IN THE EYE OF THE BEHOLDER:

An Investigation of Insider Perspectives on the Concept of Successful Aging

By
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My Grandma

<u>ABSTRACT</u>

This research study is an exploration regarding the concept of successful aging and what it means to older individuals whose voices have commonly been disregarded in research of this nature. Data were collected from a sample of ten individuals ranging in age from sixty-six to ninety-five years old. With the goal of including the perceptions of those who have been excluded from previous research, the participants comprising the sample all resided in a long term care facility in northwestern Ontario, and all had a low socioeconomic status.

In-depth interviews, following a semi-structured interview guide were conducted with each participant in order to gain their views concerning the concept. Each interview was tape-recorded and later fully transcribed. The data gathered was analyzed following an interpretive approach, and was reduced through a series of thematic coding.

This research study contributes to the understanding that there is much to be learned from listening to those with lived experience. The findings indicate that according to the accounts of those interviewed, successful aging involves several components which are extremely interconnected. Specifically, the highly interrelated core themes to emerge were: having a sense of personal happiness; mental stimulation; acceptance; and adjustment. Participants also uncovered various facilitating factors which were felt to aid in contributing to the core themes identified, and in turn, to successful aging. In addition to the findings that emerged thematically from the data, an important element regarding the concept surfaced. Ultimately, the significance of personal perspectives was revealed as it was highlighted that successful aging is a personal matter which resides within each individual, and therefore can only ever be subjectively defined.

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Chapter One: INTRODUCTION

The concept of successful aging fascinates many gerontologists and has generated considerable research. As an indication of researcher interest, Fisher (1995) notes that discussion of the concept was the theme of "the 1986 annual meetings of the Gerontological Society of America" (p. 239). However, we know little about the meanings that older people attach to this concept (Fisher, 1995; Ryff, 1989a), and this lacuna is the impetus for the present research. As the voices of older individuals have been de-emphasized or overlooked in the conduct of numerous previous studies, this research project examines what the concept of successful aging means to older individuals.

In research on the concept of successful aging the views of particular groups of people continue to be excluded. For example, neglected are the views of those residing in long-term care facilities and those with a low socioeconomic status, even though the inclusion of their views would contribute to a broader understanding of how to conceptualize successful aging. Thus, in addition to focusing on the lived experiences and first-person accounts of older people themselves, this research study is intended to gain insight from groups of older people whose opinions have frequently been neglected. To address the issue of exclusion, the primary research method employed consisted of in-depth interviews with older men and women with a low socioeconomic status and who were living in a long-term care facility, to discover how these individuals conceptualize successful aging.

Conceptual Issues

Historically, concern about old age is a relatively new phenomenon. As Katz (1996) explains, "the concept of the elderly as a separate, recognizable population did not become pervasive in Western societies until the latter part of the nineteenth century" (p. 52). Katz (1996)

identifies three key technologies of differentiation: the almshouse; pensions and retirement; and

the social survey; which in their convergence have served to construct the older population as a

homogeneous group, "characterized by supposedly uniform dependencies and liabilities" (p. 49).

Such casting off of older people into a unique problematized category created the impetus for the

growth of gerontology. Thus, gerontology surfaced in efforts to control the problems of older

people that are deemed to be unique to the older population and to maintain surveillance and

discipline. Katz (1996) adds that:

> gerontological knowledge became disciplinary to the extent that it developed in tandem
> with modern bodily, populational, and textual formations of aged subjects (p. 105).
> Gerontology thus has a clear genealogical affiliation with the discourses and practices of
> medicine, public health, social reform, and retirement policies that disciplined old age (p.
> 105).

Defining the older population as weak, dependent, and essentially as a problem to be

dealt with, has created cultural anxieties regarding old age. In the late twentieth century, with

the aging population increasing, issues such as the management of pensions and provision of

healthcare began to arise. As Katz (1996) notes:

> One of the most disturbing contemporary images of the elderly is that of a rapidly
> growing population of older people whose collective dependencies are straining the
> economies of Western nations. The popular media. . . . . .depict the elderly emptying the
> coffers of the welfare state and creating a tax burden beyond the means of the labor force
> to support. . . . It appears that the growing aging population is *problematized* for
> threatening to create an economic crisis with profound consequences for healthcare
> systems, social security programs, and industrial and intergenerational relations (p. 127-
> 128).

The fear about older people placing an extreme burden on the healthcare system is an

important part of the context in which researchers are working to find ways to age successfully.

It is as though finding the right path to successful aging can help alleviate this perceived

potential drain on healthcare resources. What needs to be considered, as Stahl and Feller point

out (1990), is that "it is a fallacy to suggest that aging is a primary contributor to sickness; the aging process does not necessarily imply disease or illness" (p. 21).

Indeed, disability is not unique to old age but is to be found across all age groups. As Stone (2003) points out, the 1991 Health and Activity Limitation Survey (HALS), conducted by Statistics Canada, found that 15.5 per cent of Canadians reported having disabilities, compared to 13.2 per cent of Canadians in 1986 (Statistics Canada, 1995). Although these statistics show that in both years, old people are more likely than young people to report disability, it is significant that the greatest increase in the rate of disability was for those aged 0-54, while the smallest increase (0.8%) was for those aged 65 and older (Stone, 2003).

Evans, McGrail, Morgan, Barer, and Hertzman (2001) note that rhetoric about an increasing older population having greater needs for healthcare and thus causing a skyrocket in healthcare costs (a phenomenon they term "apocalyptic demography") does not reflect reality and needs to be put to rest. They suggest the following:

> Apocalyptic demography, or more generally the claim that attempting to meet the health care needs of an aging population will bankrupt modern societies, or make universal health care systems unsustainable, is a "zombie," an idea or allegation that is intellectually dead but can never permanently be put to rest (p. 186).

Evans et al., (2001) point out that projections about future healthcare costs due to an increasing older population are greatly inflated. They note that, for instance, cost escalation is "primarily driven by the introduction of new and more expensive drugs" (p. 176). Through their close examination of data, Evans et al., attempt to settle the anxiety that exists by reassuring mainstream society that "we have nothing to fear from the aging of the population, only from those who continue to promulgate the fiction" (Evans et al., 2001, p. 188).

It remains the case, however, that a growing elderly population is popularly understood as a problem in need of solving. Hazan (1994) suggests that solutions to this perceived problem

can be usefully understood in terms of two primary axes along which older people are viewed. "The first axis consists of a continuum ranging from integration to segregation, from involvement to disengagement" (Hazan, 1994, p. 23). Integration involves possessing an attitude toward older people, which affords them complete inclusion and allows them to be indistinguishable from the community. On the other hand, at the segregation end of the continuum, older people are to be distanced from the social settings to which they once belonged. The second axis that Hazan describes is the continuum between what he terms humanization and dehumanization. At the humanization end of the continuum, older people are "viewed as complete human beings possessing coherent social identities and clearly defined social roles; at the other end, they are viewed as culturally ambiguous entities lacking some of the properties of human beings" (Hazan, 1994, p. 23).

Hazan suggests that four combinations are made possible by these two axes. When integration is coupled with humanization, older people are well integrated into their setting and are viewed by others as "acceptable" human beings. When integration and dehumanization are combined, older people remain living within society but cease to be regarded as ordinary human beings. In the combination of segregation and humanization, older people are separated from the social setting of which they were once members, yet they are able to maintain their social identities. Finally, when segregation and dehumanization are combined, in addition to being alienated, older people are no longer viewed as full persons (Hazan, 1994).

Hazan's conceptualization of "solutions to the problem of aging" helps to explain why so little attention is paid to the views of those who reside in long-term care facilities. In fact, Hazan uses nursing homes as an example when he discusses the fourth configuration, segregation and dehumanization. As he states, "for most residents the old age home is not a transitory stage but

the last stage in their lives, and the very existence of these institutions reflects the general social conception of the elderly as redundant, bothersome and disturbing" (p. 26).

In contrast to popular negative depictions of elders who reside in long-term care facilities, the present research recognizes and takes seriously the humanity of these older people. Although institutionalized elders represent a tiny minority of the larger elderly population (Mark Novak (1997) indicates that according to the National Advisory Council on Aging, 7.5 per cent of older people live in institutions), their views are just as important as the views of those who reside within the community.

Lessons From The Literature

Early work related to the concept of successful aging began in the 1940s when a group of scholars began studying personal and social adjustment in old age (Cavan, Burgess, Havighurst, & Goldhamer, 1949; Pollak, 1948). With the goal of attaining an operational definition of successful aging, scholars attempted to measure the psychological well-being of older people. They approached this goal from two general points of view. One focused on the overt behaviour of the individual by utilizing social criteria of success or competence. These were studies in which the level and range of activities and extent of social participation served as the variables to be measured; and in which the assumption was made, implicitly or explicitly, that the greater the extent of social participation, and the less the individual varies from the pattern of activity that characterized him/her in middle age, the greater is his/her well-being (Neugarten, Havighurst, & Tobin, 1961).

