what we do. "Well, there's a little bit of good in most people that you have any dealings with and you can look for that good and try to encourage it." She felt she would never be finished for there was always more that needed to be done. She enjoyed homebound children "because they appreciated it so much and would not have gone to school if they hadn't had

someone to teach them." Concerning teaching driving safety, she said, "We enjoyed it because we felt like we were doing something worthwhile." Early in her teaching career she thought of teaching in Alaska but concluded then and now, "I couldn't leave home." Family is very important to Gail, as is staying active, busy, productive, and useful to others. When asked her philosophy of life, she quoted Tenneyson, "If you live pure, speak true, right wrongs, and honor the Master, that's what life is all about." This former Latin and English teacher was asked at the end of the interview if she had anything to add:

Well I've enjoyed the little conference with the child of one of my students. I've enjoyed meeting him and talking with him about growing old and all like that because he's growing old at the same rate as I am, but he got a little later start than I did. Grow old along with me. The best is yet to be. The last of life for which the first was made. Our times are in His hands . . . Sunset and the evening star and one far call for me . . . May there be no moaning at the bar when I put out to sea.

When asked to respond to the question, "Who am I?" she said, "Well I'm one of the creatures that has made her own way in the world and met a lot of interesting people, and I have done what I hope was some very useful work along the way." Earlier when discussing how some people

accentuate the negative rather than the positive, she shared, "I feel like the other fellow is likely to do as well or a little better than I do." She felt this attitude could help keep criticism of others to a minimum. When speaking of peers she said: "They make circles around me in getting things done here (Senior Center)." Her prior accomplishments seem to make up for what little she may have lost recently. "I still do pretty much what I have always done."

Later she disclosed that "those Arlington, VA people see us here as inferior . . . I've tried awfully hard to show them that we are just an awfully lot like them . . . it's pretty dangerous when people feel that way (superiority) about themselves." Gail felt okay about who she had been and was, what she had done and was doing, and she was looking forward to the next day when she and the current Lt. Governor would breakfast together and he would announce his bid for Governor of Virginia from her home county.

When asked for a purpose for the later years, Gail responded, "to keep on keeping on." A late life lesson she had learned was, "You learn to be more patient with people as you grow older . . . You tolerate a lot of things from the people you associate with that you wouldn't have earlier . . . You just learn that human weaknesses exist and you learn to face it."

She described a successful ager as one who accentuates the positive, takes care of self physically and mentally, and stays active and alert. She named her mother as a successful ager and described her as active and involved, both at home and in the community, enjoyed people, had a pleasant outlook and "always had something to laugh about . . . saw humor in life and actions of people." Unsuccessful people accentuate the negative, carry too much body weight, is a person who complains about aches and pains, and their physical self always dominates their other actions. Concerning herself, she decided she was more successful than unsuccessful because she still could do what she had always done and she only named the allergy cough as a negative.

Gail had no sense of "feeling age" or "for my age" concerning an age identity. She stated that her thinking had not changed; she still thinks the same way she always did. She seemed to measure her "ageness" by what she still could/couldn't do. She stated that she wasn't aware of comparing herself to other older adults. She said that there were few around her as old as she was. At one point she remarked that her agemates were decrepit. She seemed to make adjustments and then was satisfied to do what she could of what she had done before. With age, "you become more at peace with yourself and what you can do . . . you're not fighting any particular battles . . . you are

just more contented with what life has offered you." You have done what you're going to do and you have judged it to be enough. This seems to be describing the task and process of ego integrity.

The following high points stood out in Gail's interview: (a) What she represents, attempts, and accomplishes is truly extraordinary. She is a leader, advocate, and giver and doer of worthwhile things. (b) Her motivation, mission and style seems rooted in a mother as model and with her two critical incidents (Pepper and Andrus). (c) Four siblings living together and caring for each other in the old home place is exceptional. (d) She is a country woman, "a legend in her parts", who has influenced and impacted beyond the home county she never left. (e) She expressed no real dissatisfaction, worry, or problem, but rather a real enjoyment of people and doing for others. (f) She described through personal example the task of integrity and its possible completion.

After many years of community service, Gail said, "I have done what I hope was some very useful work along the way." Earlier she had shared the story of her meeting Senator Claude Pepper. The parallels seem obvious:

I helped get those little lights shining across those hills and it is a source of real pleasure to me. There are a lot of people in those little homes that needed more light to read by.

Senator Claude Pepper, 1930s

The impact of critical incidents like these must be considered in a person's life story.

Gail spoke of the value and task of acceptance during the later years--both acceptance of self and others, and acceptance of one's life. Previous subjects have spoken of acceptance of what goes around daily.

Gail expressed much satisfaction, past, present, and future with her life's circumstances and her ability to respond adequately and appropriately. She continues to do those things that have always brought her fulfillment. Necessary adjustments in roles and attitude have made this possible. Gail feels good about herself and about the nature and worth of her fellow man/woman. Her needs seem to evolve around being helpful to others and doing worthwhile things.

She has adapted quite well and seems very open and flexible concerning change, opportunities, and her future. She is very engaged both through activities and people.

An age identity provides little guidance for Gail's experience of her later years. She seemed to have personalized her criterion for successful aging.

By this point in the interviewing process two further ideas were emerging. The early construct of personal or subjective functional status "still can do" was now seen as possibly multileveled. At this point, the "still can

do" construct was being followed with the question of, "What if you could no longer do so and so--what then?" Gail responded that if she could no longer be active, then if she could continue to be mentally alert, she would get along. "She would find a way." Later subjects, when pressed to go beyond this point, began to discuss "conditions of preferring death" or nursing homes. The term "marker" was adopted to define events (critical incidents) or personal definitions of turning points in levels of functionality, age identity, successful aging, or the aging trajectory.

A second idea to emerge around this point was the practice of "bargaining" usually associated with conditions for continuing satisfaction with the present. Gail hoped that her family could stay fairly well the way they were at the time. Several other subjects had said that the future would be satisfactory if it could continue as the present.

#### Case Summary: Marge

Marge, a 68 year old retired clerk and housewife with an eighth grade education, has been divorced for 14 years and has six children. Her health and functional status has improved since her heart attack in 1983. She currently reports no health related concerns. Her financial status is secure and has improved considerably through benefits resulting from the death of her

ex-husband four years ago. She has lived in a highrise for low income elderly for six years, moving in shortly after her heart attack. All but one of her children live nearby.

Marge takes her quilting and her family's welfare very seriously. Most everything seems to evolve around these two interests. She and three other ladies quilt almost daily, and when she isn't with them in the quilting room, she is quilting alone in her apartment. Quilting gives her something to do, provides enjoyment, and each quilt is given to a granddaughter or great-granddaughter. The quilting room is part of the social hub or area of the complex. She enjoys some television, particularly old shows, and talking on the phone with friends and family. When nothing is going on in the eight-story highrise, she calls up a son or daughter for a ride to visit them or her 90 year old mother who lives nearby with Marge's sister. She provides respite care for her sister. She has been a longtime resident of the area and she and the family traveled back and forth from Kentucky to Michigan for many years because of her husband's work in Michigan.

She reports satisfaction with her past and present life and hopes the future will be like the present. She said, "I could have it (typical day) different if I wanted to." Her heart attack in 1983 proved to be a critical incident for her. "I just thought I would take it easy



and make my life as long as I could because at the time I didn't think it would be long really." She never went back to her job and she moved from her home to the highrise. To her surprise she has lived and her health has improved.

Now she has mixed feelings about having given up her home and daydreams of again living outside her current small apartment. "I feel like this (apartment) is for someone who is like I was when I first came here and not able to do anything much." When asked of her decision to move, she responded, "I wouldn't put that much on the kids . . . as long as I could do for myself I would." She felt that to stay at home would have caused her to become a burden on her children. She chose to move and not to be a burden. Yet she laments, "to do things that are easy on you and not bring things on you." Should she risk another heart attack by returning to her previous lifestyle and taking a chance at being happier? The fear of another heart attack dictated her choice of housing.

She reports, "I've had a better life than what I expected." The death benefits from her ex-husband greatly improved her quality of life. When asked of her adjustment to the divorce, she said that she already had her house and the children and found her work and co-workers very supportive. Marge's only immediate concern was the divorce of a daughter. In discussing her

past life, she said, "I don't think back about life now. I may look like I'm about finished but I look to the future just the same as anyone else . . . I just plan and save as though I had a big family, working for them or something."

When asked about age, Marge responded, "I just don't try to think about it (because) the older we get the shorter our life is if we just want to dwell on it that way . . . I just want to skip all of that and not think about it." Marge wanted so much to have a future; yet, she had no big plans or dreams for it--just her quilts, family and friends. She fought the implications of aging for her both through blocking out daily thoughts and references to age and defending the rightness of doing so through an example of terminally ill cancer patients with her sister as case in point: "They know that they are dying but yet they have to think of other things too or I don't think they would stay sane." "By not thinking of my age . . . I just try to plan and act like I did when my kids were little . . . it's as though I have as much future as I had then or felt like I did." The threat of another heart attack did not seem far away for her. She attempted to remove herself to a time and place far away from the heart attack. Her future and survival seemed to be measured in quilts.

She reported no new learning efforts and expressed

no need for diversity and change. What she had and knew at present was apparently enough. Growing up, neither she nor her siblings were encouraged to go on in school despite the fact that her mother taught school. When asked about this recently, her mother offered no explanation. Marge had not seen any real need for education until her divorce.

Her major motivations seemed to be caring for her family, staying active, and taking care of herself. Her jobs had always been seen as a means of passing time. "As long as I," was answered with, "can, I want to remain active." When asked if she couldn't be active, she said she would rather be dead. Yet, upon reflecting on her father's past stroke experience, she stated that perhaps we really can't know the sweetness of life until we are disabled.

The morning of the interview she had just returned from a stress test at the hospital. She and several others had been walking eight flights of stairs and down each floor for exercise. One of her arms had begun hurting. The test was negative.

Despite her resistance Marge had much to say about aging. "To be old you're giving up on life and I'm not giving up nothing." Earlier, in speaking of agemates, "I don't feel as old as they look." When discussing what age she felt, she responded, "if our health got bad enough,

that might make some difference, but as long as I'm like I am right now I think I can feel younger." Marge said she did not do much age comparing nor did she think in terms of "for my age." She said that she saw no similarities between herself and people her age but did see some differences, e.g. they want to go all the time and she was satisfied with doing what she was doing.

She defined "to act old" as quitting before you have to or need to. Having a living 90 year old mother seems to have provided a kind of buffer for Marge: "could see my mother going to the Senior Center" but not herself, and again in reference to mother, "I might feel older myself otherwise." Marge spoke of a woman across the hall who "walks straight as an arrow but who complains a lot," perhaps illustrating the difficulty in determining criterion for subjective age and the "for her age" construct. She reports continuity in outlook since her middle years and little life style change other than lighter work.

Marge shared, "I worked in a nursing home three days. I couldn't take it then and I don't think I could take it now." It was depressing to her and she felt sorry for the old people. She felt different caring for her father (stroke) somehow. When asked to complete "I still can do," she answered with "what I want to do." She could not think of any benefits to being old. The worse thing about

old age was "does not matter as long as you don't dwell on it."

She described successful aging as being alert, having a good memory, not worrying or complaining, and thinking in terms of a future. "Worrying will age you quicker than anything." Regarding herself, she doesn't feel old and she is still active and can do what she wants. The meaning of old age to Marge seems to be "life's short when you get old." When asked about late life purpose she spoke of grandchildren.

Perhaps the most memorable statement of Marge's was in response to the question of "Tell me about something you have learned from old age." "Maybe I've been too busy telling myself I'm not old to have learned very much." Perhaps she had just learned something! She went on to say, "I guess I'm still trying to learn not to worry."

Several points stood out from Marge's interview. These included: (a) The impact that her heart attack had on her subsequent quality of life, roles, activity level, and self image. This critical incident is currently being reconsidered in her mixed feelings and lack of fit regarding her housing. (b) She has a near obsession with quilting, "I don't do anything special except quilt," and "I'm not leaving much behind to make them remember," (except her quilts) and yet she provides a vital link in a five generation family unit. (c) Her mother serves as

both a model of appropriate and positive old age and as a buffer to old-old age and to her mortality. (d) Marge's denial and defensiveness regarding age and old age and her claim on a future seemed to impact significantly on her daily experience. The impact of her ex-spouse's death, her mother's survival and her own heart attack is unclear. (e) She feels good about life, has a better current life than expected and a recent life without much change; yet, a sense of time urgency is felt in her remarks concerning aging, worry, and her future. (f) Marge wants no part of a nursing home, an apparently common reaction of many senior adults.

Marge was unique and stood apart somewhat from the others in her denial and defensiveness concerning aging and decline. Others had stated that they did not feel old or could not relate to being their age, but Marge openly fought against anything that would jeopardize her future. The impact of the heart attack was unclear but her new lease on life was actively claimed and defended. Marge, along with the others, recognized the value of health for her quality of life. Its antithesis, a nursing home, was avoided in thought and deed. What does a nursing home actually represent to the elderly?

Much of Marge's satisfaction seems bound to her ability to find satisfaction in her housing situation and to cope with the ever present possibility of another heart

attack. She was the only person who mentioned "growing younger" than her years. She strives to achieve a balance between activity and taking care of herself. Her degree of openness and engagement is determined by this balance and by her effort at coping with her health status. She both works to improve her situation and status and uses denial and compartmentalization to cope with the implications and possibilities. Her efforts to act and do as before may represent a healthy defense mechanism and/or as failure to adapt to age related and to health status changes.

Her age identity is influenced by her health concerns. For her giving in to an age identity and possible lifestyle changes would mean that she was old and was losing ground to disability and death. Instead she strives to do and be as before. This preoccupation seems to take away from her potential choices in daily living and to impact on possible successful aging.

#### Case Summary: Kate

Kate, a 79 year old retired public school teacher, has never married and lives alone in her deceased mother's house. She reports excellent health and functional status, income greater than her peak earning years, and completion of considerable post Masters graduate education. Her family is from the area and she has one surviving sister, two deceased brothers, and eight great-nieces and

nephews living nearby. She continues to think of herself as middle aged and is very active in many leadership capacities in the community.

She serves as a consultant for teacher retirement benefits and planning. She does this "Because I know what I am doing, I feel competent and I feel like I am more competent than some of the people that do it for them." She usually does not participate in activities or organizations unless she is in charge or can have some say about the outcome. Concerning her involvement with her community and the newsletter she puts out, "I do it at my expense so I can say what I please." To do otherwise would take away from her freedom, something she values very highly. She is president of her neighborhood community club, serves on the [area] County Homeowners Council and the Executive Board of the Republican Party, and is currently co-chair of a state committee on education. She taught school for around half a century, worked for the Tennessee Education Association, and was well known in the state legislature.

Kate seems to be very satisfied with her life both past and present and she reports no past regrets. Concerning her present circumstance, "I really can't think of anything to improve it, if I did, I'd do it." "Everyday seems pretty good. I don't have bad days." "I don't do anything I don't enjoy doing." Her major



satisfactions are the success of her students (being remembered and credited), and her being able to support herself. When asked if she had achieved everything she would have liked to have achieved, she responded, "I just didn't expect anything more out of myself than what I've done . . . than I could deliver." Later she said, "I think I've done more than what I would have expected of me. I was very shy. You may not believe this but I am still shy." She has no problems for if she can't solve the problem, she forgets it.