The other point of view focused on the individual's internal frame of reference, with only secondary attention given to his/her level of social participation. In this case, the variable to be measured included the individual's own evaluation of his/her present or past life, his/her

satisfaction, or his/her happiness. The assumptions, whether or not explicitly stated, were that the individual himself/herself was the only proper judge of his/her well-being (Neugarten et al., 1961). Most of the measurement instruments used in these early frameworks combined elements from both approaches. Popular books were also written during this era that offered advice on how to age positively (e.g., Lawton, 1946).

In the 1960s, several researchers (Neugarten et al., 1961; Williams & Wirths, 1965) carried on this tradition of aging research and continued to make attempts at articulating a definition of successful aging. Researchers felt that previous indices utilized were unsatisfactory for three reasons: they were based on so few items that scores might prove highly unreliable; only a small sample of cases were used; and measurements appeared to reflect conformity to the *status quo*. In response to the various empirical formulations, life satisfaction scales were constructed and life satisfaction became the most frequently investigated dimension of successful aging (Neugarten et al., 1961).

Since then, research on successful aging has expanded considerably. Upon reviewing the contemporary literature, three overall themes emerge into which the literature can be clearly organized. First, a *positivist perspective* has long been widely utilized to inform research approaches, and to a substantial degree, this "top-down" perspective continues to inform many research agendas. The dominant model informing positivist research on successful aging is the biomedical model. Second, a body of research that can be termed *critical gerontology* has arisen in response to research relying on the biomedical model of aging. Third, stemming from the recognition that research needs to be extended to include the lay perspective and how meaning is attached to the concept of successful aging, *interpretive approaches* have been employed.

Positivist Approaches to Successful Aging

Until recently, positivism was the dominant scientific view and many researchers still

hold to the positivist paradigm. Nock (1993) succinctly explains the central tenets as follows:

> Positivism may be identified as the view that scientific observation is free of the
> contaminating conceptions, values, beliefs and ideologies of the scientific observer. The
> observer and the observed are two entirely separate and disconnected entities. What is
> attained is an "objective" understanding of the nature of the object being studied. At the
> bottom of this notion of science is the worship of "facts," defined as concretely observed
> and described data which are uncontaminated by the presuppositions of the scientist-
> observer (p. 15).

These positivist tenets undergird the biomedical model, which is the dominant framework

informing gerontological research on aging in general. Freund and McGuire (1995, p. 213-215)

outline five key assumptions of the biomedical model:

1. Mind-body dualism (the body can be understood and treated in isolation from
   other considerations);
2. Physical reductionism (disease can be understood and reduced to malfunctioning
   body parts and isolated within an individual's body);
3. The doctrine of specific etiology (disease is caused by a specific, potentially
   identifiable agent, therefore it is theoretically possible to find a "magic bullet" to
   neutralize or eradicate the disease);
4. The body as a biological machine (disease causes breakdown in identifiable body
   parts that can be isolated and repaired); and
5. The body must be regimented and controlled (individuals must take responsibility
   for the condition of their bodies).

As applied to old age, these assumptions lead to defining aging as "a process of basic,

inevitable, immutable biological phenomena" (Estes & Binney, 1989, p. 588). Historically in

gerontology, old age has been cast in terms of the inevitability of decline, disability, and

degeneration, and this inevitability has been regarded as "normal." Consequently, much research

into aging has had an implicit negativism, so that much research is conducted with measures of

illness rather than measures of wellness (Ryff, 1989a). Kaufman (1993), for example, notes that

when she entered the profession of gerontology in 1975, several gerontologists studied loss and

decline – "physiological, psychosocial, economic, political – and the relationship of those losses to chronological age in order to identify and understand the problems and needs of a growing elderly population" (p. 13).

At that time, gerontology's theories about older people and the aging process reflected the dominant patterns and paradigms of research in parent disciplines such as developmental psychology, sociology, and biology (Kaufman, 1993). In keeping with these disciplinary perspectives, gerontology "produced a notion of aging based on quantitative research methods, the gathering of "hard" and "objective" data, and the exploration of certain constructs that were of interest to many in the field" (Kaufman, 1993, p. 13). In essence, dominant constructs and theories of aging were "born of an era when "value-free" empiricism and instrumental research were assumed to be an appropriate way to ask and answer questions about human behaviour and adult development" (Kaufman, 1993, p. 13).

In a seminal article on the topic of successful aging, Rowe and Kahn (1987) make the distinction between usual and successful aging, stating that usual agers are individuals who demonstrate typical non-pathologic age-related losses, whereas successful agers are those who exhibit little or no loss relative to the average of their younger counterparts. Later, they expressed the hope that the distinction would "stimulate research on the criteria and determinants of successful aging, and identify proper targets for interventions with "normal" elderly" (Rowe & Kahn, 1997, p. 433). Overall, their recommendations suggest that future research on successful aging should focus on health promotion and disease prevention in the elderly.

Rowe and Kahn have completed a considerable amount of research supported by the MacArthur Foundation Research Network on Successful Aging. In 1984, the MacArthur Foundation assembled a group of scholars from major disciplines relevant to aging, in order to

"conduct a long-term research program to gather the knowledge needed to improve older Americans' physical and mental abilities" (Rowe & Kahn, 1998, p. xii). Rowe and Kahn's group consisted of sixteen scientists drawn from biology, neuroscience, neuropsychology, epidemiology, sociology, genetics, psychology, neurology, physiology, and geriatric medicine. The specific goal of their research was to elucidate the genetic, biomedical, behavioural, and social factors responsible for retaining, and possibly enhancing, older individuals' ability to function effectively (Rowe & Kahn, 1998). They offered the following summation: "we were trying to pinpoint the many factors that conspire to put one octogenarian on cross-country skis and another in a wheelchair" (Rowe & Kahn, 1998, p. xiii). The set of individual research projects conducted took various forms. These included, but were not limited to, the following:

> studies of over a thousand high-functioning older people for eight years, to determine factors that predict successful physical and mental aging; detailed studies of hundreds of pairs of Swedish twins to determine the genetic and lifestyle contributions to aging; laboratory-based studies of the responses of older persons to stress; and nearly a dozen studies of brain aging in humans and animals (Rowe & Kahn, 1998, p. xiii).

Based on this research, Rowe and Kahn have produced "strategies for middle-aged and older individuals to boost their chance of aging successfully" (Rowe & Kahn, 1998, p. xv). They propose a conceptual framework for successful aging, which includes three main components: having a "low risk of disease and disease-related disability; high cognitive and physical functional capacity; and active engagement with life" (Rowe & Kahn, 1998, p. 38). They profess that the modifying factors of diet and exercise, and psychosocial factors such as autonomy, control and social support, should be considered as possible strategies for the promotion of successful aging (Rowe & Kahn, 1998). This research suggests that, regardless of one's personal interpretation of his/her own aging experience, if an individual follows such strategies, successful aging can be attained.

Noteworthy about Rowe and Kahn's research is that they have created an "objective" definition of successful aging, based on facts that have been concretely observed and described data which are uncontaminated by the presuppositions of the scientist-observer. As well, the research is based on a biomedical model, so that successful aging is defined as a state that can be objectively determined with reference to the individual body, regardless of the individual's perceptions or state of mind. For instance, their research accords with the stance that the body must be regimented and controlled (individuals must take responsibility for the condition of their bodies).

Rowe and Kahn's conceptual framework for successful aging disregards the potential for an individual who may have, for instance, a disease-related disability, to view himself/herself as successful. Research of this nature simplifies a situation which is actually quite complex, by making the assumption that if there exists the presence of a component deemed undesirable by the researchers, then one cannot age successfully whereas if there exists the absence of such components, then one is considered successful, even though the individual may be in disagreement with such a categorical depiction of his/her life. Specifically, all of the aspects that may make someone's aging experience unsuccessful or successful are unaccounted for in this research. Thus, Rowe and Kahn are continuing the tradition of attempting to define successful aging objectively. Other researchers attempting to define successful aging objectively, conceptualize the phenomenon variously as primarily a factor of physiology or as primarily a factor of psychology.

Successful Aging as a Factor of Physiology

Many researchers equate successful aging with functional ability, and use quantitative methods of research to develop models and interventions that help individuals compensate for

failure or decline in later life (Baltes & Baltes, 1990; Fries, 1990; Palmore, 1979). For example, in Palmore's (1979) longitudinal study designed to create predictors of successful aging, researchers provided categories that they thought were possible predictors, conducted the longitudinal research, and analyzed the strength of each category. In this study, successful aging was defined as survival to age seventy-five (thus, in the second phase of the study those who had died were eliminated as "unsuccessful"), and as requiring good health and happiness.

Utilizing Palmore's model (with some alterations) to establish links to successful aging, O'Rourke, MacLennan, and Hadjistavropoulos (2000) focused on an investigation of factors associated with successful aging over time. Participants in the study were primarily recruited as part of the Canadian Study of Health and Aging (CSHA). Participants were randomly identified from computerized health records in all provinces except Ontario. The Health and Aging in British Columbia Study (HABC) was designed as a longitudinal follow-up two years after initial recruitment of British Columbia CSHA participants. Those who underwent clinical examination and were determined to be functioning within "normal" parameters were invited to take part in the study (O'Rourke et al., 2000). Telephone interviews were conducted by trained research assistants, most of whom were unaware of the hypotheses of the study. Descriptive features of 143 participants were compared to the initial CSHA BC sample. During the HABC study, participants were asked to rate their perceived health status. In addition, objective indices were used. The main criterion focused upon was functional status, where functional status included social, economic, physical, and mental health as well as the ability to perform activities of daily living (ADLs). It was found that both demographic and socioeconomic factors contribute significantly to the functional status of older adults, and thus, to the success or failure of one's aging (O'Rourke et al., 2000).