Last November her nearly 100 year old mother died. Four years ago after a brief discussion with the researcher, she remarked, "If you think I'm sharp, you should meet my 95 year old mother." When asked how she dealt with the decline and the grief, she responded, "That's a good question . . . I thought it was great to be with her that much, I enjoyed taking care of her." "She was so nice to work with, it wasn't hard . . . she didn't complain." Her mother liked the fact that she was working and neither worried about the other. Kate shared, "We had daily devotions and one thing I learned in the devotions was letting go . . . I knew it showed lack of faith if I did not believe God was more powerful than I . . . I knew He would look after her and He did." Two very independent women obviously admired and helped each other during their time together especially in their later years.

Two critical incidents seemed to impact on Kate's future life. Like her father and being good with numbers, she wanted to make a banker and was about to take a job out of college with one of her father's competitors when her father told her that, "You're a woman, you would never get to be an officer. You can get married or you can teach but you can't be a banker." She went on to say, "Well, I didn't see that there was too long a line standing there waiting to marry me, so you know I just didn't see any need of giving up freedom and to me that would be the way it would be." Marriage meant that someone else earned the living. She described her parents as "an interesting couple"--both apparently headstrong with father controlling the money. She then went back for her Masters degree in education taking "dumb education courses", but found that she really enjoyed teaching, first on the elementary level and later, history, her college major and lifelong passion.

The second incident came years later when the lady she lived with retired after 30 years of teaching and began earning only \$30.00 a month in retirement benefits. Kate found this to be grossly unfair and realized, "I have to depend on me" at that point. Later she verbally confronted the state chapter of N.E.A. and was consequently appointed to a state committee to study teacher retirement benefits. She continues to address

this issue in her current capacity as a consultant.

Kate said, "Always I want to learn." She is interested in all levels of government and spent years sharing her ideas about participatory government with her students. Recently, she wrote her congressman regarding her questions about the census and illegal aliens. When pressed why she allowed herself to be appointed to the state committee, she responded, "if its got possibilities, is interesting, fun, and helps people." Later, she said, "that's what I do best--research. That's where the Masters degree came in." She likes to do what she feels competent to do and when it accomplishes something.

Concerning her participation in politics, she said, "Because you learn a lot . . . get acquainted with people, important people, that make government work. It all goes back to government." She emphasized her participation in government at all levels. She named her mother as her source of interest in government. Her mother was active in the women's suffrage movement but yet when offered the position of county trustee she turned it down because of a sick child.

She puts great stock in education, making money, maintaining her independence, autonomy, and freedom, and helping others. She seemed to equate money with personal worth, security in the later years, autonomy and freedom, competition with father and control/power that mother

never had, and as a means of keeping herself out of a nursing home. Later she shared, "As you can see my whole goal in life was to be independent, and I am." She struggled with the decision to help her great-nephews financially or "they would be stronger if they had to do it on their own."

When asked of spirituality, Kate responded, "It's all the same God whether you call him Allah or whatever you call him . . . Every hour of the day I pray: when things come up I ask for help. That's where I get my help; that's where I get my strength."

She made frequent comparisons between herself and her mother. "Like my mother, I never look back. I only look ahead. Everyday was a new experience in her life and I think I'm a little like that." "Mother never expected more out of me than I could deliver . . . I would not have disappointed her." Both she and her mother were organizers. Her father was rarely mentioned although he was mentioned with her mother as successful agers.

Kate felt good about herself and especially about her ability as a teacher. However, she seemed to be expressing some misgivings about her looks as she avoided looking into mirrors and having her photograph taken whenever she could. Apparently growing up there was a very cute sister.

When asked of her own childlessness, she said that

parents worry and she would have worried. "I don't believe I would have been as good a mother as I believe I was a teacher." When asked how she would be remembered, Kate responded that "they soon forget" and said that she had given this little thought.

She was very ready to talk about aging. According to Kate, forgetfulness has little to do with age--all age groups forget. Yet people who live alone seem to have more of a problem with forgetfulness, according to Kate. "They (older people in her neighborhood who live alone) don't have anything to keep them involved . . . I call them . . . and ask them . . . could I do something for them? Could they do something for me, because you know they need to do it." Later she shared, "A lot of people enjoy arthritis . . . I can't do this and I can't do that because I have arthritis. I'm kind of interested in how much of this is mental."

Yet to Kate much of age is not relevant. The last state R.T.A. president was 84; the person her group is putting up is 85. "But he's got fire." She says she doesn't think about age and finds it insulting when someone thinks they have to help her up steps. They do it only once. "I think I've more life (get up and go) than most people my age." "I try not to be like anyone else. I like being different. I just like to be me." "I'm interested in and still enthusiastic about life."

When asked to respond to "As long as I", Kate responded, "am healthy." "I don't know what I would do if I ever stop being healthy . . . I haven't thought that far ahead." She stated that she was well insured and would have somebody come in for she was not going to a "creepy" nursing home. She said if she ever ended up in one, "I would start reforming it."

Successful aging was discussed in terms of her parents. Such a person is interested in things other than themselves; they are involved in doing things for other people; they understand the younger generation, "not expecting them to be like your generation was" and they have opinions about things. She cast unsuccessful agers as involved in self pity and "being able to be manipulated by other people . . . giving up their independence." After getting permission to say the "H-word", she said, "If my family tried to do that, I'd tell them to go straight to hell!" She personally felt she was a successful ager because, "Everyday of my life I'm doing something . . . and I'm still happy. I'm still asked to do things, other people recognizes in me."

Concerning death and dying Kate shared, "I'm not afraid. Everyone dies." "I would rather die than have Alzheimer's Disease . . . would rather have cancer."

The purpose of the later years was for encouraging and modeling appropriate productive living for the younger

generations. "By the way you live . . . that somebody still has guts. I think it helps them." When asked what she had learned from old age, "not to talk all the time--I never did learn that one . . . I talk because I don't want to listen to them. Well, they are dull." A philosophy of life included doing the best you can everyday. When asked her impressions of the interview she responded,

I think it is real interesting. I appreciate what you are doing . . . You have chosen a good topic . . . You are not afraid to look at it. It's going to come to you . . . And you've been real patient, although you could have been impatient.

The main points that stand out in Kate's session include the following. (a) The strong impact of two critical incidents on her life seems to be undeniable. (b) The importance of money and financial security for Kate was paramount. (c) Kate had a strong need to be independent, self-sufficient, and in control: "my whole goal in life was to be independent" (d) She only expected of herself what she could do and if she couldn't solve a problem she forgot about it--both very adaptive and healthy psychological postures. (e) Her continuing interest and activity in education, research, and government were exceptional. (f) She characterized herself as still being middle aged and only thought of

herself as older when others cast her in such terms. She recently attended her class reunion for the first time. "Everyone looked different . . . I guess I look different too." (g) The impact of her mother on her life, her mother's very long life, and especially the fact that they lived together the last 17 years, must color Kate's images of herself and her later years a great deal.

Kate's need for control and autonomy was exceptionally high. Even in reference to the nursing home option, she said, "I would start reforming it." Yet while she has her health this middle age identity seems to work very well for her.

Others have mentioned activity and satisfaction as important to them. Kate added, "I'm still asked to do things, other people recognize in me." Despite her high self confidence it still feels good to be acknowledged as capable and to be needed by others. Kate continued to find fulfillment in many of her previous roles. Her only disengagement came with her retirement; yet she continued to teach and serve through her role of consultant. She felt she would continue to find satisfaction in life as long as she was active and healthy. She felt little time urgency other than the demands of her busy daily schedule. Apparently time did not seem to be running out as she had her health and a mother who lived to be nearly 100. Yet thoughts of disability and a nursing home brought a strong



response of denial and avoidance.

Kate's needs evolved around control, security, independence and autonomy, expressing herself, and being able to have maximum impact in various arenas of influence (government and politics). These needs were paired with a strong spiritual sense and need.

Kate was open to learning and change but also held strong personal opinions. Her engagement largely came from working with those who needed her. Her own needs were never mentioned. She seemed to cope well, yet given her very controlled style she will probably have much difficulty with her own needs and disability someday. Age was not very relevant to Kate who largely defined herself through roles and an identity continued from middle age. Successful aging was formed as well from this "still can do what I've done before" perspective.

#### Summary

The case studies of Violet, Gail, Marge, and Kate continue to support the primary importance of activity for the well being and quality of life of the older adult. Remaining active seems to be contingent on the health and functional status of the person. This is readily recognized and acknowledged by the subjects. Health allows them the opportunity and capacity to "still can do" and its opposite (disability) increases the likelihood of conditions of "no longer can do". Gail indicated possible

levels of "as long as I still can do." When asked what she would do if she lost her capacity to stay active, she responded with a new condition of staying of sound mind. Several of the subjects felt that certain subsequent conditions would be considered as conditions for preferring death. Placement in a nursing home continued to qualify as such a condition for many of the subjects.

In the previous summary, living alone seemed to predict a dissatisfaction with not having enough meaningful activities to fill the subject's time. Marge and Violet both spoke to this dissatisfaction. Gail did not live alone nor did she express such dissatisfaction. Kate, a never-married, lived alone and was seemingly meaningfully engaged every moment of her day. Though both Marge and Violet found some difficulty in filling their time with meaningful activities, only Marge felt a sense of time urgency. Violet felt her time left was in God's hands. Kate and Gail stayed very busy but did not display the rushed sense of urgency that characterized Hanna or Irene. Most everyone continues to realistically acknowledge that their time is rapidly growing shorter with Kate again being the exception.

All subjects have expressed a need to be needed by others. Perhaps part of what this means is that by asking for a person's help, these people continue to acknowledge that person as capable, regardless of years. The less

able ask the more able. When they quit asking this is a social marker of a change in perceived functionality.

Initially the researcher assumed that most elderly would be concerned about leaving a personal legacy behind. However most all subjects reported that "they soon forget" you. This was equally true with both parents and the never married. Doing a good job with their major tasks and roles in life seemed to be enough for most to leave behind. Some, like Gail and Kate, apparently needed to leave more of an obvious mark on their world.

During the interview, Violet broke beans and mostly talked to the beans. Only a couple of times did she stop breaking beans. This seemed to occur when she became involved in a question or story. Gail sat very still most of the time and basically looked off into the distance as if describing what she was seeing. Kate and Marge were more active in their talking. By this time though it was obvious that each person responded much the same nonverbally to the topic of future disability. It seemed that every part of the body recoiled to the image of such a future. In many the withdrawal was more noticeable with disability than with death itself.

## CHAPTER VI

### Case Summaries: 9-12

#### Case Summary: Linda

Linda, a 76 year old housewife and retired teacher's aide, has been a widow for 22 years and has two children. She reports good health and functional status and gets by financially. She lives alone in a low income housing project for the elderly and handicapped. Linda grew up locally, lived on a farm until her move to the complex, and has a son she sees daily. Her daughter's family lives 50 miles away. She completed two years of college and taught school on an emergency certificate for three years. In the seven years preceding her retirement at age 65 years, she served as a teacher's aide in kindergarden.

She teaches a Sunday school class and is active with the United Methodist Women Association. She participated in weekly socials at the complex's community room and enjoys the games, activities and socializing with the other residents. Linda says, "I try to be helpful anyway I can" and walks to the store or picks up a newspaper for those who can not do so for themselves. She reports being lonely and misses not having a husband around. She especially enjoys family visits and reunions. Otherwise she tries to keep busy around the apartment, does for others, and "live for one day at a time." There is little

reported involvement in learning other than trying to learn not to gossip. She says she is set in her ways but stated that she would like to do some volunteer work in a nursing home. This was unlikely since she could not drive.

She reported satisfaction with her current circumstances: "I'm happy the way I am," yet she "needed opportunity to be helpful" to others. She expressed some indirect concern about her mandatory retirement at age 65 as a change in the law allowed others to work past age 65 the following year. Her major satisfactions were her family and her good health. She went on to say that she didn't worry about age, nursing homes, or who would take care of her. Yet later she stated that she would rather be dead than be like most institutionalized people or to lose her mind. Eventually she expressed some strong concerns about what would happen with her if she lost her health and could no longer take care of herself. The children were a possibility but recognized that "there could come a point" dictating institutionalization. She felt that a person certainly could live too long.

She shared an unfulfilled dream of "having a home where anyone with problems could come in and I could talk to them and do things for them". Later in talking about visiting a nursing home she described the patients as "they just reach out for love . . . they don't get any love at all." She expressed strong feelings about not

being placed in such a facility. She felt like she would give up friends, relationships and her home but that she might gain friends if she stayed in her right mind. Losing one's mind, having no visitors, and not being able to take care of self were all fears related to being institutionalized.

She described herself as optimistic, non-complaining, lives right, trys to be helpful, does not worry, and trys to see the best in people. She suffered from a rare disease (2,000 afflicted in the United States), neurofibromatosis, which had greatly affected her self image through the years. Tumors of jellybean to hen egg proportion grew beneath the skin all over her body including her face. They are non-cancerous and are not painful but make "people not want to associate with me." She described her "inferiority complex" especially around people who didn't know her or her condition.

In speaking of her future, she felt it would be all right as long as it was like the present. She said that she did not give the future too much thought. "Just being ready to die when the time comes" was her response to an inquiry about death and dying.

When asked what was most important to her, Linda responded, "a cleaner and more moral world." Her spiritual life was the most important part of her life. In discussing the word wisdom, she felt that wisdom came

from experience because we can see mistakes or things we should have done. Then we can correct or do them as we get older. Wisdom is learning from our mistakes and acting from our highest understanding of truth.

She believed she was pretty typical for her age. "Most people my age are about as active as I am." She admitted to comparing herself to other elderly people based on their "activities and how they got around--if they still could do the things they had done before." Linda did not believe she had changed much. "I try to be about the same. I don't think I have changed much in the things I like to do and the places I like to go." She actively sought a sense of continuity with her past and she did this through activities.

When thinking about her age she said, "I am getting older all the time." The older you get, "the more feeble you get." As long as she lived she wanted to stay active (get around and wait on herself). If she couldn't do this then, "I would rather just go on (die)." She reported that she could no longer go up and down steps but blamed this on a tumor in her ear. She said that her great-grandchildren caused her to feel old more than anything. Yet she said, "I don't think about getting old."

She named her sister of 88 years as an example of a person who had aged successfully; she was active, had a

good outlook, and everything goes well with her. An unsuccessful example of aging is one who complains, has a bad outlook on life, gives up, and doesn't try to help themselves. She said that there was not anything good about age. The worse thing about old age was you know that you do not have much longer to live. She advised that you should "enjoy life as much as you can . . . be with family . . . do what you want to do."

The main points that stood out in Linda's interview included the following: (a) Since age 19 Linda has had to face a world with an appearance that many people would find repulsive. It has influenced her self image/esteem. (b) She has a strong need to be helpful, and to be more involved with others. (c) She has strong feelings about her future and especially regarding the possibility of residence in a institution. (d) She described comparing herself to others based on age, a sense of time urgency, and illustrated the "still can do" construct personally. (e) Linda provided another example of the present-future link of "as long as", and the bargain.

Linda's strong feeling statements about nursing homes stood out both as coming from a deep part of herself, and as the truth to/for some of the terror expressed by the other subjects. She seemed to be describing levels or layers of fear when she cited the following: Not being able to take care of yourself would be bad, but to not



have any visitors would be worse and to lose your mind would be worse of all.

Linda expressed satisfaction with her past and present. Her future would be satisfactory if it could be like the present. She did not have enough to do with her time and occasionally felt lonely. Her appearance may have affected her ability to cope either by making her stronger or inhibited, and may have kept her closer to her home base with familiar people. She spoke of "live for one day at a time." Many of the less mobile respondents used this phrase, sometimes together with "accept what comes around." This could serve as justification for previous decisions and actions or as an indication of maturity.

#### Case Summary: Edith

Edith, a 73 year old retired public school teacher, has been a widow for 24 years and has three sons. She reports excellent health and functional status and works six months out of the year to supplement her income so that she can travel. She mentioned little organizational participation but stays very active and constructive with helping others around her and doing for herself those things she really wants to do.

She began working again after four years of retirement because "there was not a lot to be done except clean another window." For the last three or so years she

has worked at a major tourist attraction near the Great Smokey Mountains. This has provided her the opportunity to meet and get to know people from all over the world. Of her early retirement at 62, she said, "I don't want to have one foot in the grave when I retire . . . because that are a lot of things that I haven't done that I would like to do." She most enjoys people, especially new people, ideas and family, especially the grandchildren. She has a flower and vegetable garden, reads a lot and must always have a project going. She doesn't attend church like she once did and referred to herself as a backslider.

Regarding life satisfaction she said, "I don't know of a thing I'd change really, cause I'm pretty well satisfied with the way things are with my life." "I wouldn't change anything and I wouldn't go back a day." She felt that we must stay busy, a trait she got from her mother. "When you sit by yourself, you get more aches and pains." "What are you most satisfied with?" "Well, first of all I'm so thankful I have good health and the rest of it you can enjoy. If you feel good you don't have any problems. You can find something to do if you feel good." She is very satisfied and feels very fortunate to have three great sons and three great daughters-in-law. Her only regret has been that the boys' father did not live to see them graduate from college, something he very much

wanted for them because of his own lack of education.

Edith's greatest challenge was coping with being a single parent to three teenaged sons with the death of her husband. She wanted "to do the right thing" in parenting and she reported using her own parents as models as they were good parents. To her boys she said, "I have to depend on you to do what you know is right."

Edith seems to be rather open to change, possibilities, and learning. Many people on the job, family and friends seek her out to talk. She believes this is because she is willing to listen and to accept them as they are. She feels she has grown more accepting of people as she has grown older and more able to let them know that she cares about them. She used to see things in good-bad and black-white terms but now acknowledges the grey area and the difference between accepting and approving. She offered the following examples of continuing learning: closing the shop at work, taking on new responsibilities, becoming computer literate, and managing a cash register.

Edith spoke of many values, needs, and motivations, and of her personal philosophy. Of the problem children that collected in her 8th grade self contained-classroom years previously, she advised, "you treat them like people, you are honest and fair with them." She admitted that she related better with males than females for her

rough style and voice tone would hurt girl's feelings. The two things most important to her were her family and opportunities to help others, as a family member, neighbor, and nursing home volunteer. Of her dirty house she said, "I don't worry much about it. If I did I would do something about it." She enjoys hearing her son and their wives tell her that they love her and she has a strong need to have her kids respect her. Her motivation for work includes having money on which to travel, meeting people, learning, and staying active and involved.

Personal health was repeatedly put at the top of her list. "Life will be rewarding as long as I am healthy." She described herself as being a fairly unselfish person, a person who needed to have someone to do something for, fairly easy to get along with, very honest and up front, and a good moral person. Everyone seems to seek her out as someone they can talk to about problems. She felt she was much like her grandmother in this respect in that she could keep her mouth shut and she had broad shoulders.

Concerning her future, she shared, "You don't know about your future, so you live it and enjoy it as it comes." She likes to think about seeing the granddaughters graduate but wonders if she is assuming too much future. She enjoys reminiscing and sharing childhood memories with agemates and others.

Edith had much to say about aging although she said

she gave it little thought for herself. Her friends criticize her for not acting or being more aware of her age. She didn't know how to act her age and wondered how we were supposed to know how we were to look or feel at particular ages. She said, "I hope I am never aware of my age." "You are as old as you feel . . . to feel old is to feel bad, sick, and all worn out." She did not believe that she compared herself to others or to herself when she was younger for age was essentially not relevant to her. Most of her peers were in ill health. Edith prefers being around younger people because her agemates "talk about their ailments". Yet she recognizes her own health as a blessing and didn't know what she would do without it. She said, "I would be the worse patient in the world." However she has already stipulated a "Living Will" and arrangements for placement in a nursing home if she becomes disabled. The worse thing that can happen to a person is to be kept alive too long through life support. She stated that she would rather die than become ill and/or "not be able to get out and do anything . . . when the mind is gone . . . and when someone else has to take care of you."

Edith named her mother and a friend of fifty years as examples of successful aging. Her mother, though not healthy, worked very hard, lived strictly by her Christian ideals, and was a source of strength for many people.

Many younger people still depended on her friend to help them. She does volunteer work and keeps active despite arthritis ("Old Arthur"). Unsuccessful aging was described in terms of health problems, being overweight, "doesn't have any get up and go, and seems old and out of commission." Concerning herself personally, she keeps active yet she no longer remembers and does for her less fortunate friends as she once did. She seemed to be struggling with a "doing for self vs. others" conflict.

I have become selfish but I've earned it and I think that's terrible . . . I am a little less conscious of doing things for someone else and doing a little more for me . . . But I don't think anyone ever really earns it really. But I'm not going to do anything about it. It's ok for me to do it.

Certain people have given her permission to look after herself. Her grandmother and father taught her that old age does not necessarily mean ill health as they were both very healthy and active until the very end and "doing what they had always done."

When asked to compare herself to her agemates she said that she was more open minded. She felt she had the same values as growing up but was more accepting now for "life does that to you." The older you get, "the mellow you get." Mellow means "you can take (accept) a lot of things you couldn't take when you were younger . . . you

learn what's worth getting upset over." In response to "I still can do," she replied, "pretty much as I please. I still can do most of the things I always did. I may do it a little more slowly . . . I don't know of anything I can't still do." When asked, "What can you now do that you were once unable to do?" she replied, "I can get up and go when I want to," later referring to it as freedom of movement, money permitting. The best thing about age is you don't have as many responsibilities. The worse thing is lack of companionship. "You're not the most important person to anyone really . . . there's not anyone to come home to . . . to share good times and problems with." Yet she maintained that she was not lonely.

Concerning death and dying, she stated, "I don't think a lot about it. I can't imagine that (not being)." She thinks of it when friends her age die and when attending funerals. "I'm not afraid." Heaven would have to be a constructive place, for aimless playing of harps would not satisfy Edith.

She felt the purpose of old age was to enjoy life, people, friends and family. A person has more opportunity to do this because there is less responsibility and demands and more time and different priorities.

When asked what she had learned from old age, Edith responded, "the longer you live the more you learn . . . If you quit learning you are really and truly dead

already . . . experience is a better teacher than anything else . . . unless you experience it you don't really know." Through experience we can understand and accept something. Her friends felt that she had not suffered enough or she would see things different. When asked about wisdom she stated, "I don't think you know it when you have it . . . It is not anything you learn. It is something that comes with time and with learning as you go."

When asked about what she would do if she lost her health, she responded that she did not want to live with her children. "I don't think it's fair to live in the house with your children." "I would be a responsibility they don't need to have." She felt a little apartment near them would be alright. Eventually a nursing home could become a necessity. In such an environment a person would lose their independence but would no longer have to take care of responsibilities and would possibly find other residents like her and become friends. The nursing home placement was justified on the basis that she would not be there if she still could do any of those things she could not do as a resident. In short, she would really need to be there.

Several high points stood out in the interview with Edith. (a) Edith was a sounding board for many people throughout her life. (b) She is very active, satisfied, a



lifelong learner, and involved with finding a personal balance between her need to do for others and for herself.

(c) She did not see age as relevant and questioned how someone was supposed to know how to act, look, or feel their age. (d) Despite her agelessness and health she saw benefits to old age and nursing homes. (e) She expanded the notion of acceptance in late life and compared or contrasted it to approval and to what's really important. (f) She expanded the notion of the "burden status" and how the aged parent perceives and processes the decision of living with adult children vs. a nursing home.

Edith seemed to concur with several of the previous subjects when she advised that a person must stay active and involved with people. "When you sit by yourself, you get more aches and pains." The ideal is to be active with others. Love, respect, and learning were goals and motivations for Edith. A big part of what allows this activity is one's personal health. Edith, and Kate before her, two of the most active women in the study, paid tribute to their health. According to Edith, who says it so well, ". . . I'm so thankful I have good health and the rest of it you can enjoy. If you feel good you don't have any problems. You can find something to do if you feel good." There seems to be much potential meaning to this position. However, it isn't altogether that simple. Each of the women who had suffered heart attacks, Irene,

Marge, and Lynn, did not report feeling bad but did report considerable dissatisfaction with current circumstances, especially housing.

Edith named several of the same concerns as Linda concerning her future and her conditions for preferring death: "Not being able to get out and do anything . . . when the mind is gone . . . and when someone else has to take care of you." Yet, she did not make these "conditions for preferring death". Perhaps what's feared or dreaded is not so much institutionalization as it is the level of dysfunctionality implicated in such a placement. Edith stated that she would not be there unless she actually had to be there. Otherwise she would be happy in her little apartment or trailer near one of her children.

Four months later a second interview was conducted with Edith in her home. The question, "What did elderly people teach you about being old?" brought a response that indicated much modeling or else genetics. Edith's grandmother took care of everyone in the community and never needed to be waited on herself. She never complained and always "had her bags packed and hat on and ready to go anywhere." Edith's mother had said more than once, "You're just like your grandmother." Edith stated, "She was my idol." Her grandmother prayed that the good Lord would take her so she wouldn't have to be sick at the

end. She was dead within fifteen minutes. Yet Edith said that her mother was "the best woman I ever knew; she practiced what she preached." Grandmother, mother, Edith, and son were all the communities' shoulder and listening ear. "I need to have somebody that needs me. I think everybody does."

Edith's priorities had changed since retirement, when asked to discuss something that had been hard to accept since retirement, she responded that it had been difficult to accept not having enough to do meaningfully with her time. She went back to work first full-time and then half of the year.

"When some get to their 60s, they think they have to act old. Age is a state of mind. You can't do away with the wrinkles. You can make yourself sick by being too preoccupied with yourself." Later she stated, "I don't know what I will be like when I get old." "When you get old?" "When I feel old, nothing left, feel useless--when nobody would call on you for help anymore."

Maintaining a household was no longer rewarding because "there's no one there to notice it and comment on it." "I can't do without people . . . somebody to listen to me talk . . . enjoy being by myself."

Since Edith had made a major point earlier regarding the importance of health, much of the interview focused on health, its loss and subsequent adjustment. She said she

had not really ever been sick so it would be difficult to really know how she would respond to ill health and disability. She felt she would get mad at herself for getting sick and "would have to change an attitude." Edith said that people always believe that they will get better and will do whatever is necessary to do so. She later owned this as her probable way of coping. "Your intelligence tells you that this is a reality that you have to accept. Denial stops with repeated reality. Have to adjust and let something else take its place." If you can't do anything about something, you have to accept it."

Edith shared, "I don't want to be a grumpy, grouchy, old person. Sometimes people become different personalities." She has told her children to stop visiting her if she's ever in a nursing home and is too grumpy. She seems to be expressing a fear of what she could turn into in old age. She shared instances of how people she had known had changed in drastic ways in their later years.

In sum, Edith spoke (a) to the importance of early life models of the later years, (b) to the complexity of age identity(s), (c) to her change in priorities and necessary adjustments since retirement, (d) to her struggle with anticipating the requirements of adjusting to eventual disability and institutionalization, and (e) to her fear of possible negative personality change in

herself during her later years. Perhaps her prayer will be answered as well.

Many of the subjects reported becoming more accepting of circumstances, others, and themselves with age. According to Edith, "You learn what's worth getting upset over." This could represent maturing, giving up, or letting go.

Age identity seems to impact on people's lived experience and quality of life. Some people define themselves according to chronological age while others seemingly do not. Linda expressed a high age identity; Edith demonstrated a low age identity. Edith was criticized by her friends for not acting her age so even if a person does not typically think in terms of "for my age" others do and remind them of age identity criteria.

At this point there seems to be some evidence that many of the subjects have had elderly people in their lives who taught and modeled much for them about aging and old age. Edith's grandmother and father were both healthy to the very end. Eventually half of the study group mentioned a mother as their successful ager.

#### Case Summary: Lynn

Lynn, a 72 year old housewife with a fourth grade education, has been widowed twice and has one adopted daughter living nearby. Her health has gone from fair to poor during the last four years and she reports thyroid

problems, a recent heart attack, arthritis, cataracts, emphysema, and a lump in her breast. Her functional and financial status are adequate to the tasks and necessities of daily living. Lynn feels bored and without purpose and meaning much of the time. She keeps to herself, has no close friends, expresses a concern of being talked about in the complex, and receives few visits from her family.

She literally hates living in the high rise housing complex for low income elderly and the handicapped. Finding a good husband, moving out of the complex, and living in her own home would seemingly satisfy Lynn completely. According to Lynn, two residents have been found dead in their apartments. One individual had been dead for two days and was smelling. These individuals were ordinarily active and about so Lynn concluded the housing management didn't care enough to note their change in routine and to check on them. She did not want that to happen to her. She has a switch in her room to notify management in case she has a medical emergency. She grew up on a farm, worked hard all her life, and just doesn't feel she can "move around" in her current housing.

She pieces quilts, walks indoors, reads and watches TV. "I don't have very much to do . . . Everyday it's just the same thing." She picks up mail for her neighbors. She occasionally attends the Senior Citizens Center but doesn't like the food. When asked, "Are there things you

could be doing that you are not doing?" she responded, "Well, I don't know what it would be. If you know of anything . . . tell me and I'll try to do it."

She has a brother and sister living and each are living with their daughters in Michigan. Her family "doesn't have time" to visit her. She says she has not been satisfied since her last husband died. "I get so . . . desperate sometimes that I just sit here and cry." "It just seems like I have nobody that cares one thing about me." She has several stepchildren through her first husband and an adopted daughter with the second. The daughter is not well and has been expressing some concern about knowing that she was adopted although she has known this for many years. Lynn feels her housing is too small and confining, has no privacy, and she can't get out. Her solution and hope is that she can move in with her daughter and son-in-law when they find a new home soon. They currently live on the river, an environment that aggravates Lynn's emphysema.

She seems satisfied as long as she can live with someone. When her last spouse died, she coped by staying with a series of households, including another widow, a niece and daughter. Finally the river plus the fact she found that she could stay alone while the daughter and husband were away late at night both encouraged her to move out and into her current apartment. She was

initially satisfied with the complex but a change in management has caused a change of heart.

When asked, "How would you like for it to be different?" she responded, "You'd be surprised. If I could find me a good husband and get out of here . . . I'd marry him tomorrow." She says that she has had two good marriages and two good husbands. Life has turned out to be worse than she expected largely because she is alone. This seems to overshadow her health concerns unless there is a fear of dying alone. Her major worry is that of "having to stay here until I die." "I pray every night that the Lord will make a way for me to get out of this place." Yet she says, "I could get out but I'm afraid to live by myself." She had largely avoided living alone all her life because her mother lived with her and her two husbands until she died at 94.

She reports no recent learning efforts nor any changes since moving in five years ago. When asked of her heart attack, she said that the Lord will take her when he's ready.

When asked, "Who are you?" she responded, "I'm just a lonely woman in this world. Sometimes I feel like I don't have nobody." She feels good about herself when she can help someone else. "I wait on myself . . . I do for myself." "I've worked hard all my life." She got up at 3:00 a.m. to assist her coal miner husband and still gets



up at 5:30 each morning.