In these research studies, components that older individuals may deem necessary for successful aging are not taken into consideration because the researchers prescribe the criteria that they deem to be necessary for successful aging. Thus, the research involves using objective measures to either confirm or disconfirm the presence of prescribed criteria; research is not designed to incorporate lay perspectives on what it actually means to be a successful ager. Although participants were asked to rate their perceived health status, the importance placed on it and meaning attributed to such a factor were not considered. Additionally, this research is designed to distinguish between those who have achieved successful aging and those who have failed. If an individual is lacking one of the prescribed components (e.g., if he/she requires help with ADLs), that individual becomes conceptualized as a failure.

Roos and Havens (1998) conducted a longitudinal study, carried out over a twelve year period, concerning the predictors of successful aging among the elderly in Manitoba. These researchers defined successful aging in terms of an individual retaining the ability to function independently. Specifically, successful aging was defined using their 1983 re-interview as follows: alive in 1983; not resident in a nursing home in 1983; did not receive more than 59 days of home care services in 1983; not dependent in any activities of daily living; did not use a wheelchair; did not need help in going outdoors; able to walk outdoors; and scored seven or more correct answers on the mental status test (Roos & Havens, 1998).

By this definition, regardless of the personal perspectives of those older individuals involved, twenty percent of those individuals ages 65 to 84 who were interviewed in 1971 were judged in 1983 to have aged successfully. While certain individuals defined their health status in 1983 as fair or better, the researchers deliberately did not label these individuals the "healthy aged." Roos and Havens (1998) held the idea that being healthy implies absence of disease.

They concluded that individuals at particular risk of not aging successfully include those with poor self-assessed health, whose spouse had died, whose mental status was somewhat compromised, who developed cancer, and those who were forced to retire or retired because of poor health (Roos & Havens, 1998). These researchers focused on functional status as including all of the factors listed above, making it evident that if one component is lacking, one may not be a successful ager because one's functional status has been negatively affected.

In principle, biomedical approaches to aging that valorize positivist research and focus upon successful aging as a factor of physiology imply that individuals who do not meet the functional criteria provided by researchers (e.g., individuals who need assistance with ADLs, who live in a nursing home) have not aged successfully. This is the case regardless of whether an individual assesses himself/herself as having aged successfully based on a personal evaluation, because the researchers conducting these studies initially define relevant criteria and formulate an operational definition of successful aging before selecting their desired (and exclusive) sample to be studied. Thus, those who do not meet the designated criteria may disagree that they are unsuccessful agers, but they are automatically lumped into such a category.

Successful Aging as a Factor of Psychology

Various researchers have identified specific factors and elements which they deem to be crucial for successful aging. For the most part, however, they take a deductive approach and focus only on discrete aspects of individuals' lives, rather than taking a holistic approach and incorporating the beliefs, values, experiences, and characteristics of the individual as a complex being.

Butt and Beiser (1987) suggested that there is a continued need to extend models of successful aging cross-culturally and to explore the dynamics of successful as well as

unsuccessful aging. At this time, they asserted that adaptation across the life span (used as a synonym for successful aging), be studied through two different research models. The cognitive appraisal model focuses on how well the individual copes with stressful situations, whereas the subjective well-being model focuses on how satisfied the individual is with personal and social resources and experiences (Butt & Beiser, 1987). In their study, these researchers compared four age groups across 13 nations on four indices to determine who was aging successfully. The indices were: satisfaction with job relations; satisfaction with human relations; satisfaction with material needs; and religiosity. Using these four indices, the researchers concluded that the oldest group showed the most contentment, satisfaction, and stability in response to the questions (Butt & Beiser, 1987). While this piece of literature may assist in assessing how much an individual is satisfied in the four specified areas, it cannot make broader accurate conclusions as to the success or failure of one's holistic aging experience as it does not encompass all of the dynamics that may contribute to one's perception of his/her aging experience.

Through dozens of conversations with older adults, Novak (1995) presents the view that successful agers are those who are self-actualized. He suggests that once older people have met their basic needs, it is up to them to create a good old age for themselves. He discovered that such self-actualized people discover a good old age through a series of stages. First, they face a problem or moment of crisis – a challenge. Second, they see that this problem demands some response from them – Novak refers to this as the stage of acceptance. Finally, they respond to this challenge and move into the future – affirmation. These three stages in the passage to later life all take place in the face of denial (Novak, 1985, 1995). Novak suggests that an individual "engaged in denial tries to hold on to what is or what has been" (Novak, 1995, p. 119). When Novak discusses "denial," he is essentially referring to disengagement theory, which argues that

as people age, both they and society mutually disengage from each other. Gradually, as people age, suggests the theory, they participate less actively in society as a whole. From this perspective, the person who has aged successfully disengages with a sense of accomplishment and satisfaction (Havighurst, 1963; Quadagno, 1999; Roff & Atherton, 1989).

Disengagement theory can also be recognized when Novak discusses the stage of acceptance. He states that "acceptance does mean a turn away from the goals and projects of mid-life, but it also means a turn toward an alternative way of being" (Novak, 1985, p. 122). Novak's suggestion that some individuals may need to accept that they may not always be able to fulfill the projects of mid-life due to limitations, is not always the case. Some individuals may continue many of their mid-life activities and may not see such adjustments as necessary (Atchley, 1989). Overall, it seems presumptuous to assume carte blanche that individuals must necessarily face such challenges or take such measures in order to become self-actualized, and thus, to be successful.

Several researchers have focused on the importance of interactions with others and social activities for promoting successful aging and enhancing individuals' coping abilities as they age (Adams & Bliezner, 1995; Johnson, 1995; Lang & Carstensen, 1994; Roff & Atherton, 1989; Rowe & Kahn, 1998, 1997, 1987; Williams, 1963). Adams and Blieszner (1995) conducted research on the significance of relationships with friends and family. Researchers with this focus have used the number of friends, the nature of family relationships, and the amount of contact older people have with other people as indicators of successful aging. These researchers suggest that directly, in the case of emotional support, and indirectly, in the case of instrumental support, friends and family enhance older people's psychological well-being. While research of this nature may help to shed light on the benefits that relationships with others may have for

particular older individuals, it is necessary to reflect upon the meaning inherent within the indicators outlined and how they may produce skewed results. For instance, the number of friends that an individual has may not be an accurate indicator as some individuals have very few friends, but may have very close connections with them and may not need or want several friends. Some individuals may find it important to have contact with others quite often while others may not (e.g., the meaningfulness of less frequent contact may be more important for some individuals). Similarly, an introverted individual may not view relationships with others as being crucial for successful aging.

Some researchers contend that religion is significantly associated with health and well-being (Johnson, 1995; Koenig, Kvale & Ferrel, 1988; Markides, Levin & Ray, 1987). Through an exploration of the relationship between religion and successful aging, Johnson reviews the importance of religion in the lives of older people, and evaluates several theories that explain religion and aging well. Through analysis which looks at both objective dimensions (e.g., amount of activity, diet, etc.) and subjective dimensions, findings suggest that religious involvement seems to provide a special opportunity for meeting socio-emotional needs through integration with others (Johnson, 1995). Designed to illustrate the importance of religion, this research abstracts specified components out of the context of an individual's whole life. Thus, it does not arrive at what people themselves define as important.

Other researchers have discussed the benefits of laughter and a good sense of humour in aging (Cadmus, 1996; Crew Solomon, 1996). It is claimed that those who are faced with crises or illnesses that may arise with aging, cope better and are able to adapt more easily if they view matters with a sense of humour. A person who has severe physical limitations may be able to

maintain or enhance his/her psychological well-being more so than a person with less extreme physical limitations, but who interprets events in a negative manner.

The Mayo Clinic Health Letter (Mayo Clinic, 1992) provides recommendations for "how to succeed at the business of growing older." Provided are guidelines for successful aging as follows: plan for retirement; balance solitary activities with social activities; try something new – adapt interests; accept limitations; budget finances; draw on friends and kin for support; maintain a faith that gives peace of mind; maintain an optimistic outlook; engage in activities in the community; and practice good health habits (Mayo Clinic, 1992). These recommendations set up the notion that successful aging is something that is "out there" and that if we find the right path, we will discover how to get there. Outlining guidelines for how to live can be defeating for those who are not in a position to follow these courses of action, and these guidelines fail to take into consideration the heterogeneity of individuals. Instead, they identify all individuals as being the same, having the same wants and needs, and create the sense that one's life is controlled by an outside force. This sends the message that if one does not follow these guidelines or follows some but not others, they cannot be a successful ager (e.g., perhaps a reticent individual would prefer not to engage in community activities).