Lynn reported the most important thing in her life right now is to move out of the complex and to find a companion--both things she once had, enjoyed, and lost. She had a strong bond with her parents. Her father's death bed wish was to tell mother and daughter to stay together. He told Lynn's mother, "Don't leave the baby" and she did not. She never cut her hair again at his request. She said that she had "wanted to be with husband(s) all the time."

When asked about the beginning of feeling older, she said it began in her 50s because of her cough and other health concerns such as arthritis. Today she can't get around like she once did. Lynn admitted to comparing herself to others here her age. "If they can, I ought to be able to." She compares herself to others on getting around and on how old someone looks to be. Lots of times she compares what she can do now with what she once could do.

She said, "I dread to see a birthday come up . . . I'm a year nearer to my time to leave here (die)." She felt that we each had an appointed time and place to die. She would rather die than not be able to take care of herself and to have to live for a long time in a nursing home. The worse thing about old age is being alone.

She cited her mother as a person who had aged well.

She was a worker, tough, honest, good to everyone, never gave up and took care of herself. She said that her sister had not aged well. She was "all drawn over" with gray hair and wrinkles no worse than Lynn's. "It seems like she wouldn't had to look that old." Concerning her own status Lynn reported that she had done well because she had lived to be 72, she still has her mind, can walk and get about, wait on herself and take care of business. "I've done it all myself."

The older you get "the harder the times seems . . . I'm not too well and I don't know what I am going to do if I get to where I can't wait on myself and I sure don't want to go to a nursing home." "I never did want to go to a nursing home. I never put my mother in one either." A resident was killed at the nearest nursing home, Ferndale, according to Lynn. The person was killed from three blows to the head while asleep. Lynn's source was the county coroner.

As long as she could do for herself, "I guess I'll be just like I am." When she could no longer do for herself she would like someone to stay with her. "If I had my mind I wouldn't go in one (nursing home)." When pressed, she countered that it would be some place other than Ferndale. She expressed a fear of being abandoned for "they (family) don't visit me here, so why would they visit me there" (nursing home). She felt she would lose

her dignity (pride) and would have to give up her way of living. " . . . have someone wait on me and I never had that done to me in my life." Later she shares, "I would feel hard at my people for letting me have to go into a home like that." "I don't believe I would be the same person. I would feel like I was nothing . . . just waiting to go home." To leave here and to go home were phrases used by Lynn to describe death and dying. Most everyone in her family have died of cancer and she believes she will too.

Her purpose for old age was to share and enjoy life with a spouse. When asked what she had learned from old age, she responded, "You've got to learn how to take care of yourself, cause there's not anyone going to do it for you." Being alone was the hardest thing she has had to try to accept. She did not feel good about or have a sense of accomplishment with these learning tasks, only some resentment at being forced to struggle with them.

The main points of the interview with Lynn would include the following: (a) Lynn felt and expressed a strong dissatisfaction with her housing and with being alone. The impact of the resident's deaths on her dissatisfaction was unclear. Although her fear of being alone can be understood from a medical standpoint, this fear and habit has been life long with parents and spouses. (b) She is socially disengaged from both friends and

family. (c) She does not seem to be coping with or adjusting to the reality of her circumstances. (d) She seems to be exhibiting an external locus of control. (e) She seems to be dealing with death and dying on some level. She will leave the complex one way or another and needs to go elsewhere to die.

Lynn provided additional insight into the meaning of nursing homes and the burden status. To no longer be able to take care of herself, "to have someone wait on me and I never had that done to me in my life," seems to say that she would no longer feel like an adult, that she would be subject to the will of others, and therefore would have no control over her day to day existence. Many of the subjects would prefer death to this state of existence. Fear of personal loss of control, helplessness, and regression may be part of the elderly person's fear of institutionalization.

Lynn was perhaps the most unhappy and dissatisfied subject in the study. She was bored, had no purpose, had alienated herself socially, was very lonely, hated her housing arrangement, and feared being alone (and perhaps dying alone). Her past had been satisfying with her two marriages. But, her current lack of companionship had become close to an obsession and was a principle drive and motivation.

She defined herself in terms of other people and her

needs seemed to evolve around others. She coped by being with others yet she recognized that she had managed by herself recently. She was largely disengaged from her family and friends yet made this an absolute requirement for future satisfaction. Moreover she stressed self sufficiency for self and others as a criterion for successful aging.

Lynn expressed a high age identity and she compared herself to her agemates. She felt that since she never put her mother in a institution, she should be able to count on someone doing the same for her now. Burden was duty for Lynn. A nursing home was totally unacceptable.

#### Case Summary: Wilma

Wilma, a 68 year old retired public school teacher, principal, and supervisor, has never married and has several sisters and extended family currently living in Florida. Four years ago she reported her health as good but now rates it as not so good, listing hypertension, cellulitis (circulatory disorder in legs) and diabetes. She considers her functional status as good. Her education includes a year of graduate education beyond her Masters Degree. Wilma's annual retirement income matches her income during her peak earning years. She lives in an apartment two blocks away from a major state university in an urban area.

To Wilma no two days are alike. It took nearly a

month to finally stop her long enough for a talk. Part of the difficulty included regular trips to the hospital to treat a circulatory disorder that had slowed her down somewhat. Since retirement she has remained very active in education and currently serves as President of the Retired Teachers Association of the county. She reads the professional literature and continues to participate in many professional education organizations. She said that she has been able to do more since retirement. "Younger generation calls it retirement; older generation calls it quality time." She would like to have more time in her day to do even more. This would involve traveling, working with the Art Museum, continuing education courses at the university, and seeing more plays in New York City.

Her stay in the hospital and the convalescent center apparently made her more aware of what was important to her. She said, "Everyone should have to go there every once in a while." "I don't think we are thankful enough" for what we have. In another instance she said that it would be difficult to do nothing. While in the convalescent center she had a phone put in and essentially set up an office in her room. Very early in her stay a nurse told her that she would not be there long. She sees herself as a realistic person who will adjust as need and ability dictate. She said, "I don't guess I dwell on the negative aspects of the day." During her period of

disability a sister came up from Florida to be with her for a month. Wilma thought the sister's spouse was very understanding.

When asked, "What gives you meaning?" she responded with friends, religion, and continuing to learn. She found meaning in working with senior citizens and enjoyed participation in the various levels of government. She describes herself as a happy person, positive, independent, enthusiastic, intellectually curious, an organizer and leader. When asked, "What makes you feel good about yourself?" she said that she could still get around, drive, live alone, and was able to comprehend. She enjoys doing things for others.

Concerning her past and possible regrets she advised women entering the profession to save some time for themselves and not give everything to their profession as she had done. Yet she had enjoyed her career and life and had made the choice herself. When asked about marriage and children, she described a varied dating life when she was younger and stated that she had lived through her nieces. She bragged that one niece was now Associate Dean of the Yale Law School.

When the subject of age came up, Wilma quickly said, "I'll tell you one thing, I have never felt that I was old . . . from the way I feel and from what people say (appearance)." "I think it's my conversation, my

enthusiasum. I hope I don't act like an old foggy that can't change. I've got my teeth and my hair." Age was not one of her favorite subjects.

When asked, "What was it like to feel old?" Wilma pleaded ignorance but finally went on to talk about age comparisons. "Well, the years tells you and you look at the other fellow, your peers, you know." She and her sister would see life long acquaintances their age and remark that they looked older than their years. Concerning the elderly on her floor in the apartment complex, she remarked, "It's their appearance, their speech, hearing, the way they move . . . and the fact that they don't get out at night." Needless to say, none of these were characteristic of Wilma. Later she remarked, "I think you learn things not to do from seeing others." "The people I am more associated with, I am more aware of their behavior and my behavior . . . but I try to accept that person . . . I try to accept that this is the point where they are, and I hope that I never reach that point." She went on to say that she hoped she never would lose her flexibility. When asked why she thinks we compare, she said, "I guess it is the fear of what's coming . . . hoping that we will not become that way."

In response to the question, "What makes you realize that you are getting older?" she replied:

Well, I guess birthday's don't lie, but it is kind



of a jolt when my birthday comes around, I couldn't possibly be this old. Well, I guess healthwise, to really be realistic, I'm not as spry as I would like to be. I guess there is some slowing down. And things that were important to you a few years ago are not so important now.

Later in discussing what she did with these changes and insights, Wilma shared, "I don't know where you draw the line between being realistic and grieving, accepting." She went on to give several examples of how her mother had to cope and adjust and how she has had to do so as well. She concluded, "In coping, I guess they should have a school for coping skills for the aged."

She likes her peers to be intellectually stimulating so that she can learn something from them. She was pleased that she had great rapport with younger people and especially enjoyed her interactions with and contributions to young teachers. "When you are older you should have young friends to keep you young and vivacious and spirited and when you are young you should have older friends for their wisdom and experience."

She named her grandmother as a very special person for her and her siblings. She quietly lived her beliefs and values and had a wonderful sense of humor. Wilma felt she gained much from her grandmother but that she missed many opportunities to learn from her as well. She also

named her mother. "I don't guess I ever really thought of my mother as being old," and she had a sparkling personality until her death. Wilma herself would seemingly look for excuses to laugh during our conversation--a pleasant sense of humor.

Her mother's agelessness was described in terms of an acceptance of life, very open, moral kind of person, and very understanding, flexible and supportive. Wilma believed that one doesn't really change that much as he/she ages.

I believe in change and I think that it is deplorable when people cannot change, they want to stay in the same little rut and are not open to new ideas. Some people have such a mind set that they just refuse to accept new ideas and things. And, I don't think this is a matter of age.

When asked to complete the sentence, "The older you get" Wilma responded with, "the wiser you become" for you should have learned much from your experience. In discussing how we know how well we are doing with the experiences of the later years, she concluded that as long as she still could do as before, with modifications, then that would be sufficient.

When asked to describe someone who had aged well, she talked about a lady down the hall from her. The woman was intellectually alert, belonged to several organizations,

good cook and homemaker, very religious, and had a positive impact on the people. Of her own grandmother and mother, she described women who had many interests and were always busy with projects, could do most anything that they wanted to, health was good to the end, strong interest in a close family, and very caring and supportive.

The unsuccessful ager named also lived in the same building. She was described as one who nothing seemed to please her, had an aggressive and sharp tongue, had wretched health, and didn't get along with her family. She is currently in a nursing home for health reasons. Wilma concluded "so out of that I think we learn the things that we don't want to exhibit."

Concerning her own successful aging, she listed the following as examples: gets along with people as evidenced by her many friendships and relationships, is open and honest with her beliefs, helpfulness, willingness to accept responsibilities, and willingness to be both a leader and a follower. "No matter what your age is to have a healthy respect for your own self, your own self image, and feel good about yourself in many ways. Well, I feel good about myself." She went on to say that it is good to know others evaluations of you as well as your own.

Wilma hesitated on conditions of dying for "you

wouldn't know until you had the situation." However Alzheimer's Disease caused her grave and lengthy consideration.

Wilma initial words concerning a nursing home were telling and worth quoting at length:

Well, I would hope that I would have the means always to take care of my self. At some future date I may need to move into a, I hate to say a, I shy away from saying nursing home care, but a retirement health center. But isn't it funny, I have seen a number of them.

She plans to move to Florida and be near nine different relatives for support and backup care. When pushed with the nursing home question, she said that "you would lose some of your independence . . . would have to abide by their rules . . . and eat their food . . . have to put up with all types of personalities among the staff." She was very reluctant to focus on actual long term placement in such a facility and talked around the question of gains and advantages to such a future. She expressed her admiration for those who worked here and did an effective job.

High points in the session with Wilma would include the following: (a) Wilma was very open to learning and was as fully engaged as she could manage. (b) She described the age comparison practice in some depth. (c)

She gave some credibility to the notion of "you are and expect" what you see and come into contact with concerning your agemates. (d) She described her grandmother and mother as models for aging and for living. (e) Wilma contributed further to the meaning of a nursing home to an older adult.

When asked about how she knows how well she is doing with the tasks of old age, she responded with as long as she could do as before. When asked what made her feel good about herself, she responded with helping others and still being able to do for herself. These answers seem to address Wilma's conditions for satisfaction and continued satisfaction. Dissatisfaction comes from being unable to do those things she has previously found meaningful. Her life has brought her much satisfaction. Aside from her circulatory problem her present circumstances are rewarding and fulfilling. The future is clouded by the possibility of institutionalization. However Wilma plans to avoid this by moving close to her extended family in Florida.

She needed to be active, helpful, useful, and to make an impact and a difference. She needed to laugh. She seems to feel good about herself and to be able to control her circumstances. She seems to regularly compare herself to others her age and has characterized this as learning how you don't want to become. She is "no old foggy who

can't change." Her criterion for comparison includes fear of what's coming, what not to become, flexibility, and appearance.

Wilma, being a never-married, is comfortable with being along and with filling her days with meaningful activities and relationships. She seems to be very open to new experiences and to learning. She is as engaged as her current limited mobility permits and plans to expand her activities as soon as she is able.

She felt that it was difficult to draw a line between being realistic, grieving, and accepting one's circumstances in later life. We would be more thankful for what we have if we had to check into a convalescent center every so often.

#### Summary

Insight into the past role of elderly people in the lives of the respondents came later in the research process despite the fact that most all the questions were directed at the present or current experience of the subjects. Comparing oneself to a previous model of older adulthood was one of the forms age comparison took with the subjects.

Most all the elderly subjects had strong feeling about what would happen with them if they lived beyond their ability to care for themselves. Some stopped short and spoke of their fear of a nursing home and some

expressed a hope for death instead. Helen and Wilma spoke to this fear. Institutionalization seemed to represent a loss of control and a loss of identity for the individual. Not only would the person no longer care for or maintain responsibility for themselves but strangers would be in near total control of those facets of their lives that had been instrumental in maintaining personal identity.

Others examined the options with a consideration of some sort of "burden status." This included how and why their children would or would not care for them or why they would not permit it. Just knowing that children could be there for them was enough, for the person really didn't want to become totally dependent on her children. This would jeopardize a major part of their identity and encourage a role reversal with the adult child. Maintaining self sufficiency and independence to the end were most important to these older adults.

Wilma, like Irene before her, spoke in some depth to the age comparison construct. Her criterion for comparison included a fear of what was coming and what not to become as well as looking for some of her conditions of successful aging such as flexibility and appearance. Part of her adjustment to old age has been to monitor the consequences of different ways of aging and expressing oneself in the later years among her agemates and then not do or become like the negative examples observed.

Part of the basis for an age identity seems to come from this age comparison process. Each subject varied in to the extent to which they based their identity and behavior on age related criterion. Much influence and pressure exists socially and in the mass media for one to act their age, especially after retirement.



## CHAPTER VII

### Analysis of Cases

Several themes emerged during the data collection and analysis process. These themes addressed various dimensions of the coded categories of meaning and will be discussed in the following categorical order: (a) Current satisfaction and dissatisfaction, (b) Time: past, present, and future, (c) Individual/Intrapersonal, (d) Responding: engagement and coping, (e) Age identity/ Successful aging.