On the surface, various factors that have been identified as promoting successful aging, and recommendations that have been made, make a lot of sense. Yet, it is questionable as to how realistic it is to expect older adults to follow such guidelines. This, in large part, is a result of taking a deductive approach and/or focusing on discrete aspects of individuals' lives without consulting those who are in fact aging, or, considering the context in which an individual lives. Overall, although several contemporary approaches now emphasize health promotion, focusing on wellness rather than illness, it remains the case that certain models run the risk of imposing

criteria of successful aging onto individuals who do not share the values and ideals implicit in the researchers' assumptions (Ryff, 1989a). In such instances, categories are produced that provide narrow conceptualizations of what it means to be successful, creating a dichotomy in which one is more likely to fall prey to being unsuccessful rather than successful.

Critical Gerontology

The last decade and a half has witnessed the emergence and growth of a set of diverse perspectives that has encouraged gerontologists to engage in a reassessment of "some of the field's most cherished ways of thinking about and studying aging and the elderly" (Minkler, 1996). Collectively referred to as "critical gerontology," these alternative perspectives comprise a collection of questions, problems and analyses that have been excluded by the established mainstream. "What is proposed in critical gerontology is a more value committed approach to social gerontology – a commitment not just to understand the social constructions of aging but to change it" (Minkler, 1996, p. 468).

"Critical gerontology may be seen as evolving along two paths simultaneously, one embracing a broad political economy of aging framework, and the second emerging from a humanistic orientation" (Minkler, 1996, p. 467). Emergent feminist perspectives on aging, and what has been termed "culturally relevant ways of thinking" about aging and diversity further complement and extend critical gerontology, "with the concept of empowerment seen as linking all four of these conceptual frameworks" (Minkler, 1996, p. 468).

Critical gerontology in the tradition of political economy offers a multiperspectival framework within which to better understand old age as a "problem" for societies characterized by major inequalities in the distribution of power, income and property (Minkler, 1996). As a complement to political economy, the humanistic approach is particularly focused on larger

questions of meaning, or lack of meaning, in the lives of older people. "It asks us to explore "what makes a good life in old age," and how a society can support multiple alternative visions of a good old age" (Minkler, 1996, p. 471). Feminist perspectives and "culturally relevant ways of thinking" about aging pay a great deal of attention to empowerment. Empowerment may be seen as the unifying term and the vehicle through which critical gerontology may make its most significant contribution (Minkler, 1996).

Critical gerontologists point out that there is a moralistic component to research on how to facilitate successful aging, as it indicates what older individuals *should* be striving for. From a critical perspective, while such ideals represent an important shift from earlier negative perceptions of aging which focused on decline and loss, at the same time, the concept of successful aging, used uncritically, can contribute to the stigmatization and disempowerment of those older individuals who fail to meet the dominant criteria for successful aging (Minkler, 1996).

Skeptical of the usefulness of the concept of successful aging, several critical gerontologists have asked whether successful aging offers an opportunity for resistance to past (negative) conceptualizations of aging, by enabling people to forge new lifestyles and new modes of being which allow them to retain a place (symbolic or otherwise) in mainstream society – or is successful aging a technique of regulation which serves to deny older people the legitimate right to bodily dysfunction and even perhaps cultural disengagement? Several of these gerontologists have decided that far from liberating the declining body from its negative cultural connotations, successful aging appears to reaffirm its continued cultural repression (Hepworth, 1995; Katz, 2000; Kennedy & Minkler, 1998; Tulle-Winton, 1999). Hepworth (1995) notes that positive aging uses health promotion to encourage individual responsibility for

the maintenance of a positive and productive lifestyle, essentially stating that older people must strive to remain as much like a middle-aged person as possible. Similar arguments are offered by other critical gerontologists (e.g., Andrews, 1999; Cohen, 1988; Ekerdt, 1986; Holstein, 1999; Katz, 2000; Kennedy & Minkler, 1998; Minkler, 1990; Stone, 2003).

Dail (1988) critically examines the way older individuals have been portrayed in the media, and notes that traditionally, it has not been in a positive light. Advertising, for example, focuses on products for "the problems of aging." According to Dail (1988), as a result of such advertising elderly populations suffer from negative stereotyping more than any other identifiable social group (Dail, 1988). She argues that preconceived notions about cognition, physical ability, health, sociability, and personality perpetuate these negative stereotypes, adding that in media culture, increasing age seems to portend decreasing value as a human being (Dail, 1988). Others hold similar views toward representations of older individuals in the media (Gerbner, 1993; Meyrowitz, 1985). For instance, Gerbner (1993) states that:

> Mass media are the most ubiquitous wholesalers of social roles in industrial societies. Mass media, particularly television, form the common mainstream of contemporary culture. They present a steady, repetitive, and compelling system of images and messages......This unprecedented condition has a profound effect on the way we are socialized into our roles, including age as a social role......The world of aging (and nearly everything else) is constructed to the specifications of marketing strategies (p. 207).

Media depictions targeted towards an aging population, such as depictions of retirement and how to age successfully, present idealized images of what a positive old age "should" be like or look like through imposing or prescribing what positive aging entails for older people. Often, it does not present choices, but instead sets up guidelines that one "should" follow. The same situation can be said for gerontological research that does not consult the individuals being studied – it is just a different medium sending the message. Overall, critical gerontologists suggest that forms of gerontological research, along with wider society and consumer culture,

function to tell older people what they ought to be doing in order to achieve a "good old age" without recognizing the voices of those who are actually experiencing old age (Andrews, 1999; Blaikie, 1999; Bytheway & Johnson, 1998; Cole, 1993, 1988, 1986; Ekerdt, 1986; Featherstone & Hepworth, 1991; Hepworth, 1995; Katz, 2000, 1996; Minkler, 1996; Tulle-Winton, 1999).

Stemming from the recognition that much research regarding the concept of successful aging has often been devoid of personal meaning, particular researchers have been intrigued to discover what constitutes successful aging according to the personal meanings that older individuals apply to the concept. After attending a keynote address on successful aging at a major gerontological society convention, Wong sympathized with several older peoples' complaint that "the speaker almost exclusively emphasized successful agers' physical health and physical activities with no mention of their spiritual and existential dimensions" (Wong, 2000, p. 23). Similarly, after reading Rowe and Kahn's report on the MacArthur Successful Aging Project, Wong questioned: "Have the experts on successful aging missed something important to the aging population?" (Wong, 2000, p. 23). Wong (2000) posits that some older people, especially those with physical disabilities, feel that models of successful aging that focus on physical health, psychological functioning, and active lifestyle devalue them and treat them as failures.

In another piece of literature, Wong (1989) asserts that "at present, most of the societal resources have been directed to meeting the physical, social and economic needs of the elderly. While these efforts are essential, one must not overlook personal meaning as an important dimension of health and life satisfaction" (p. 522). According to Wong (1989), although there is increased attention to meaning in old age, few empirical studies have been conducted to substantiate the role of personal meaning in successful aging. Wong (1989) proposes that a

sense of meaning may be particularly important for the frail and chronically ill because it is one of the few sources of life satisfaction that transcend physical constraints. Thus, rather than prescribing criteria for successful aging or evaluating the strength of particular predictors over others, critical gerontology serves to "greatly enrich not only society's appreciation of older people and their capacities, but indeed the very meaning of growing and being old in contemporary society" (Minkler, 1996, p. 481).

Interpretive Approaches

As has been made evident, existing information about successful aging has often "not" been derived from older people themselves. Thus, ideas about what it is to age successfully do not necessarily correspond with the thoughts, beliefs, and values of those who are 65 and older. Research which constructs categorical depictions of what it means to age successfully without seeking valuable information from older people themselves, fails to take account of the heterogeneity of older people, and discounts or ignores the diversity of views that older individuals may have regarding what it means to age "successfully." Thus, the concept of successful aging comes to represent the interests of researchers as opposed to older people themselves, and imposes the role of achieving a "good old age" onto older people, prescribing lifestyle choices and behaviours older people must take part in to strive for the superimposed ideals. "Pronouncements about how to age successfully entail regulation made evident through lay, professional, and political utterances about what is desirable for older people" (Tulle-Winton, 1999, p. 282). Accordingly, policies and programmatic interventions intended to promote successful aging are implemented but lack the recognition that considerable variability exists among older people, and they do not reflect the views and circumstances of older individuals. Cowley (1979) reminds laypersons of the folly of trying to answer questions about

aging by listening solely to those who study older individuals noting that "Apparently a great deal had been written about old age, but most of the authors who dealt with it were lads and lasses, as it seemed to me in their late fifties and early sixties. They knew the literature, but not the life" (p. ix).

What researchers must do is be mindful and attentive to the values and ideas of those being studied. It is imperative that older individuals are afforded the opportunity to provide their own definitions of what it means to age successfully. As Ryff (1989a) argues, these implicit ideas offer several advantages to research. Firstly, they reflect the perceptions of those who are actually living through the experience of growing old. Secondly, input from older individuals regarding the nature of successful aging reduces the tendency to over-generalize criteria of successful aging generated from theory-based research. "The spontaneous conceptions provide a kind of check on the relevance of more formal theoretical frameworks, seen through the eyes of older people themselves" (Ryff (1989a, p. 49). Thirdly, personal definitions or perceptions can serve as an important mechanism for identifying new, changing, or formerly unknown conceptions of successful aging (Ryff, 1989a).

While critical gerontology presents crucial theoretical and conceptual ideas, interpretive approaches put such theory into practice. Essentially, in the context of studying successful aging, where critical gerontology provides "culturally relevant ways of thinking" about aging, taking an interpretive approach involves carrying out research which, when studying older people, involves attending to what older people actually have to say.

In a study conducted by Ryff (1989b), she notes that "although the topic of psychological well-being has generated considerable research, few studies have investigated how adults themselves define positive functioning" (p. 195). Essentially, the general mission of her study

was to examine the meaning of psychological well-being from the lay perspective. "The premise was that those who are living through the experience of growing old have much to offer in articulating the meaning of successful aging" (Ryff, 1989b, p. 207). Respondents in her study (which involved conducting open-ended interviews) consisted of 171 community-dwelling men and women. All of the respondents were residents of the same midwestern city, all were recruited through civic, social, or neighborhood organizations, and there were more women than men in the sample. The predominant finding that emerged from her research was that relationships with others are of foremost importance in the lay formulations of positive functioning (Ryff, 1989b). It is not surprising, however, that a sample of mostly women who belong to organizations would find relationships with others to be extremely important, as women generally tend to be more relationship-oriented than men. Further research similar to Ryff's, but involving equal representations of men and women and from different settings would be beneficial to further understand the views of older people in diverse life situations.

Fisher's work illustrates that conducting qualitative interviews is beneficial for gaining an understanding of what constitutes successful aging for particular individuals (Fisher, 1991). Since the landmark work of Neugarten, Havighurst, and Tobin (1961), "life satisfaction or morale has been typically used as the empirically based operationalization of successful aging" (Fisher, 1992, p. 191). While the two concepts, life satisfaction and successful aging, have often been equated with one another, Fisher deems it important to separate them and to specify the meanings older people attach to these concepts. Thus, research conducted by Fisher (1992, 1995) further explores the meanings that older people attach to successful aging and life satisfaction, and focuses on how these concepts can be differentiated.

Fisher conducted research in which he collected qualitative data through open-ended interviews with nineteen older individuals at a Senior Activity Center. The respondents were all white, middle-class and came from predominantly Protestant backgrounds. After conducting these interviews, Fisher (1992) discovered that "most respondents clearly distinguished between life satisfaction and successful aging suggesting that these concepts should not be used interchangeably" (p. 200). Although some overlap occurred, one key difference was that respondents described life satisfaction in terms of past expectations and present circumstances, while successful aging was more oriented to strategies for coping in later life and maintaining a positive outlook (Fisher, 1992).

Seeking to identify the meanings that older people attach to life satisfaction and successful aging, Fisher conducted similar research whereby he gathered qualitative data through interviews with forty older people randomly selected from a pool of eighty-one older people working for the Ozark Area Foster Grandparent Program in Missouri. The majority lived alone in a house or apartment (Fisher, 1995). In Fisher's study, "descriptions of life satisfaction emphasized the fulfillment of basic needs and was viewed as a precursor to successful aging" (Fisher, 1995, p. 239). The findings suggest that generativity contributes to successful aging and remains a vital developmental task in later life (Fisher, 1995). Fisher uses the term generativity as Erikson originally used it to describe developmental stages in life. It refers to having a sense of purpose and/or making a contribution to one's society, involving "efforts to apply the virtue of caring, that is, purposeful action oriented toward some meaningful goal" (Fisher, 1995, p. 241). Like the 1992 study, it was also found that according to older people having a sense of future is an important feature of successful aging. People who are aging successfully are still involved in

addressing current problems of identity and development (Fisher, 1995). Of crucial importance to note is that findings reveal that successful aging is subject to individual interpretation.

A team of seven anthropologists carried out a coordinated comparative study called Project AGE, which involved conducting interviews in seven sites "to determine the meaning of successful aging and to chart the pathways that different cultures provide to achieve a successful old age" (Ikels, Dickerson-Putman, Draper, Fry, Glascock, Harpending, & Keith, 1995, p. 304). The importance of refraining from abstracting individuals out of their social and historical context became evident in this research. From least to most complex the populations or communities studied were as follows: the !Kung of Botswana; the Herero of Botswana, a settled pastoral population; Clifden, a rural seacoast community in Connemara in the west of Ireland; Blessington, a small town being transformed by in-migration into a suburb of Dublin; Momence, Illinois, a small town with an agricultural hinterland located 50 miles south of the Chicago loop; Swarthmore, Pennsylvania, a college town and upper-middle class community, where most residents commute to work elsewhere; and Hong Kong, a densely populated enclave on the southeast coast of China that was at the time under British control (Ikels et al., 1995). In each of the sites, the sampling goal was to obtain approximately 200 interviews, including, where possible, an oversampling of the population over sixty. The minimum age for inclusion was whatever the local population estimated as being the beginning of adulthood (Ikels et al., 1995).

The project was conducted in two phases: 1982-83 and 1987-88. Participants of all ages were asked to describe the adult life course and indicate which group they belonged to; they were asked to provide examples of successful and unsuccessful agers; and they were asked to indicate their age group preferences (state which group they would most like to belong to and which they

would least like to belong to). Finally, researchers measured well-being (conceptualized in terms of life satisfaction) (Ikels et al., 1995).

Findings from these anthropologists reveal that in order to think about other issues, individuals must meet the basic hierarchy of needs and not be disturbed by severe health problems. Older individuals ranked themselves highest in those societies in which they have an independent source of income to meet material needs. However, the researchers note that "though all people are concerned about their material standard of living, the content of what constitutes an adequate standard is subject to enormous variation" (Ikels et al., 1995, p. 320). Furthermore, they contend that "in order to understand age differences in life satisfaction, researchers must consider the historical contexts in which individuals develop their definitions of the good life" (Ikels et al., 1995, p. 321).

Recognizing that "many previous studies have assessed the aging process by measuring clinical and functional variables" (Bryant, Corbett & Kutner, 2001, p. 927), Bryant, Corbett, and Kutner (2001) sought to supplement a quantitative understanding with qualitative data. In semi-structured interviews with twenty-two participants, they asked older individuals what constitutes and contributes to their health. The researchers explored differences among the sample of older individuals who were in similar clinical-functional condition, but who rated their health differently. The reason they decided to speak with "those whose reported health differed from that which would be expected, based on commonly assessed measures" (Bryant et al., 2001, p. 929) was because they wanted to learn about additional factors that may facilitate successful aging.

Using grounded-theory methods, Bryant, Corbett, and Kutner (2001) found that according to their sample of older individuals, health meant going and doing something meaningful, and

meaningfulness had four components: "something worthwhile to do, balance between abilities and challenges, appropriate external resources, and personal attitudinal characteristics (i.e. positive attitude versus "poor me")" (Bryant et al., 2001, p. 927). Lastly, they found that "by reframing healthy aging in older people's own terms, this model encourages interdisciplinary support of their desired goals and outcomes rather than only medical approaches to deficits and challenges" (Bryant et al., 2001, p. 927).

Using a nomination paradigm to assist in the conceptualization of successful aging, Knight (1999) examined how older adults themselves define the concept by interviewing older individuals who were perceived by their peers to be role models of successful aging. Analyses of in-depth interviews conducted with 14 upper-middle class individuals from a retirement community revealed that the following themes were considered to be integral to successful aging: (a) keeping active, physically, socially or mentally; (b) having good physical health; (c) having high life satisfaction (including sub-themes of social support, independence and control, planning for the future and financial security, satisfaction with career and retirement, integrity, and spirituality); and (d) having a sense of continuity in one's life. However, a major overarching theme of positive attitude also strongly emerged from the data. If participants experienced limitations in their life satisfaction, physical health or physical, mental or social activity, then having a positive attitude towards these changes, and being able to accept and adapt to these limitations helped them continue to age well and to be perceived by others as successful agers (Knight, 1999).

In an attempt to gain a further understanding of the concept of successful aging according to what older people deem to be significant, Fogg and Comendador (2001) conducted in-depth interviews with two women with a low socioeconomic status who resided in a long-term care

facility. Research findings indicated that even though the two women shared similar characteristics (e.g., with regard to age, sex, place of residence, etc.), responses varied greatly, once again illuminating the fact that older individuals are heterogeneous, and accordingly, cannot be placed into distinct categories. One interview revealed that keeping one's mind active, having independence, staying socially involved, participating in activities (social or individual), and having friends were key themes related to successful aging. The other interview revealed that successful aging is highly personal and is achieved when one is "happy," one takes care of oneself (in a manner identified by the individual ager), and refrains from drinking and smoking. Research findings also deviated from criteria evident in many medical model approaches. For instance, when asked to describe someone in the institution whom the interview participant thought was aging successfully, one participant described someone who (as opposed to criteria set in medical models) used a wheelchair (Fogg & Comendador, 2001).