#### Current Satisfaction/Dissatisfaction

##### Satisfaction

Current sources of satisfaction for the total group included the following: (a) self-perceived health judged adequate by objective criterion, (b) being independent and self-sufficient, (c) engaged in meaningful daily activities, (d) able to give assistance and to be useful to others and to receive love and assistance (when needed) from others, (e) able to be themselves, and (f) able to accept current circumstances as enough. Each of these factors were expressed by each subject with the first four being stated rather emphatically and clearly. The fifth factor described the person's wish to be able to continue to be and to express the self they generally knew, and liked, and with whom they were comfortable. Factor six

spoke to their ability to accept their circumstances, and to be satisfied with such conditions. Most of the parents expressed satisfaction with their children.

### Dissatisfaction

Current sources of dissatisfaction for the total group included the following: (a) lack of meaningful daily activities and the means of passing time in a personally meaningful way, (b) personal concerns with possible future illness and disabilities, (c) housing concerns, and (d) lack of time to do everything. All low income housing elderly mentioned lack of meaningful activities while no retired teachers except Mary mentioned such a dissatisfaction. This may be attributed to her impaired mobility. Around half of the low income group mentioned lack of companionship and loneliness as a source of dissatisfaction while among the retired teachers only Edith made a reference to this need among the retired teachers.

Both groups expressed much concern over possible future illness and disability and subsequent nursing home placement. This concern will be covered in more detail later. Half of the low income housing group expressed dissatisfaction with their housing. Each of these individuals had suffered heart attacks in the last four years. None of the retired teachers expressed any housing concerns. Five of the six retired teachers stated that

there was not enough time in the day to get done all they wanted to complete. Mary again was the exception and this was because of her partial disability.

Time: Past, Present, and Future

Past

No direct effort was made to determine the subject's level of life satisfaction. Two questions were asked that indirectly addressed this issue: "How do you feel about how life has turned out for you?" and "When just daydreaming and thinking about life, what kinds of things come to mind?" All subjects except Irene expressed satisfaction with their past and this usually included their family, spouses, children, jobs, and careers; various choices made such as remaining unmarried and childless; contributions to the community; and satisfaction with themselves though for most this was only implied. There were regrets but these were usually considered insignificant compared to the satisfactions. Only Irene spoke at length and with obvious feeling regarding missed opportunities with education and career.

There was obvious disagreement between placement from the LSES scores on life satisfaction and reported life satisfaction during the interviews. This may have been due in part to the social desirability factor. However, on occasion subjects seemed to attempt to use justification to make past and present accomplishments and

opportunities enough or okay.

Few individuals spoke of doing anything that could be described as a life review. Only Edith, one of the most engaged and present centered subjects, admitted to regular reminiscing with co-workers. Life review work was usually only implied on occasion.

The majority of the subjects seemed to have somehow found meaning in and for their lives, regardless of how "successful" their lives may have been. They seemed to have addressed the following questions: "Has my life been enough for me?" "Am I satisfied with what I did with my life?" "Have I released any regrets of things done or not done?" "Have I accepted the things I can't do anymore or won't be able to do anymore someday?" These questions seem to address Erikson's late life task and crisis of ego integrity vs. despair. Most of the subjects had apparently resolved the issues involved in most of these questions. The last question continued to remain unresolved for many of the respondents.

Their responses seemed to point to a process involved in the ego integrity vs. despair task. Each subject was confronting the task from a different perspective. This had to do somehow with a sense of time and level of functioning. Because many of the subjects had reached a positive closure with the first three questions but not with the last question, it seemed that the task of ego

integrity would require a time dimension of past, present, and future.

Moreover, many times until they were forced to deal and cope with a change in health and functional status, they would not address the first three questions or the basis of ego integrity. It also seemed that the past was integrated and accepted before the present and the future. For example, many of the retired teachers, enjoying good health, continued to function and do as before with little regard for concerns of the future. However, after a significant change in health and functional status that served to bring death into focus, the past became a measuring rod for the present and future. These same factors were observed in peers. Yet, overall the subjects appeared to be more concerned with the future and the present than with the past. The retired teachers were more fully engaged with the present than with the future.

The subjects with recent experiences with heart attacks seemed to exhibit a different meaning perspective. For example, Mary and Irene, both of whom spoke of death in immediate and personal terms, seemed more involved in an actual genuine struggle with this task. Certain markers of health and mobility indicating level of functionality, "no longer can do" and markers indicating a sense of time remaining or "time urgency", combined to force the person to consider what the future held for her.

Time seemed to be a concern for all of the subjects. Either there was too much of it or not enough of it. The subjects described doing time, passing time, or filling time meaningfully. Overall, because of higher functional status(s) and fewer disabilities as well as greater opportunities, the retired teachers were far more likely than the other group to fill and use time meaningfully rather than do, pass, or search for ways to kill time each day.

In addressing time in the present all low income housing elderly, and Mary of the retired teachers, stated that they did not have the things to do to meaningfully fill their time. Hanna did not have enough time in the day. Kate and Gail kept to a busy and fairly predictable schedule. Edith and Wilma both seemed to fill their days with activities and projects that brought them satisfaction. The low income housing elderly looked for ways to kill time and in some cases almost seemed to be doing time. The other group was much more likely to be filling and using time in personally meaningful ways. How the person was managing present available time had much to do with the person's present satisfaction as well as perception and expectation of future satisfaction.

#### Time urgency

Each subject made some reference to a personal awareness of the passage of time. This took the form of

time remaining and of time passing more quickly as one ages, both seemingly creating a sense of "time urgency". This sense of time running out when combined with less opportunity for some to find meaningful activities was very frustrating for several of the subjects. Responses to the perception and awareness of time urgency included: (a) withdrawal or contraction, (b) continuation as before and doing what one still can do, (c) prioritization, channeling, or focusing remaining energy, (d) letting go of a primary concern or an awareness of time. Time urgency and the subject's chosen response impacts on both present time (what should I do with my remaining time) and past time (with no chance of starting over, how must I now evaluate my life time).

The sense of time urgency usually came with or after a marker event of change and loss in health status. This in return was related to the concept of bargaining, e.g. as long as I--, I will be okay, happy, satisfied. The bargain exists on several levels as the person makes a new bargain with each different level of health and functional status. For example, Edith and Kate stated that as long as they had their health, they would enjoy life. If they lost their health, then it would be alright as long as they could get around and take care of themselves. If they could not do this, then it would be okay as long as they had their mind and control of bodily functions. If

not, then they would rather be dead. Each person varied to their standards for toleration and conditions for preferring death. Some mused that you really couldn't know such conditions until you were there.

Time urgency, functional markers, the bargain and conditions for preferring death were all related and interacted with each other. Personal perception and assessment of functional markers (no longer can do's) usually prompted a greater sense of time urgency and likelihood of stipulating a bargain. Although conditions or circumstances may have changed, it really is tolerable as long as an aspect of current circumstances continues to exist. When circumstances change too much the person begins to measure her ability to cope and to tolerate disability and adversity. Ultimately conditions for preferring death may replace the bargain. The following examples in Table 4 come from the case studies. These examples of time urgency, markers, bargain and conditions for preferring death demonstrate the subject's use of such constructs in the interviews.

Future. Regardless of whether they chose to or were asked to focus on their future, most of the subjects seemed to avoid looking too long at the future. Instead they greatly preferred to consider the present and hoped that the future would be similiar to the present. Again and again the person would return to the phrase, "As long



Table 4

Subject's Use and Expressions of Constructs of Time  
Urgency, Markers, Bargain, and Conditions for  
Preferring Death

Subject	Narrative
Mary	Hoped she wouldn't be here in five years; was past feeling useful; had nothing to look forward to; prayed she wouldn't have to go to a nursing home.
Hanna	Did not have time to do all she wants to do and cannot do enough for others.
Irene	"Time is growing shorter." "Would druther have a heart attack" than go to a nursing home.
Helen	Thinks lots about dying and who will care for her. The older you get, "the faster time passes and you feel you are running out of time . . . also the more you think about dying" in terms of who you leave and of being left.
Violet	"The only time I ever think about death is when I think about my age . . . and I don't guess I have very long."
Gail	Being helpless and not being able to do

Table continued

	for self (changed her mind later). "Anything could happen to me anytime."
Marge	"The older we get the shorter our life is." She said she would rather be dead if she could no longer remain active.
Kate	Expressed appreciation and gratitude for health; would rather be gone than have Alzheimer's disease.
Linda	Would rather be dead than become like nursing home people and lose her mind. "You know you do not have much longer to live."
Edith	Would rather die than become ill and/or "not be able to get out and do anything . . . when the mind is gone . . . and when someone else has to take care of you."
Lynn	"I dread to see a birthday come up . . . I'm a year nearer to my time to leave here (die)." Would rather die than not be able to take care of herself and have to stay in a nursing home a long time.
Wilma	"Well, it might get so unbearable and so difficult but you wouldn't know

Table continued

until you had the situation."

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as I." When asked to go beyond the phrase, they would usually respond with one of the following: (a) another bargain, (b) avoidance, (c) time urgency, (d) reference to death and dying, (e) conditions for preferring death, or feared image(s) of their future, usually referring to disability or to placement in a nursing home, (f) consideration of resources and sources of support, (g) consideration of their burden status, and (h) reference to religion and God. These took the form of such responses as: "As long as I have my mind;" "I don't want to think about that;" "Well there isn't much time left anyway;" "I'm ready to go;" "I don't want to live if I have to go to a nursing home or have my children care for me;" "I'll be okay for God will care for me."

The later years give the individual a unique time perspective. While young or even middle aged the person still has time to put off goals and projects and even living. He/she "still can do" someday and can make it all right and enough someday. Around mid-life one's time perspective can change from a "years lived" to a "years left" perspective. As the person reaches old age his/her future recedes into the present and past. The person no longer can project still can do's into the future but can only claim them in the present. Here they become vitally important as markers of continuity and not being old. The present and past must be enough. Time urgency requires

the person to let go of such a meaningful future and to accept present circumstances, challenges and opportunities, and a life time as it was lived by the person (ego integrity).

As long as a person still can do in the present, he/she can still do in the future. Present still can do's provide a future; their loss denies a future. Not having a future ordinarily means that the person is either old or terminal or both. Therefore an attachment to still can do's can serve to deny the age identity.

Nursing home. Two responses to the possible future will now be considered, nursing home and burden status. Essentially every subject except Hanna found some way of bringing up the topic of nursing homes. About halfway through the interview sessions two questions were developed and asked: "What do you believe you would (a) lose, (b) gain from living in a nursing home rather than in your own home?" "How do you believe you as a person would (a) change, (b) remain the same in a nursing home?"

Hanna was the only one not to initially mention nursing homes. Violet, Gail, and Edith felt as if they could handle institutional living if it was actually necessary for them. Otherwise the other eight subjects, based on personal experience, expressed strong feelings against nursing home placement. Mary, Irene, Helen, and Marge felt they had seen too many such homes to feel

comfortable about such a prospect for them. Wilma seemed to have trouble even giving expression to the words, "nursing home". Kate would pay for professional home health services or would reform any institution that got her as a resident. Lynn took care of her own mother until very late in life and felt that the same should be done for her.

Linda probably had the most to say about nursing homes: "They (residents) just reach out for love . . . they don't get any love at all." For her to live there it would mean that she would give up friends and home but might gain friends if she stayed in her right mind. Linda described several fears of institutionalization: losing one's mind, having no visitors, and not being able to take care of oneself. Lynn stated, "to have someone wait on me and I never had that done to me in my life." As these people observed, whether as visitors or as short term residents, they apparently witnessed many of the preceding concerns.

According to the subjects, residence in a nursing home usually meant that the person would be either disabled or not cared about by their family. Many stated that they wouldn't be there unless it was absolutely necessary. It would mean that neither they nor their family or support network could support them independently in their home. Everyone either mentioned the burden

status, expressed much fear and concern with such a placement, stated that they would feel rejected by family if placed in such a facility, or expressed the belief that they would find a way of coping with such a change. For some, nursing homes provided a needed and necessary service. For others, it was a place where you waited on death. It was the last move you would make for you would never leave alive. A nursing home symbolized a nearness to death. It also represented a loss of independence. Disability would eventually require institutionalization. Each marker of "no longer can do" was read for its potential for requiring institutionalization.

Given the subjects' descriptions of successful and unsuccessful agers, a nursing home resident would have to, upon admission, give up any claim to successful ager status. Apparently it would somehow represent a failure. However, upon further consideration, some of the subjects expressed confidence in their ability to make the most of nursing home residency. Such people may have been successful at adapting to new circumstances and believe in their ability to do so, even if it includes loss of control or independence. Others may be ready to be taken care of at that point. Perhaps the anticipation colors the experience and much additional meaning is forthcoming with the actual residence.

Burden status. This was defined as the elderly

parent's consideration of how and why the children would or would not care for them and/or why they as parents would or would not permit them to do so. Again most everyone mentioned or made some reference to future support or caregiving for themselves. Examples of the subject's references to burden status are given in Table 5.

For some of the respondents, references to the burden status seemed to carry some of the same feelings as did the nursing home. Both represented a loss of self sufficiency, independence, and control. The burden status seemed to require one of two meaning perspectives. First, to live with one's children meant that they loved you enough to do this for you. Such love should not be turned away (Hanna). Second, to not live with your children meant that you loved your children enough to not allow them to assume this responsibility (Edith). Your refusal demonstrated your love. Either of these positions provided an adequate justification for the burden status decision and masked other more basic reasons such as family history and personality factors.

Mary's remark concerning her grandchildren may provide some meaning to the burden status. She would not share parts of her real self with her children because "they had always looked up to Mamaw and I want to keep it that a way." Perhaps personal dignity and pride dictates



Table 5

Examples: Burden Status

Subject	Narrative
Mary	Wouldn't burden family to stay home from work for her.
Hanna	Not mentioned but lived with family at the time.
Irene	Didn't want to live with children because they cannot quit their jobs to take care of her.
Helen	No children but claimed that friends had stated they would care for her.
Violet	Seemed comfortable with nursing home but allowed children to claim responsibility for her well being.
Gail	Not mentioned but was living with three of her siblings at the time.
Marge	Not mentioned but occasionally provided respite care for her sister who took care of their 90 year old mother at the time.
Kate	Not mentioned, was childless but expected to utilize home health care.
Linda	Expressed much fear of nursing home but

Table continued

stated that she had a son that  
looked in on her regularly and had a  
daughter around fifty miles away.

Edith

"I don't think it's fair to live in the  
house with your children . . . I would  
be a responsibility that they don't  
need to have." To live near them was  
okay.

Lynn

"I would feel hard at my people for  
letting me have to go into a home like  
that . . . would feel like I was  
nothing . . . just waiting to go home."

Wilma

Would move to Florida to be with her  
family.

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that the elderly person wants to be known and remembered as a competent and functional adult rather than as a person that required daily care like a child. To live apart increases the chances of managing the impression of functionality and autonomy for a longer period of time.

Moreover, to be an adult and parent means that a person is in the position of expressing love and caring through giving, not through receiving, as a child. The potential late life role reversal is actively resisted by the elder.

#### Individual/Interpersonal

Two variables were categorized and examined under this heading. These were self (identity, concept, esteem, and efficacy) and motivation (needs, values, and philosophy).

#### Self

Most of the study group's sense of self identity seemed to evolve around what they did, the rightness of what they did, and their roles rather than who they were in any descriptive or objective way. This was especially true with the less educated subjects. The retired teachers were more able to respond to the question, "Who am I?" than were the less educated subjects. The responses varied greatly, with Lynn speaking from her current dissatisfaction with her housing, while Gail spoke to a life review reference. When speaking of themselves

most of the subjects used an external frame of reference or standard of comparison. Many times this came in the form of age comparison of age mates. Other standards of comparison used were earlier models of aging, personal health and functional status, and themselves at earlier ages. The retired teachers seemed more internally oriented than did the low income housing elderly.

Most described a self-concept in moral terms and no one expressed a negative self-concept. Even if they had indicated much dissatisfaction, they always found some way of achieving resolution. Self efficacy or felt sense of personal competence, mastery and control regarding environmental demands, seemed to be very important to most of the subjects. This variable was most obvious in references to health, disability, or the future and provided a major motivation, "taking care of self," for the group.

### Motivation

The two primary motivations found in the study sample were, first, to continue being able to express themselves in ways that they had previously found rewarding and fulfilling, e.g., being useful and helpful to others, and second, to be able to take care of self, to remain independent and self sufficient. Both of these motivations were named as criterion for successful aging by the sample. Another motivation seemed to involve a

need to feel like one had and was continuing to live the right kind of life. This was the closest reference to any kind of general legacy found in the group.

Needs did not seem to change much through the years other than those involved with responding to new circumstances such as travel because of retirement and extra available time, and with coping with age related disabilities, changes in functional and health status, and with losses of roles, relationships and capacities. Most values and philosophies mentioned were typical of the age group and cohort. Several subjects cited philosophies that seemed to summarize their lives. Mary and Gail provided good examples of having lived their philosophy(s) of life.

#### Responding: Engagement/Coping

##### Engagement

All the subjects were engaged within their own social and family network. All were retired with Edith working full-time half the year, Violet wanting to work again, and others such as Mary and Gail having worked after retirement. Each person needed little help in maintaining their own households. This was a source of pride and a marker of self-sufficiency and functionality.

The retired teachers were far more active and fully engaged than were the low income housing elderly. Among the retired teachers only Mary reported significant

limitation requiring some disengagement. Health and functional status again seemed to play a critical part in how socially engaged the subjects were. Despite such potential limitations most all the subjects found and created ways of continuing to remain socially active and involved in meaningful roles. Wilma had a phone and desk moved into her hospital room during the treatment of and her recovery from a circulatory disorder.

Among the low income housing elderly there was an obvious relationship between education and the extent and range of engagement and socializing. Helen had a high school education and Linda had two years of college; both ranged throughout their complex and town. Irene, Violet, and Marge, with eighth grade educations, and Lynn with a fourth grade education, all stayed basically within their family unit. Fairly recent heart attacks and surgery may explain some of this as well.

One third of the subjects were never marrieds. Three of the four never marrieds were retired teachers. Helen and Kate responded that they had no regrets about never marrying and having no children. The subject was passed over with Gail and Wilma felt she had lived somewhat through her nieces. She went on to express some regret over having been perhaps too involved with her career.

### Coping

This first category of responding was limited to and

defined as the subject's attempt to respond to changes in health and function status or some other significant loss such as death of spouse or change in housing. No attempt was made to compare current coping styles to previous styles or even to determine a person's style of coping.

As a group the retired teachers, though older, were more healthy than the low income housing group; therefore, they seemed to have less with which to cope and they largely continued to pursue many previously rewarding roles and activities. As a rule, the retired teachers responded to changes through activities. Mary, for example, used housework as exercise to stay mobile, while the low income housing elderly utilized their family, especially children. The other less healthy group was found to be more involved with various strategies of compensating for disabilities and chronic conditions. Half of this group had suffered heart attacks since the researcher had met with them four years previously.

Aside from retirement, until they experienced a change in their health and functional status there seemed to be little age related change in the life style of any of these elderly. Until such a change, they reported continuing to do as before. This was referred to as "as long as I" "still can do" then no change or coping was seen as being necessary. Age per se did not necessitate any major adjustment; rather a loss such as change in

health or support network seemed to be necessary for any significant shift in behavior or identity. However, several of the respondents mentioned other older adults, usually as unsuccessful agers, who altered their identity and life styles solely on the basis of chronological age.

Coping as well as age identity seemed to be dictated in terms of activities. When a person could no longer do as before, then some adjustment was necessary both in terms of behavioral adaptation and cognitively with justifications and reframings. The task was to somehow find a way of making this necessary change all right and acceptable. For some this involved a quick and pat answer or solution; for others a struggle with interpretation and attribution of meaning was necessary before acceptance and letting go of what had been was possible. Usually adjustments to new conditions of acceptance and satisfactions are achieved, but eventually these are subject to question and alteration as new challenges to functionality are faced.

The process of letting go of regrets concerning things not done and things the subject can no longer do may involve a psychology of inevitability. The person feels that nothing can be done about the change and that circumstances could and probably someday will be worse. Moreover, many such changes are expected as the natural order of things. If one lives long enough or too



long, then decline has to be expected and a means of coping must be found. This sentiment was expressed in various ways by most of the subjects, usually as part of their future image. One has to be mature or big enough to face the reality of the inevitable.

Much of coping or adjusting to changes seemed to involve a letting go process. The person is pushed by circumstances to let go of prior conditions for personal satisfaction, happiness, worth, meaning and identity. Many subjects stated "as long as I can" then things will be alright, e.g., take care of self, keep my mind. Yet in time these conditions will change as well as they "no longer can do" as before. A bargain is struck somehow with self, fate, and the future as the person seems to be measuring his/her capacity for and tolerance of change and adversity. Ultimately "conditions for preferring death" become part of the coping and the bargaining construct. Essentially the person seems to be saying that certain conditions of existence would push them beyond their ability to cope.

Each person responds differently to the demands and opportunities of change and loss. Some of the subjects denied (Irene), some struggled (Marge), some accepted prematurely and passively or gave responsibility to others (Violet and Lynn), and some finally let go after appropriate struggle and accepted (adjusted to) new

conditions of satisfaction, worth, meaning, and identity (Mary). Many of the subjects had not experienced any great changes in their health. Yet most everyone spoke of the task and need to accept life as it came along, along with self and others. Table 6 gives examples of such references.

Perhaps the two most relevant quotes came during the second interviews with Hanna and Edith. According to Hanna, "Loss is a natural thing. Disease and old age would make you miserable if you lived too long . . . We should not complain because it could be a lot worse." Edith shared, "reality removes denial and encourages acceptance . . . You have to adjust and let something else take its place."

#### Age Identity/Successful Aging

##### Age identity

Activity and busyness sometimes seemed to serve as functional markers of what the person "still could do". This also related to the burden status, to age identity and to a possible aging/dying trajectory or continuum. Critical incidents such as a fall or no longer being able to drive or clean house served as markers to the person and to those that knew them. Such marker events were both individual and universal. They could represent a challenge to recover, change, or maintain; a warning of other things yet to come; or an opportunity for rehearsal

Table 6

Examples: Acceptance

Subject	Narrative
Mary	Do the things that come around for you. Turn problems into challenges and opportunities to grow.
Hanna	Try to be happy in whatever you do, to find good in it. We must realize that we have to learn from the struggle. We can't travel anymore but that's okay, we had our times.
Irene	Adjustment to what was currently possible was a necessary task of old age. Struggled with acceptance of lack of earlier opportunity. Thinking about things that they (elderly) know that they can never have now and have to be content with things as they are.
Helen	Tried to live each day as it comes. I just stood it (brother's death).
Violet	Learned to live without, to cope with other people better and not doing for family and job. Accept life and fate as being in God's hands. Doesn't worry about health, blindness and being old.
Gail	Tried to accept things beyond her control. You

## Table continued

learn to be more patient with people as you grow older, more tolerant of people. You just learn that human weaknesses exist and you learn to face it. With age you become more at peace with yourself and what you can do. You are just more contented with what life has offered you.

Marge      Worry will age you quicker than anything. We don't know the sweetness of life until we are disabled.

Kate        Learned letting go from devotion with mother. Acceptance of God as being more powerful than she.

Linda      Live for one day at a time.

Edith      Have grown more accepting of people. Can recognize difference between accepting and approving. More accepting now for life does that to you. You get more mellow, or accepting. Learn what's worth getting upset over.

Lynn        You've got to learn how to take care of yourself cause there's not anyone going to do it for you.

Wilma      I don't know where you draw the line between being realistic and grieving and accepting.

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for more severe losses. The generally understood rule for the older adult seemed to be that at this age there was no reversal, just a matter of time, fate, or genetics. On the other hand it was felt that a person could live too long and under the wrong circumstances. Mary and Edith spoke to this concern.

"As long as I still can do", a statement of perceived personal competence, was mentioned by every person in the study. Most everyone felt the basis of the "still can do" was health, which can change or be taken away at any time. A change in health status usually required a corresponding change in terms of age identity. As the health status went down, the still can do's or functional status generally went down as well and age identity went up. Table 7 gives a comparison of subjects on dimensions of health, still can do, and age identity status. Age identity is usually low in healthy and functional older adults. Such individuals define themselves in non-age related ways such as former teacher. However, as they become increasingly disabled, they are more likely to describe themselves in terms of being "an age," e.g., "for my age."

Mary was rated low because her two critical incidents (falls) had limited her mobility and view of herself significantly. Up until these incidents she did not describe an age identity, but because of not being

Table 7

Comparison of Health, Still Can Do, and Age Identity

Subject	<u>Health Status</u>			<u>Still Can Do</u>			<u>Age Identity</u>		
	*H	M	L	H	M	L	H	M	L
Mary			X			X	X		
Hanna	X			X					X
Irene		X			X		X		
Helen	X			X				X	
Violet		X			X				X
Gail	X			X					X
Marge		X			X		X		
Kate	X			X					X
Linda	X			X				X	
Edith	X			X					X
Lynn			X		X		X		
Wilma		X			X			X	

\* H = high; M = moderate; L = low

able to compensate for her ankle injury, she now defines herself more in terms of age.

Although Hanna has several health concerns and is limited to a certain extent by her spouse's health, she has adjusted very well and continues to do as before. She does not think in terms of age but rather sees herself as a provider through various roles.

Irene's heart attack and extra weight hold her back somewhat but she basically still can do most all she wants to do. However, given her tendency to compare herself to peers and her struggle with the ego integrity vs. despair process, a major portion of her identity currently seems to be age related.

Helen is in good health and still can do as before but she tends to see and relate to others in terms of their perceived longevity and the "for their age" construct. Although she is healthy, her perception of not having anyone to care for her in her old age may have the same effect as not being well or able.

Violet's recent surgery and Wilma's current circulatory disorder have temporarily altered these women's otherwise high levels of health and still can do status. Violet's excellent recovery reaffirmed her religious values, while Wilma's observations and experiences in the nursing home made her appreciate health and life even more. Both women seemed to be struggling

with the appropriate place for an age identity in their lives.

Gail, Kate, and Edith among the retired teachers and Linda and Helen among the low income group all indicated high levels of health/functional status and still could do most anything they had previously done, though probably a bit slower. Each of the retired teachers continued to serve in modified roles carried over from their middle years. All three enjoyed excellent health and all felt that there was no reason for them to think of themselves as old. Edith especially spoke to this point. To be old is to feel bad and they did not feel bad. Linda's major satisfaction was her good health. She still could do as before and judged age mates likewise. She says she doesn't think about getting old, yet she expressed much concern and fear regarding nursing home placement.

Marge's recent heart attack and ongoing stress tests challenge this otherwise healthy woman to find a balance between living and playing it safe. She actively denies age as it represents heart attacks, disability, giving up, and death. Instead she tries to live as far away from old age as she can. Although she does not define herself as old, her efforts to avoid reality gives her a high age identity.

Lynn, perhaps sporting the most diagnostic categories of the sample, still manages to get around and look after



her strong needs of companionship and security. Like Marge, Lynn's response to her heart attack seemed to blur a distinction between health and issues of old age identity.

The functional markers or critical incidents of "still can do" seemed to describe a process or series of levels of age identity. First, with several of the healthy retired teachers, there was little identification with age for most felt that they were simply continuing to do what they had done during middle age. This perception of "not old" continued as before until some marker, based on a downward shift in health and functional status, made the person aware that they could "no longer do" as before. This required a change in identity from activity to functionality, usually in more age related terms and sometimes stated as "for my age". As such critical incidents or markers increased, this eventually encouraged a shift in perspective to a greater awareness of personal longevity, time remaining, and time urgency.

It is only at or after this point that real acceptance of life and the life span or ego integrity is believed to be completed and authentic. This acceptance that comes after a letting go of conditions for happiness, satisfaction, etc. can foster a sense of transcendence of many of the more personality, cultural and age related concerns.

Age identity seemed to be used more by the less healthy and by the low income housing elderly. Overall being able to express a unique selfhood, developed over a lifetime, seems to be more of the basis for identity and satisfaction especially in the healthy individual. This expression largely comes through the continuation of meaningful activities. Moreover, a person's personal assessment of how they are doing for their age is something most people have done throughout their lives, especially on special occasions like turning 40 and 65.

Part of the assessment of the "still can do" comes from comparisons. Generally, the elderly person usually either compares themselves to themselves when they were younger or to others they know near their age or functional status. A form of this comparison was heard in Helen's construct of "for her age". Not everyone used it outright, yet most everyone seemed to have a sense of where they were in the lifespan and how they were doing. How much of this was governed by an internalized age identity and how much came from other dimensions of the person's identity remained unclear. Irene, and Wilma especially, and possibly for different reasons, compared themselves to many of their peers. Many subjects described images and norms of aging in terms of who they saw and interacted with. This social comparison perspective was demonstrated in nursing homes, housing

complexes, organizations, etc.

Who or what did the subjects compare themselves to? Conditions, criterion, standards, or comparisons included the following: (a) to those most seen (you become what/who you see most frequently), (b) to those most like (similar to) self, (c) to those most feared/unsuccessful agers, (d) to those defined by subject as successful agers, (e) to themselves when they were younger, (f) to their "still can do's", and (g) to earlier elderly models of aging, e.g. mothers or grandmothers. Part of this age identity concept came from the observation that most of the subjects named an older relative in their lives that taught them through example what aging and old age could mean and be to them.

Successful aging. The subjects seemed to draw on the following for their criteria for successful aging: (a) some aspect of reported personal identity, (b) personal capacities, (c) personal perception of level of functioning, and (d) models and markers of successful aging. Below in Table 8 is a summary of quotes and criterion of personal statements concerning successful aging and unsuccessful aging for others. These responses came largely from responses to the questions, "Describe someone you know who, in your opinion, has aged well/not aged well?"

Mary, Hanna and Helen named a friend as their example

Table 8

Subjects' Criterion for Successful/Unsuccessful Aging

Subject	Successful Aging	Unsuccessful Aging
Retired teachers		
Mary	good memory; good health; staying active, busy; keeping life full; open to opinions; staying interested.	inactive and in a knot; did not think about those people.
Hanna	interested in things; sharp memory; can stay at home alone; good attitude; have children that visit.	not growing in their minds; complain about aches/pains; dissatisfied; has given up; don't want to do anything.
Gail	accentuates the positive; takes care of self, physically and mentally; stays active and alert; involved and enjoys people; pleasant	accentuates the negative; carries too much weight; complains about aches and pains; physical self dominates.

## Table continued

	outlook; saw humor in life.	
Kate	interested in things other than self; involved in doing for others; understands the younger generation; has opinions.	involved in self-pity; able to be manipulated by others; giving up their independence.
Edith	lived by ideals; source of strength for others; keeps active.	bad health problems; overweight; no get up and go; seems old and out of commission.
Wilma	intellectually alert; engaged and involved; healthy emphasis on family and religion; flexible; independent.	disagreeable; ungrateful; bad health; inflexible and dependent.