What is clear from this review of qualitative research on successful aging is that it is critical to acknowledge that what is meant by the concept of successful aging is a reality defined by each individual who is aging and involves a personal response. Essentially, the diversity amongst individuals and the responses they provide suggest that components cannot be used to place **all** older people into "neat" categories, which define whether or not one is aging successfully.

Approach to Research Project and Plan of Thesis

For the most part, gerontologists have devised objective definitions and reductionist models to measure the presence or absence of successful aging, adhering to the assumption that manipulating discrete factors will promote successful aging as objectively defined. Critical gerontology, in contrast, rejects positivist perspectives and medical models of aging, and instead

is concerned to understand the aging process as socially constructed. Recognizing that the lives of individuals cannot be abstracted from the social context and that individuals act in accordance with their subjective understandings, many critical gerontologists are concerned to understand how aging is subjectively experienced and made meaningful. To study this, qualitative and interpretive research is called for, and the studies that have been done so far show that there is great variation in understandings.

As has been made evident through examining the literature, the interpretive approaches taken with regard to research concerning the concept of successful aging are concerned with the subject's point of view, meaning, subjectivity, or consciousness. Since the intention of my specific research project is to address the lack of research with those who are institutionalized and those who have a low socioeconomic status, and to gain an understanding of what the concept of successful aging *means* to older individuals who reside in long-term care facilities, taking an interpretive approach will best "enable the voices of the elderly to be heard in ways they have not been, so that we, as researchers are able to see dimensions of aging....that were previously invisible to us" (Kaufman, 1993, p. 16).

Following an interpretive approach, the question as to what the concept of successful aging means to the older individuals being studied is usefully addressed with open-ended qualitative research strategies. A major focus of many gerontological in-depth interview studies is asking questions that shed light on the context of older individuals' lived experiences (Rowles & Schoenberg, 2002; Rowles & Reinharz, 1988). Thus, conducting interviews with people over the age of 65 in institutions allows me to understand and convey experience in "lived" form. Face-to-face interviews will enable me to "explore the ways in which people interpret and negotiate the causal web and see just what it is that makes a situation or event as it is and not

otherwise" (Rowles & Reinharz, 1988, p. 9). Thus, in order to learn about what it means to age successfully, it is useful to talk to those who are aging. Essentially, utilizing this method will reveal the meaning permeating the world of lived experience. Since the main idea of qualitative research is to find the individual meanings of certain concepts, the open-ended style allows for the freedom of thoughts and continuous free conversation. The interviewee's narrative then becomes the most important research finding, and allows individuals to understand successful aging in ways that are under-reported.

The literature review aided in the development of both the style and content of the interview questions. Previous research that was conducted with goals that were antithetical to mine (e.g., research agendas that prescribed categories that researchers felt depicted successful aging and excluded several individuals) served as points of departure for the framing of my research questions. In contrast, the formulation of questions within research studies that sought to elucidate meanings of successful aging from the lay perspective provided some guidance for how to pose questions. Specifically, studies within the literature that employed qualitative strategies that enabled participants to provide in their own words, their perceptions of the concept without any restrictions were most suitable to emulate (e.g., research by Ryff, 1989a, 1989b; Wong, 1989, 2000; Ikels et al., 1995; Knight, 1999). Although my research is grounded in and linked to this literature, where it strays from or expands on this literature is with the characteristics of the selected sample. Clearly, improvements have been made to gain an understanding of the concept from the point of view of those who are in fact aging, yet the question as to what it means to those who have previously been labeled "unsuccessful," such as those in long term care facilities and those with a low socioeconomic status, remains unanswered. In order to attain a broader understanding of the concept and the meaning that older

individuals in diverse living situations attach to it, this research must be done. Accordingly, Knight (1999) revealed that her work was "only the first step in conceptual clarification" (p. 97), further noting that qualitative research conducted with different samples of older individuals, including those within institutional settings, such as nursing homes, "will also generate interesting theories of well-aging" (Knight, 1999, p. 97).

The following chapter reviews methodological issues and details the methods used for the present research. Following that, the next two chapters present an analysis of the data gathered in the interviews. Finally, the conclusion attempts to bring together the various insights obtained as a result of this research.

Chapter Two: METHODS

Qualitative description is necessary when studying individual and social situations that are unique, relatively unknown, or have become stereotyped (Rowles & Reinharz, 1988, p. 10).

The primary research method utilized for this project was qualitative in nature.

Qualitative interviews are meaning-centered and therefore allowed me to arrive at an

understanding of what the concept of successful aging *means* to my sample of participants

(Babbie, 1999). "Qualitative interviews allow opportunities for data to emerge "from the social

interaction" between the interviewer and the interviewee" (Adler & Clark, 1999, p. 266), and

they are an important and useful tool for researchers interested in understanding the world as

others see it. As Patton (2002) describes, in order to gather data that aims at gaining a deeper

understanding of the nature or meaning of experience, "one must undertake in-depth interviews

with people who have *directly* experienced the phenomenon of interest; that is, they have "lived

experience" as opposed to secondhand experience" (p. 104).

In-depth interviews are an important research tool because they allow a researcher to pay

close attention to the lived experience of the interviewee's world, facilitating development of the

participant's definitions of meaning. This approach enables the voices of those interviewed to be

heard and allows for new understandings to emerge. The style of questioning in in-depth

interviews is a key strategy to allow for free, open, and non-directed responses of the

interviewee. An open-ended format style of questioning provides a non-challenging

environment, allows for mutual respect, free and open conversation, and equity among the

parties involved (Palys, 1997). Ultimately, the open-ended style of questioning allows the

interviewee to express himself/herself in his/her own words and according to his/her own

perceptions.

The Interview Guide

For this research, *semi-structured* (or semi-standardized) qualitative interviews were utilized. "Semi-structured interviews are interviews with an interview schedule containing primarily open-ended questions that can be modified for each interview" (Adler & Clark, 1999, p. 248). For my research project, semi-structured interviews provided a guideline with which to ensure that all of the topic areas were covered consistently for each interview participant. Had my interviews not had some structure, I may not have achieved the consistency necessary to allow me to compare responses to questions and uncover emerging themes.

The fact that questions in a semi-structured interview can be modified is also an important element. As Adler and Clark (1999) declare, the qualitative interviewer often uses an interview schedule with open-ended questions, can modify the order and the wording of the questions, and often asks respondents to elaborate or clarify their answers. Modifying the wording or phrasing of questions allows further clarification to be achieved when an interview participant may not fully understand what a question is asking. In addition to modifying the wording of questions, modifying the sequence in which questions are asked is also important because it again enables comfortable, flowing conversation. Ultimately, meaningful responses are likely to be elicited when conversation has a naturally flowing feeling, rather than jumping from one topic to another, and then reverting back to another solely to conform to the way questions are ordered on paper. Accordingly, Adler and Clark (1999) clarify that the quality of responses will be richer when comfortable conversation is maintained.

The interview questions and their wording were created after I conducted a thorough literature review. They were formulated such that they corresponded to the original goals of the research project, which was to arrive at an understanding of what successful aging *means* to low-

income older adults residing in long-term care facilities. Accordingly, I formulated questions to ensure that a meaning of successful aging was not imposed upon participants. As well, I created questions intended to direct attention away from judgments about whether participants were themselves "successful agers." Generally, interview questions focused on the following issues: participant demographics; participants' understandings of the meaning of the concept of successful aging; and participants' perceptions regarding the role of friends, social involvement, activity, physical health, work, retirement planning, and attitude/personality in relation to successful aging (see Appendix A for the complete Interview Guide).

As well, in an attempt to gain insight into how popular depictions of aging may be understood, I chose two magazine advertisements to show to participants and asked them to reflect on whether they thought each article represented a typical experience of aging, whether each was a positive advertisement or a negative advertisement, and which one best represented the participant's perception of successful aging. The advertisements were selected after looking through various magazines and randomly choosing a collection of advertisements related to aging. The collection was refined to two by selecting one advertisement, which according to my subjective perception, represented a stereotypical image of "successful aging," and by selecting another which was felt to serve as the contrast to the first advertisment.

The Process of Recruiting Participants

Early in the design process, I determined that I was interested in interviewing a small number of participants so that I would be able to manage analyzing transcripts and complete the research in a timely manner. I was also interested, however, in a sample size large enough to produce possible variation in responses. Thus, I determined that ten to twelve participants, with an equal representation of men and women, would be an adequate sample size.

Given that I was interested in learning about the views of institutionalized older adults with a low socio-economic status vis-à-vis the concept of successful aging, I decided that they would be most likely found living in inexpensive rooms in a long-term care facility, and I (mistakenly) assumed that public rather than private facilities would be most likely to house the participants I sought. Thus, I began my fieldwork by seeking out appropriate long-term care facilities. For reasons of convenience, I chose to look for facilities in a Northwestern Ontario location.