## Low income elderly

Irene	accepts and fights age related limitations; healthy; being	closed mind; conformed; given up.
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## Table continued

	interested in things.	
Helen	doesn't look their age; gets along fine by self; happy; active; spry; takes care of self; alert mentally; sleeps good; no physical problems.	unhappy and dissatisfied.
Violet	doesn't look her age; gets along with people; no problems in the world; enjoys and appreciates life.	doesn't have a good disposition; doesn't care about getting along with people.
Marge	being alert; good memory; not worrying or complaining; thinks of future.	quitting and giving up.
Linda	active (travels); good outlook; everything goes well with her; healthy.	complaining; bad outlook on life; gives up; don't try to help themselves.

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of a successful ager. Irene gave a hypothetical example to this question and is probably the person struggling the most with an appropriate personal age identity. Although it is unclear, she may not know or acknowledge a person exhibiting such traits. Violet, one of the most socially withdrawn subjects, named a neighbor as her ideal of a successful ager. Linda named a sister. Gail, Marge, Kate, Edith, Lynn, and Wilma, one-half of the sample, named their mothers as ideal models of successful aging. Two of these named their mother's mother as well. Most everyone thought of acquaintances for their unsuccessful ager or went hypothetical with this response.

Starting with Helen, each person was asked to evaluate themselves according to the criterion they had used to describe the two people. No one ranked themselves as unsuccessful at aging. Violet came the closest to describing herself as an unsuccessful ager but did not acknowledge it. Each person found a way to give themselves passing marks with aging. Successful agers were described as capable, independent, other centered, satisfied, healthy, open and accepting. Unsuccessful agers were described as unable, dependent, self centered, dissatisfied, not healthy closed and rigid. The major personal criterion seemed to be the "still can do" construct.

Most of the respondents seemed to be naming aspects of themselves as they discussed characteristics of successful and unsuccessful agers. This was recognized both from their responses to the question asking them to rank themselves on their previously reported criterion and from their general descriptions and characterizations of themselves during the interview. Successful aging seemed to describe their personal ideals, perhaps based on an earlier model of the later years, and sometimes a thinly disguised description of themselves, e.g. Helen's person sleeps well; so does she. Unsuccessful aging seemed to describe more of a shadow part of them or a feared dimension of aging or of themselves. Sometimes it described examples of negative models of aging. Wilma spoke to this point.

Successful aging was considered both from the respondent's views on successful and unsuccessful aging for others and for themselves and from how they described their responses to their lived experience in their day to day lives. In brief, successful aging can be described as (a) acceptance and a sense of feeling alright about losses and changes in self and circumstances, (b) approximate engagement with and enjoyment of what is currently possible and available, (c) ability to "still can do" those things deemed important to personal identity, and (d) satisfaction with life, past, present, and future.



The criteria are not listed in any order of importance but the first, adaptation and acceptance, named the important response to the third factor, still can do or functionality, largely based on health, and to a large extent, seemed to determine the degree of engagement and involvement with others, openness in general and the degree of satisfaction. Adaptation and acceptance actually name two different factors, yet both support much overlap in function. Adaptation involves a letting go of previous conditions but also requires the subject to struggle and fight with the personal issues inherent in the adjustment. Acceptance stipulates a letting go of the old and an openness to the new condition. Here, as Irene implied, the ideal is balance between struggle/resistance and adaptation/acceptance.

Dimension #2, engagement, addresses the requirement that a successful ager remains meaningfully involved with others to the extent of what is possible and available. Availability speaks to outer circumstances; possibility speaks to both outer circumstances and to the person's functional level, personal values, personality and assessment of potentiality.

Dimension #3, functional status as it relates to personal identity, potentially determines many of the subject's meaning perspectives regarding her experience of the later years. Health and functional status alone

impacts significantly on personal meaning themes and the degree of successful aging. Yet when combined with dimension 1 it reaches its full capacity for describing and defining dimensions of successful aging and the lived experience of the older adult. Health and function status must impact on and effect change in a person's personal identity before its full impact is felt. Many times the person equates loss of health with an age identity of being old.

Dimension #4, satisfaction, requires that the person has addressed age related and other issues involved in his/her past, present, and future. This factor includes the ego integrity task and requires that the conditions of dimension #1 be met as well. Satisfaction seems to be dependent on the successful completion of tasks stipulated in the other three factors.

Earlier, reported satisfaction was based on still being able to take care of self and to do for and to be useful to others. These tasks in turn were based on a continued ability to adapt to and accept change and to act from a personal identity developed over a lifetime. This blend of adaptation, acceptance, engagement, activity, identity, and satisfaction differs from successful living at any age because these factors largely depend on the unique experience and perspective acquired from a long life and from the vantage point of the later years.

### Discussion

Essentially everyone in the study sample made some reference to an activity construct described or addressed as "As long as I still can do--, I will be satisfied, successful (at aging), not old, and myself." These references varied from taking care of self to effectively performing roles carried over from middle adulthood. The other side of the construct, "When I no longer can do--, I will be dissatisfied, unsuccessful, old, and not myself." This construct seemed to influence how the person defined and described her (a) level and conditions of satisfaction and dissatisfaction, past, present and future, (b) personal identity and age identity, (c) degree of engagement and openness, (d) health and functional status, and (e) degree of adaption to and acceptance of changes in life and self. In short, this construct and the person's subsequent response and attempt to adapt to it was found to be a critical part of the samples' ultimate criterion for successful aging.

The person's subsequent response refers to how the individual adapts and adjusts to, compensates for, and copes with the changes and losses in their lives. The major determinant of the construct, generally speaking, was the person's health and functional status. Whether ill or well, able or disabled, the older adults were very aware of their health status and each subject credited

their health status for much of their current circumstances. Personal future considerations hinged on health as well.

Previous to any major health concerns, the subjects, like most individuals, had grown accustomed to a certain level or set of conditions, expectations, or capabilities. Earlier age related declines had been gradual and adaptation and compensation usually had taken place without much concern. The person continues to think of themselves in terms of middle age roles and expectations and through a personal identity developed over a life time.

Eventually, certain events mark (marker events) or represent a change in both health and age status. The previous conditions of "still can do" are no longer possible. At first this may prompt a response of denial or anger but ultimately some acceptance on some level is required. Sometimes acceptance takes the form of a bargain: "as long as it gets no worse or stays this way, I will be okay, satisfied, or myself."

At this point in the life cycle the potential for much change and loss is great. A new marker event and health challenge eventually threatens the person's well being and ability to cope. Another bargain is struck with new conditions on a new and lower level of functionality. The person eventually says in effect, "Okay, so I should not drive my riding lawn mower but as long as I can plant

my garden and/or take care of my home by myself, I am still doing pretty good." Sometimes the person moves beyond a bargain and accepts such changes and losses as the natural order. Others fight and struggle with each challenge to and new set of conditions for their health. Eventually the person may speak of "conditions for preferring death".

Both objective and subjective health and functional status proved to mark a passage or transition for several processes: (a) from a past condition of satisfaction, happiness or identity to a present new condition requiring adjustment, (b) from personal identity or not old to an age identity as old, (c) from still can do to no longer can do, (d) from satisfaction to dissatisfaction, (e) from engagement to disengagement, (f) from independent to dependent, and (g) from time as before/always to a sense of time urgency. Changes in health and other losses of the later years required some movement within the above dimensions.

With each marker event of loss and change in health status a two fold process seems to be taking place. First, the person has to find some way of letting go of the old conditions of health, ability, satisfaction, or identity. This can be done through rationalization or any of several defense or coping mechanisms. Second, the person must find some way of accepting a new set of

conditions for functioning or personal identity. This process is certainly not a new experience for the person as he/she has moved through various status passages, transitions, losses, and attempts to cope throughout life.

However, what sets late life coping apart from the earlier years is (a) less physical reserves and resources to deal with more changes/losses and with less time to adjust, (b) time becomes a stressor and developmental task of the later years, and (c) a shift to include an age identity as part of personal identity. Other factors such as ageism and a lifetime of experiences and potentially unresolved developmental issues can complicate adjustment and coping during the later years.

To a certain extent through disability a person at whatever age is given permission to disengage somewhat and give themselves and their physical well-being more attention. However, during the later years, this same disability takes on additional meaning because of the above factors as well as age identity and functional status markers for the individual and for those close to him/her. Some will cope with and respond to disability with a giving in/up while others will fight, deny and resist as long as they can. Each incident of disability can be interpreted as a further step and slide towards dependency and death.

Another factor relating to late life coping and

meaning as well as successful aging is age identity. Some of the subjects seemed to at least partially define themselves in terms of their age while others resisted this and instead stressed a personal identity developed over a life time.

Age identity can be addressed from at least four perspectives. First, it is and has been a part of the life span and socialization process, e.g. age grading and age appropriate behaviors. A person conforms to community standards of age appropriate dress and behavior or the person may be told to act their age. Second, age identity results from the practice of ageism and subsequent self labeling by older adults. Third, age identity results from age comparison whether it be with a younger self or agemates. Fourth, and perhaps most important, is the impact of health and functional status.

Marker events pertaining to health status changes and other losses force the person to recognize his/her years and to include them as part of his/her personal identity. For most, identification with age came only with ill health and disability and with the consequential struggle with meaning and identity. For the sample of older adults, being old meant ill health and disability.

There seemed to be a four step process involved with age identity and health status. First, regardless of age, the person sees him/herself as not old because he/she is

healthy, still can do as before, and does not recognize any major personal changes since middle adulthood. Second, later with time and changed circumstance, marker events regarding health status changes and no longer can do's challenge both the individual's level of functionality and self image as middle age. At this time the phrase "for my age" may be used to offset implications of possibly getting or being old. Yet, this is a mixed blessing for it eventually requires a confrontation with the third step or stage. Third, with continued changes and losses and as a consequence of step two, the person is forced to begin thinking in terms of longevity and time left to live. Time urgency as a construct and concern becomes relevant at this point as does the bargain and conditions for preferring death. For many the process of adjustment stops here as use is made of selective perception, denial, and rationalization as marker events and age identity becomes more pronounced. Kubler Ross's stages of loss and grief might well apply at this point as the person may well grieve his/her terminal status.

For some individuals a fourth step is completed: acceptance of the reality of the current conditions, and acceptance of an age identity as part of their personal identity. This does not mean that they have given up; to the contrary it means that they have let go of the previous denial of aging and have given up the



identification with self as middle-aged. Part of the acceptance of the new conditions is a recognition in them of purpose and opportunity. Marge said it well, "Maybe I've been too busy telling myself I'm not old to have learned something" (from the later years).

This is seen as a new part of the ego integrity process that goes beyond the mere acceptance of life as something that was and had to be. The task of acceptance continues into the daily experience of old age and eventual decline, and also addresses ongoing acceptance of the present and future conditions of reality, happiness, and identity. This ability to let go of previous conditions and to accept new conditions of living may be developed over a lifetime. Old age, as perhaps never before, provides much opportunity to develop this ability to adjust to loss and change. Some forms of justification and struggle are involved with this letting go of the old and acceptance of new conditions. To some extent this is part of the bargaining process.

This process and fourth step also seems to require both an initial acceptance of and a subsequent letting go of an age identity. Moreover, acceptance requires a letting go of this process, as well as any resistance to the later years in terms of age identity. In short, the person seems to go from personal identity to age identity and on to a different and more mature level of personal

identity. In so doing a subsequent transcendence of attachment to and preference for certain conditions of satisfaction and identity is possible and age identity is integrated and transcended as well. This does not mean a passive tolerance of whatever comes along, e.g. abuse and neglect, but rather an openness to the present moment and its potentials for purpose and meaning, unmarked by previous and ongoing conditions, attachments, and preferences. Until this can take place, the person will continually do battle with and be slave to his/her conditions of preferences. This is the ultimate meaning and expression of acceptance.

To some extent this acceptance of what is and the transcendence of conditions of preference sounds like Erikson's definition of wisdom: "the detached and yet active concern with life itself in the face of death itself." Peck (1968) spoke of a related process as ego transcendence and felt it to be a necessary task or adjustment for mature psychological functioning in and for later life. However this process goes beyond these concepts and perhaps begins to operationalize the construct of wisdom and provides a purpose or task beyond ego integrity for the later years. Edith and Gail seemed to address this construct and process of wisdom with some of their remarks.

Successful aging has been described in the literature

in terms of (a) variables such as satisfaction, engagement, activity, and health, (b) completion of age appropriate developmental tasks, and (c) attainment of certain personality traits or trait clusters such as the fully functioning person. These criterion for successful aging have been and were here found to be limited as they seemed to name consequences of a more basic dynamic and process. According to the study sample the dynamic was the subject's cognitive appraisal of her situation rather than the situation itself.

This was seen in the subject's perception, appraisal and response to actual, imagined or anticipated changes in their health and functional status. In an attempt to cope or adapt to such a change in present or future circumstances of living or health, the person would engage in a process of bargaining by accessing their ability to adapt and tolerate, and by attempting to let go of previous acceptable and tolerable conditions for health, satisfaction and identity while trying to accept and accommodate to the new conditions for such. Some could move through the process while others would resist or get stuck with their perceived inability to adapt, tolerate, or survive. Serious and major personal loss seemed necessary to motivate the person to measure and to test her ability to adapt and subsequently to grow.

This process seemed to be widely used by the subjects

with each change or loss in health and functional status. It was also used in a larger process of identity negotiation as the person moved from a personal identity of middle age and not old to an identity which included a stronger age component and an acknowledgement of being old (age identity). This process has been described previously.

This appraisal dynamic and process seems to lie at the heart of the ego integrity task and construct. As such it would seem to describe this construct as a process rather than as a task and involving repeated appraisals over time and to death.

## CHAPTER VIII

### Summary, Conclusions and Recommendations

In this chapter a summary of the dissertation will be provided, conclusions will be drawn, and recommendations will be made. The summary will begin the chapter.

#### Summary

The problem investigated in this study was the examination of the self-reported, lived experience of two groups of older adults exhibiting a diverse response to and expression of life satisfaction and readiness for self-directed learning in order to describe, generally and personally, the meaning of being old and the dynamics involved in successful aging.

Successful aging was operationalized through the use of the Salmon-Conte Life Satisfaction for the Elderly Scale (LSES) and the Self Directed Learning Readiness Scale (SDLRS). The study population of retired teachers and low income housing elderly was chosen for its diversity and potential for theoretical sampling. The study sample of older adults was chosen based on their overall scores on the two instruments and subsequent variability on the dimensions of life satisfaction and readiness for self-directed learning. However there was little agreement between the instrument scores and the subject's self reported experience of satisfaction and readiness for learning. A number of

different reasons could be offered to explain this lack of fit. First, the instruments were not a refined filter of the phenomena being investigated. Second, the passage of four years between data collection was adequate time for circumstances and evaluations to have changed. Third, the instruments and the respondent/interview possibly addressed different dimensions of the same phenomena. Four, there are often disagreements between objective and subjective data, for whatever reason. Twelve in depth case studies were completed on the sample.

The findings included the following: (a) Health and functional status was a core construct that impacted significantly on satisfaction, coping, engagement, identity, and successful aging, (b) Ego integrity was found to be more of a process than a task and as such was involved with ongoing coping and adaptation to change and loss, (c) A process model of coping and adaptation was discovered that included both developmental and transpersonal dimensions, (d) Continuity of personal identity determined much of the subject's self concept/esteem and life style until a change in health and functional status forced an acknowledgement and integration of an age identity, and (e) Successful aging was found to consist of a diversity of factors both from the perspective of the subject and from the perspective of the total study.