Selection of a Long-term Care Facility

I made arrangements to meet with facility administrators from three long-term care facilities, but due to time constraints, was able to meet with administrators of only two facilities. Upon visiting the two public institutions, I learned that in order to proceed with my research I would have to receive ethical clearance from the selected individual long-term care facility as well as from the municipality, even though my research had already been approved by the Lakehead University Research Ethics Board. I was informed that this process would take anywhere from two to six months. Unfortunately, this time frame did not conform to the time constraints I had organized for myself. However, through these meetings I learned that residents at public facilities do not necessarily have a lower socioeconomic status than residents at a private facility. The administrators with whom I met informed me that the rates are set by the Ministry of Health and are the same for profit and non-profit organizations. Administrators at the public facilities provided me with further direction by suggesting various private facilities in the area.

I then contacted Sunvale Home (a pseudonym) which is a private facility and made arrangements to meet with administrators in order to formally introduce myself and describe my

research project. I learned that private facilities undergo a procedure to grant ethical approval which usually takes between one week and one month. The administrators at Sunvale were interested in my research project and agreed to pass on my research proposal to an ethics committee in their next meeting, which was in a week's time. In addition to being provided with the research proposal, the administrators were given information outlining the methodological procedures for my research as well as information detailing the demographics of the desired sample and the recruitment process regarding the selection of the sample, which would be passed on to the ethics committee. After the meeting occurred, I was granted permission to conduct my research at Sunvale.

Sunvale's administrators confirmed that their rates for accommodation are set by the Ministry of Health and were not more expensive than the rates paid by residents at public facilities. Sunvale's rates included preferred accommodation which, as of April 2002 was $52.51 per diem or $1597.06 per month. Basic accommodation ranged from $30.24 per diem or $919.73 per month to $44.51 per diem or $1353.73 per month. Basic accommodation rates were based on the individual's income. All participants for the research project paid the basic accommodation rate, which entitled them to a room shared with one other resident and common washrooms.

Administrators at Sunvale also explained that funding is received based on individual cases. Therefore, they are required to provide thorough documentation regarding their residents. For example, a nurse must document what medication is given to each individual and how often. If there are increases in medication needed, a facility will receive more funding because of the increased care that residents may require. Administrators clarified that the difference between public/non-profit and private/for profit facilities is that public facilities can do fundraising (e.g.,

within the municipality) to raise funds. Private facilities cannot do any fundraising but can retain any excess revenues as profit. As well, with regard to public facilities, it is the taxpayers who pay for the building while for private facilities, it is the shareholders/company who pay the expenses for the building.

Sunvale is organized such that residents can bring furniture and personal items from their previous dwellings to their rooms (with the exception of their bed). It is a one-level facility organized by level of care, in that residents requiring increased levels of care reside in a separate area from those requiring minimal care. Sunvale is set up with several recreational lounges, a chapel with services for different Christian denominations and other religions as well, a central dining room for meals, and a designated area in which numerous recreational activities and organized programs take place. A monthly calendar is produced by the Recreational Director to advertise regular weekly activities such as walking programs and baking, as well as various activities that occur at different periods throughout the month, such as Humane Society visits, visiting orchestras, gardening, resident birthday parties, and dancing.

Selection of the Required Sample

Two days after receiving permission from Sunvale, a telephone conversation with one of the facility administrators enabled me to establish an appointment which was convenient for both parties in order to: 1) ask for the facility administrators' written consent to conduct my research in the facility (see Appendix D); 2) provide an opportunity for a question and answer period for both myself and the facility administrators; and 3) discuss the demographics of the sample desired and the recruitment process.

Regarding the concept of successful aging, my goal was to focus on the views of individuals who are often understudied. While it is generally the case that overall, older people's

perceptions about successful aging have been understudied, the perceptions of older people who reside in long-term care facilities and who have a low socioeconomic status have been especially neglected; perhaps because they do not conform to popular stereotypes about what it means to age successfully. Thus, I asked Sunvale's administrators to help me identify potential participants who paid basic accommodation rates, based on the assumption that this would generate a list of residents with low income. This assumption seemed preferable to attempting to inquire into the financial circumstances of residents, given the sensitive nature of such questions.

Sunvale's administrators decided that their Residence Support Services Worker, Ms. Knill (a pseudonym), would randomly select twenty possible participants (adhering to the necessary requirements regarding the desired sample) to be interviewed with an equal weighting of male and female residents. To do this, Ms. Knill took the register which listed all of the residents in the long-term facility and formed a new list with all potential participants on it. Thus, the list contained all those who spoke English, who paid the basic accommodation rate, and who were able to communicate effectively. From this list, two new lists were formed. One list was made up of men only and the other was made up of women only. Once these lists were completed, random selection occurred, in that all participants on these lists had an equal opportunity of becoming one of the twenty participants selected. Thus, Ms. Knill randomly selected ten men from the first list of names and ten women from the second list.

Three days after the meeting between the administrators and myself, I met with Ms. Knill to randomly select twelve potential participants from the lists provided. The names on each list were written beside a number (names were listed from 1 – 10). Ms. Knill asked me to randomly select six different numbers from 1-10 for the first list and to do the same for the second list. Thus, the individuals who corresponded to the numbers selected came to form the research

sample. Once all of the individuals were selected, Ms. Knill gave me a tour of the facility and simultaneously introduced me to nine of the potential participants. The other three individuals were unavailable at the time. Accordingly, Ms. Knill gave me her schedule and told me that she could introduce the other individuals to me on a separate occasion.

When meeting the first nine potential participants, I introduced myself by stating that I was a Masters student writing a thesis at Lakehead University. I explained my research project to the participants, and provided them with a written proposal explaining the research and that the interview would be tape recorded but that the information they provided would remain confidential. Initially, some individuals were reluctant to be interviewed because they thought they had been identified as being successful agers themselves. However, when it was clarified that the purpose of the interview was not to establish whether or not they personally were aging successfully, but rather to discover what successful aging *means* to them, they became more at ease with the idea and agreed to be interviewed. Most of the individuals provided verbal consent at that time and I asked if they wished to read and sign the consent form (see Appendix F) then or whether they preferred to sign it at the time of the actual interview. All but two provided me with written consent during this initial introduction.

During my next visit to Sunvale, I was introduced to the remaining three individuals. One of them provided written consent at that time and two provided only verbal consent in the presence of Ms. Knill and myself because they were unable to provide written consent – one due to complete blindness, and the other due to near blindness after having undergone eye implant surgery. As well as being introduced to those individuals, during this visit I located the individuals who had agreed to participate in the interview process during my previous visit and scheduled times and places for interviews that best suited their needs.

After the interviews were completed, I provided each facility administrator with a small token of appreciation and a letter thanking them for their support, generosity, and assistance throughout the process. The facility administrators had been extremely helpful in maintaining continuous communication with me from the point of initial contact and throughout the entire interview process. Within the letter, I also provided the facility administrators with my contact information, making them aware that they were free to contact me should any questions or concerns arise.

Participant Characteristics

Two individuals ended up not participating due to sickness. One of these individuals was male and the other was female, so their withdrawal from the research meant that I was still able to maintain an equal balance of male and female participants. Thus, my final resulting sample consisted of ten individuals who were English speaking, who paid the basic accommodation rate, and who had variously resided at Sunvale from four months to two years.

Most participants did not understand themselves as having a particular class location. In fact, when asked to situate themselves in terms of a class hierarchy, several individuals struggled to answer this question as though it was not something they had really considered before. In discussing this issue, most participants reflected on their lives prior to moving to Sunvale. Extrapolating from what they had to say, it appears that six participants considered themselves to be members of the lower class (specifically, three men and three women). Patricia Tomczyk's (a pseudonym) comment is illustrative:

> *Well, I was always poor all my life, growing up. When I was bringing up my family, I used to be on Provincial welfare. Sometimes we had potatoes or oatmeal three times a day until payday because we had nothing else.*

The ages of the participants ranged from 66 to 95 years old with the average age being 84. All spoke English, although two also spoke another language (Swedish and Ukrainian). Four were born in Thunder Bay, Ontario, two were born in England, one was born in Sweden, and three were born in other Canadian provinces. In terms of ethnicity, participants represented a variety of northern European backgrounds, with British being most common. In terms of disabilities, four of the interview participants used walkers, one used a wheelchair, one used a cane (and occasionally used a walker), two had vision impairments (one had eye implants and had minimal vision and one was blind), and five of the ten participants mentioned that they had Arthritis (two of which specified their Arthritis as Rheumatoid). Participants may have had other disabilities. However, what is mentioned consists of what was identified during discussions. Further details about the participants can be found in Appendix G, where each participant is profiled.

One impression about the participants that is significant to note after having spoken with them is that there seems to be a disjuncture between what participants identified as being important for successful aging and their own states of mind. Even though the questions asked were not framed to focus on participants' own lives, some participants did so. The information that I gained through such responses gave me the impression that if I was to have focused on their lives and asked the question, *"Do you think that you have aged successfully?,"* participants may have responded negatively. This would not have been as a result of such issues as poor physical health, but because some participants themselves did not come across as being personally happy and/or did not speak happily in reference to their lives. However, it is important to reiterate that this research does not look at how the participants themselves are

aging, but rather focuses on the perceptions that the participants express regarding the concept of successful aging.