Successful agers were described by the study sample as

capable, independent, other centered, satisfied, healthy, open, and accepting. Unsuccessful agers were described as unable, dependent, self centered, dissatisfied, not healthy, and rigid. Overall the study found four factors as defining and demonstrating successful aging: (a) adaptation to and acceptance of changes in circumstances and self, (b) appropriate engagement with and enjoyment of what is currently possible and available, (c) ability to "still can do" those things deemed important to personal identity, and (d) general life satisfaction, past, present, and future.

In summary the study provided additional insight into (a) how the older adult adapts to, copes with, and defines the experience(s) of being old, (b) the dynamics and factors involved in successful aging based on the lived experience and criterion of the older adult, (c) how health and functional status serve as interactive core constructs impacting on many facets of quality of life and experience, and (d) higher functions, purposes, or tasks of the later years, such as integrity, wisdom, acceptance and transcendence.

### Conclusions

The original purpose of this research was to explore the basis or themes of personal meaning used by the elderly person to describe her day-to-day world, the basis by which the older adult defined successful aging for others and for herself and the larger criterion and dimensions emerging

from the in depth case studies that would extend our ability to understand and to evaluate the successfulness of functioning in the later years.

Several conclusions can be drawn from the research data. These include the following:

1. Ego integrity seems to go beyond the acceptance of the personal past in the face of death. Ego integrity seems to require marker events, usually physical losses, that impact on personal identity and that usually result in a confrontation with an age identity and sense of time urgency. This may result in an experience of despair, an equally valid path to integrity. Ego integrity is an ongoing process that begins with the past and continues as a process of coping with age related change in the present and with expectations of the future. Ego integrity can involve, in its largest sense, an expanded definition of acceptance as a transcendence of conditions of satisfaction, identity, etc. and can serve as an expanded definition of Erikson's "wisdom".

2. Despair was found to result from a dissatisfaction with past, present, and future, especially when a sense of time urgency is part of the person's definition of the situation and serves to limit opportunities.

3. All subjects were involved in partial engagement or re-engagement and all were involved in varying efforts to be more engaged, largely to fill their time daily in a



personally meaningful way. Engagement was found to be a functional marker, personally and socially of "still can do", and was especially meaningful when the person was called on by others to provide assistance.

4. Major stressors of late life included coping with changes in health and functional status and change in time perspective (time urgency).

5. The construct, age comparison, was discovered and found to be related to age identity.

6. Personal identity was found to remain a dominant force in the older adult's life until marker events of health and functional status changes and losses forced an acknowledgement and integration of an age identity as part of personal identity.

7. Until there was a significant change in health and functional status, there was little change in the older adult's lifestyle or personal identity. Functional age was more important in terms of personal identity than was chronological age.

8. When health and functional status went down, age identity status went up.

9. Health and functional status was found to interact with a number of factors or processes in the late life experience of the elderly. Given the study's conclusion of the primary importance of health and functional status, it must be concluded that any models, measures, or criterion

for successful aging, quality of life, morale, or satisfaction should include health and functional status.

10. Successful aging involves a diversity of factors both from the reported opinions of the respondents and from what seemed to work for them in their own lived experience of the later years. Four factors are proposed as being involved in successful aging and capable of differentiating successful from unsuccessful aging.

11. The reported criterion for successful and unsuccessful aging in general seemed to reflect the respondent's personal ideals and fears of the subjects.

12. Many of the subjects felt that the ideal of the later years was to move beyond societal models, even positive ones, and to create one's own elderhood, based in part on the interfacing of life long strengths and interests with the challenges and opportunities of the later years. Several (retired teachers) gave voice to the view that they had opportunities now that they never had before.

13. The "still can do" construct of functionality was found to be a major part of the respondent's personal meaning perspective, self identity, and satisfaction. It emphasized the importance of continuity and activity over a disengagement or subcultural theoretical framework for understanding the experience of the older adult.

#### Recommendations

Several recommendations are offered:

1. With this studies' limited focus on white, community based females, future research should examine personal meaning constructs and successful aging criterion of elderly (a) males, (b) members of different minority groups, and (c) institutionalized individuals of various levels of disability and education.

2. Further study is warranted regarding the dynamics involved in the (a) decision making process with burden status, (b) conditions for preferring death over current or future circumstances and, the role of the bargain, (c) coping mechanisms and styles regarding change and loss in the later years and how this may vary over the life span, (d) age comparison phenomena, (e) impact of age identity on the person's lived experience and personal identity, (f) process(s) sequence and prioritization of letting go and accepting old and new conditions, (g) process of acceptance and transcendence of conditions, and (h) impact of earlier models of the later years on the current lived experience of the elder, (i) symbolic nature of nursing home placement.

3. The reported lack of meaningful activities for the low income housing elderly would seem to indicate a need for additional activity programs in such facilities.

4. The importance of health and functional status and subsequent adaptation through the letting go and accepting of conditions should be taught by the gerontological worker through individual counseling and self help groups in senior

centers, retirement communities, and nursing homes as well as throughout life in terms of life span education and socialization.

5. A transpersonal dimension of adaption was found that included the potential for realizing self-transcendence and wisdom and for operationalizing and defining late life spirituality at a time when many older adults are searching for answers to spiritual questions, needs, and experiences.

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## APPENDIX A

### Interview Schedule

1. Describe a typical day for you now.
2. What do you find most/least satisfying during your typical day?
3. Tell me about a recent good/bad day for you.
4. What has been the most fun thing you have done in a while?
5. Tell me about this past week. The coming week. Priorities.
6. How would you like for your typical day to be different?  
Why?
7. Tell me about life since retirement.
8. When just daydreaming and thinking about life, what do you think about?
9. Tell me about how things have turned out for you. Major satisfactions/worry?
10. What have you not achieved that you would have liked to have achieved? How would life have been different if you had achieved this? How have you dealt with not achieving this?
11. What do you have yet to do in order to be done? What will stay undone?
12. What things are important to you now? How has this changed in last ten years?
13. Tell me about yourself. Answer "Who am I?" How will you be remembered?
14. What makes you feel good about yourself now? How has this

changed?

15. What would you say is your philosophy of life?
16. Tell me about something you have had to/chose to learn to do recently. How did you learn it?
17. Tell me about a problem you solved recently. How did you solve it? Problem not resolved?
18. Tell me about a major change or loss in your life recently. How did you respond?
19. Tell me about your experience of aging--things that have reminded you of or told you that you were growing older. When do you fee most old/young?
20. When you think about other people your age what comes to mind?
21. Do you ever find yourself comparing yourself to other older adults? Under what conditions? Do you ever find yourself comparing yourself to you when you were younger? Under what circumstances? With whom or what do you compare you?
22. In what ways are you similar to/different from others your age?
23. How is old age the same as and different from when you were younger? How are you different now?
24. When you think about you being your present age, what comes to mind?
25. Finish the sentences: (a) The older you get, (b) I still can do, (c) I no longer can do, (d) As long as I, (e) If not, what, (f) There comes a time when . . . .



26. What can you no longer do that you once could do? What can you now do that you were previously unable to do?  
Adjustments?
27. How do you know how well you are doing with aging and old age--are there certain things that tell you that?
28. Describe a person you know who, in your opinion, has aged/not aged well. How have you aged successfully/unsuccessfully? How do you feel about these?
29. What is the best/worse thing about being the age you are right now?
30. Tell me something you have learned from old age? About old age?
31. What has been the hardest thing you have had to face since retirement? How did you deal with it? Adjustments?  
Something easy/hard to accept has been . . . ? Why? How?
32. What person(s) has taught you the most about what aging and old age are all about?
33. What do you expect to be going on in your life in five years? What are your thoughts and feelings about your remaining years?
34. Who will take care of you? How will you be cared for?
35. What are your thoughts and feelings about death and dying?  
Answer, "I would rather die than . . . "
36. If you were in a nursing home what do you believe you would lose/gain from the experience? How do you believe you would change/stay the same as a person?

37. Do you ever think about your and other's longevity--how much longer you or they will live? What brings such thinking to mind?
38. If youth is for . . . and middle age is for . . . what is old age for?
39. Typically the words wise and wisdom are reserved for the later years. What do the words wise and wisdom mean to you?
40. What part has spirituality played in your life? Recently? What do you get from going to church?

APPENDIX B

Biographical Information Sheet Sample

Please answer the following as best you can. If you don't understand a question, feel free to ask.

1. What is your age? 64 years old.

2. What is your sex (Circle answer).

- 1. Male
- 2. Female

3. What is your current marital status? (Please circle only one answer.)

- 1. Single
- 2. Living with a lover
- 3. Married, for the first time
- 4. Remarried, once
- 5. Remarried, more than once
- 6. Separated
- 7. Divorced
- 8. Widowed

4. Have you ever been separated, divorced, or widowed? (Circle as many answers as apply.)

- 1. Separated
- 2. Divorced
- 3. Widowed
- 4. None of the above

5. If you have ever been married, how old were you when you first got married? 20 years old.

6. How many children did/do you have? None

7a. Would you say that your health status is (1) excellent, (2) good, (3) fair, (4) not so good, (5) poor? (Please circle only one answer.)

b. Would your spouse or best friend agree with your opinion pertaining to your health? (Please circle answer):

Yes No

c. Would your doctor agree with your opinion pertaining to your health? (Please circle answer):

Yes No

d. On what basis do you make your judgement as to the state of your health?

Muscular spasm arthritis

- 8a. Are you limited in movement or mobility in any way? If so, please describe how you are limited in your movement. If you are not limited in any way, leave blank and go to the next question.

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- b. Are you limited in your ability to care for yourself and your daily needs and functions in any way? If so, please describe how you are limited in self care activities. If not, leave blank and go to the next question.

Head hurts back ache

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- c. Are you limited in your ability to participate actively in any of your role functions such as parent, friend, club member, or spouse in any way? If so, please describe how you are limited in role activity. If not, leave blank and go to the next question.

no forget

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- d. Regarding your mobility, movement, ability to care for yourself and to participate actively in your role functions, would you say that your functional status (ability to function independently) is (1) excellent, (2) good, (3) fair, (4) not so good, (5) poor. (Please circle only one answer.)

9. What was your (1) primary occupation (2) most recent occupation?

1. \$37.00 a week 2. \_\_\_\_\_

10. How far did you go in school--grade completed or degree(s) attained? 8th grade

- 11a. What is your annual retirement income? \$36.00

- b. What was your average annual income during your peak earning years? \$1,000

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APPENDIX C

RETIRED TEACHERS

SDIRS SCALE	Possible	Mary	Alma	Roberta	Frank	Mae	Willie	Edith	Kate	Darlene	Wilma	Paulene	Cathy	Bellinda	Freda	Hanna	Bill	Gail	Jane	Joan	Willard	MEAN	S. D.
		I (85)	53	73	73	65	77	77	67	85	69	80	82	85	78	75	70	75	81	78	78	83	75
II (60)	40	48	35	39	51	50	46	48	45	55	45	52	49	48	30	51	51	50	49	50	47	6	
III (85)	56	31	58	55	71	81	69	73	66	72	69	73	73	50	70	67	55	58	62	67	64	11	
IV (50)	26	45	34	39	43	44	35	48	39	46	42	47	42	43	30	39	43	43	44	50	41	6	
V (40)	30	35	38	33	37	38	33	40	34	40	37	39	39	33	31	36	36	38	38	40	36	3	
VI (25)	17	22	18	17	20	20	20	22	19	23	17	25	21	18	13	22	22	19	22	23	20	3	
VII (45)	36	40	34	27	41	39	41	39	34	43	39	43	37	32	28	40	41	39	37	37	37	4	
VIII (10)	10	10	10	8	10	10	9	10	9	9	10	10	9	8	7	8	9	10	9	5	9	1	
TOTAL	194	224	217	203	256	266	228	263	230	257	239	281	250	224	203	232	242	241	247	250	237	22	
LSES SCALE																							
1. (25)	18	21	17	20	20	19	20	22	19	24	23	21	19	20	19	17	20	19	16	22	20	2	
2. (25)	19	20	20	21	20	20	20	22	20	25	20	21	21	20	15	19	20	23	17	22	20	2	
3. (25)	17	20	17	18	19	16	18	20	18	19	18	18	17	18	15	17	17	18	17	18	18	1	
4. (25)	20	20	23	22	20	21	20	21	20	22	19	20	20	20	21	19	19	20	17	22	20	1	
5. (25)	17	21	19	18	18	20	18	23	19	22	20	11	21	19	19	18	17	20	17	21	19	2	
6. (25)	11	19	18	16	13	20	21	21	22	14	19	19	12	13	15	17	19	15	13	18	17	3	
7. (25)	17	20	24	22	23	19	20	23	22	21	17	20	19	20	17	19	19	22	19	24	20	2	
8. (25)	20	22	24	24	23	20	21	24	21	24	20	20	22	20	20	18	22	23	18	24	22	2	
TOTAL	139	163	162	161	156	155	158	176	159	171	156	155	151	150	141	144	153	160	134	171	156	11	

LOW INCOME HOUSING ELDERLY

APPENDIX D

SUBJECT	SUBJECT																			MEAN	S.D.
	Irene	Eva	Linda	Barb	Helen	Harriet	Bob	Vicki	Neal	Violet	Marge	Ethel	Margaret	Robbie	Naomi	Lynn	Liz	Clyde	Joe		
Scale 1.	73	67	79	76	49	68	68	68	66	59	71	73	69	79	70	56	53	75	77	69	3
Scale 2.	57	44	46	46	31	45	39	29	43	38	46	44	48	39	50	32	38	38	30	41	7
Scale 3.	70	39	66	61	50	50	40	51	49	48	60	61	58	56	33	58	48	58	56	53	9
Scale 4.	48	40	38	45	29	36	40	33	43	24	36	43	42	43	42	26	27	39	32	37	7
Scale 5.	40	34	39	37	30	35	28	31	28	26	38	39	35	38	36	23	29	32	35	33	5
Scale 6.	25	22	19	21	12	18	19	16	23	13	19	14	18	14	18	13	15	17	16	18	4
Scale 7.	45	39	39	42	23	86	35	40	35	35	33	25	44	40	39	29	25	38	27	35	6
Scale 8.	10	9	3	10	5	9	9	10	9	7	9	6	4	10	8	7	10	8	10	8	2
TOTAL	275	218	231	244	171	216	206	209	207	177	220	219	221	214	217	174	177	218	205	212	24
Scale 1.	19	16	20	9	15	10	18	14	21	15	17	20	18	19	19	16	13	17	18	17	3
Scale 2.	22	16	20	12	21	14	18	16	23	17	16	18	18	22	20	18	16	16	20	18	3
Scale 3.	16	14	16	18	18	10	17	12	12	15	14	16	17	18	19	12	15	14	17	15	2
Scale 4.	23	16	20	16	18	13	21	17	21	14	18	19	20	19	19	19	19	20	16	19	2
Scale 5.	17	17	18	15	15	17	18	15	20	17	15	17	17	22	19	18	15	14	16	17	2
Scale 6.	21	11	21	8	12	10	13	11	21	11	14	11	17	16	14	13	6	18	19	14	4
Scale 7.	16	13	18	6	11	9	11	10	18	15	13	11	12	21	15	18	10	12	20	14	4
Scale 8.	22	21	21	13	21	19	20	21	24	18	21	19	11	24	21	24	20	21	21	20	3
TOTAL	156	124	154	97	121	102	136	116	160	122	128	131	134	141	146	138	125	132	157	133	17

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the scanned document**