Interview Process

The interviews were conducted between April 24th, 2002 and May 6th, 2002. The initial introduction to participants allowed me to begin establishing rapport with the participants. Had I interviewed the participants upon our first introduction, they may have felt bombarded by an unexpected situation. I believe that by ensuring that each participant selected the time to be interviewed that was convenient for them and a location that was comfortable for them, the interview process was less stressful for participants than it might have otherwise been. Two occasions arose in which participants could not be found in the area that was designated for the interview. These participants had forgotten the date for the interview, so interviews were rescheduled for an alternate time when they would be available.

Some participants chose to be interviewed in the morning following the breakfast meal while most preferred a particular time in the afternoon. Some preferred to have me locate them in the facility and then move to the area they had designated for the interview. Others preferred to meet in the arranged location. Two participants selected a quiet area in the dining room, three participants chose to be interviewed in various lounges within the facility, three preferred to be interviewed in the comfort of their own rooms while roommates were elsewhere, and the remaining two participants chose to be interviewed in a small sitting area just outside of their room.

Before each interview commenced, a description of the research project was provided again (see Appendix E for the Introductory Statement to the Interviewees), those who had not yet provided written consent did so (see Appendix F for the Consent Form), and it was explained

again that the interviews would be tape recorded, in order for me to be able to transcribe the data and analyze it. Participants were also reminded that all of the information they provided would remain confidential and that their participation was voluntary, so that they could withdraw at any time. It was stressed to participants that there were no right or wrong answers, but that I was interested in what they had to say in response to my questions. I believe that this allowed for comfortable conversation and a non-challenging environment, so that participants did not feel pressured to answer with a particular response.

Prior to asking the interview questions, I would have brief informal discussions with the participants in order to establish further rapport and help them feel at ease speaking with me (e.g., we would speak about the residence, the weather, the activities going on in the facility, how long each of us have lived in the area and how we like it, etc.). I approached talking to people as a young woman with an interest in gerontology and successful aging in particular. Since the age difference between the individuals I was interviewing and myself was significant, it was necessary that I created an atmosphere in which participants felt reassured that I felt comfortable talking to older people, that I respected them greatly and did not hold negative stereotypes about them.

Using a semi-structured interview guide, I conducted the interviews in a manner to ensure that all questions were asked, but I did not always ask the questions in the same sequence. For instance, in some cases a response to one question may have led smoothly into a question that may not have followed the previous question on the interview guide, but may have followed in conversation regarding what the interview participant was discussing. When necessary, probes were used and questions were rephrased or reworded for further clarification and understanding.

The interviews lasted between forty-five minutes to one hour and a half, with the average lasting about one hour. Taping the interviews proved to allow for the maintenance of the rapport that had been developed because it enabled flowing conversation, which may have been hindered if I had been focused on taking notes instead. Some participants were intrigued by the tape recorder and at the end of the interview, asked if they could hear their voices. They found it humorous to briefly listen to their voices on tape. At the end of each interview, I extended my appreciation to the participant for his/her role in my research project.

As a result of taking part in my research, I feel that participants were positively affected. They seemed pleased to have a young person interested in hearing what they had to say. They were not placed in a situation in which they would be worried that they might not say things as well as they should have because, as aforementioned, prior to the interviews they were informed that there would be no right or wrong answers to the questions asked. Rather, they were informed that any and all information is valuable and of interest. Thus, there is every reason to believe that participants offered their honest and considered opinions in response to my questions.

Approach to Data Analysis

The data collected throughout the interview process consisted of the taped interviews and field notes. Following each interview, I noted the mood of the interview as well as the disposition of the participant being interviewed. For instance, I assessed whether an individual was in a positive mood by such aspects as the tone in his/her voice, the expression on his/her face, and the gestures he/she made. I also considered the individual's temperament in comparison to how they were during our initial introduction and informal conversation. The taped interviews were fully transcribed, including the notation of expression (e.g., sarcasm,

laughter, points of emphasis). After transcribing of all interviews, I analyzed the data collected

to discover emerging key themes, perceptions, and ideas. Subsequent to reducing the data,

thematic analysis was used to analyze the transcribed material.

My approach to the data analysis was interpretive. In essence, proponents of interpretive

approaches have the goal of understanding the complex world of lived experience from the point

of view of those who live it. "This goal is variously spoken of as an abiding concern for the

lifeworld, for the emic point of view, for understanding meaning, for grasping the actor's

definition of a situation, for *Verstehen*" (Denzin & Lincoln, 1994, p. 118). The world of lived

reality and situation-specific meanings that constitute the general object of investigation are

thought to be constructed by social actors. According to Monette, Sullivan, and DeJong (2002),

interpretivists argue that:

> the objective, quantitative approaches of positivism miss a very important part of the
> human experience: the subjective and very personal meanings that people attach to
> themselves, what they do, and the world around them. Reality is seen as something
> emergent and in constant flux that arises out of the creation and exchange of social
> meanings during the process of social interaction. Rather than seeing reality as being
> apart from human perceptions, interpretive social science sees reality, at least social
> reality, as created out of human perception and the interpretation of meaning (p. 39).

Interpretive approaches are often used to analyze data gathered in natural settings, "with

the human inquirer as the primary gatherer and interpreter of meaning" (Denzin & Lincoln,

1994, p. 536). Accordingly, it is important to highlight that I am not a disinterested researcher.

Rather, this research was motivated by my concern that the literature on successful aging does

not take into account the perspectives of marginalized elders.

Approach to Data Reduction

Qualitative data needs to be reduced in order to make it more readily accessible,

understandable, and to draw out themes and patterns (Berg, 2001). Specifically, qualitative data

reduction refers to "the various ways in which a researcher orders collected and transcribed data" (Adler & Clark, 1999, p. 438). To begin the process of reducing my data, I used open coding, "the central purpose of which is to open inquiry widely" (Berg, 1995, p. 186). Strauss (1987) describes the open coding procedure as:

> an unrestricted coding of the data. With open coding, you carefully and minutely read the document line by line and word by word to determine the concepts and categories that fit the data. These concepts, once uncovered, are entirely tentative. As you continue working with and thinking about the data, questions and even some plausible answers also begin to emerge. These questions and answers should lead you to other issues and further questions concerning "conditions, strategies, interactions and consequences" (p. 28).

Initially, I read through all of the transcribed material without taking any notes. Reading without taking notes seemed to place me back in the actual interview situation. It enabled me to focus on points of detail. For instance, while reading the interviews, I could visualize myself conducting the interview with the participant. I visualized gestures they made and how their voices sounded. I heard myself phrasing questions. If I had simply started taking notes right away, I feel that I would have missed these details and they would not have been present throughout the period when I actually did take notes. I then read through each interview while taking notes focusing upon "naturally occurring classes of things, persons, and events, and important characteristics of these items. In other words, looking for similarities and dissimilarities – patterns – in the data" (Berg, 1995, p. 60). Through this process, I came up with numerous keywords and concepts that provided me with a way to start coding my data. I continuously read through the transcribed interviews while simultaneously applying the suitable keywords and concepts to them. In the first phase of this process, I dealt with each interview question following the order in which they appeared on the interview guide (i.e., I coded

question #1 for all ten participants, then moved on and coded question #2 for all ten participants, and so on).

After this phase of the coding process, I was able to recognize considerable overlap between different questions. So, my next step was to further refine the categories that emerged through the initial steps, and search for themes. As Neuman (2000) argues, "themes may serve as frameworks for pointing out differences among cases" (p. 432). After coding the data according to individual question responses, I coded them according to the similarities in codes across all of the responses (e.g., if the same codes had been applied to responses from question #1 and question #5 due to the similarities in the nature of the response, then those responses were further reduced into the same category). This process continued until categories became clearer, and although time-consuming, it enabled interconnected yet concrete themes to emerge which would provide organization and clarity for analysis.

At the commencement of this project, I decided to include an equal number of men and women for my sample because I thought that differences in gender might lead to diversity in the comments made. However, interestingly, I found that the sample of men and women for my research were equally likely to note the same issues with regard to the questions asked in the interviews.

Interpreting the Significance of Identified Themes

The interconnectedness of several themes posed some initial difficulty in establishing how best to interpret them, but I eventually decided to differentiate between core and supplementary themes. I interpreted information as pertinent to a core theme when it was recurrent or stressed frequently within specific interviews and across multiple interviews. However, the amount of discussion devoted to one topic area could not serve as the sole

indicator of what came to constitute a core theme (e.g., if a participant discussed "happiness" on

20 occasions throughout the interview and another participant discussed it 10 times, it did not

mean that the participant who discussed it more deemed it to be more important). Thus, in

addition to considering the frequency of comments by participants, I also considered other

elements in determining what would constitute a core theme. These elements included:

1) the extensiveness of participants' comments;

2) the strength or intensity of participants' statements about a topic, including the

participants' statements regarding the importance or significance of the topic;

3) whether patterns and themes cut across various topics and interview questions; and

4) whether different participants referred to similar topics and themes during the

interview (Kreuger, 1994; Luborsky, 1994).

Paying attention to these elements enabled me to recognize that particular themes provided an

overarching pattern (a key linkage) that occurred throughout the analysis (Berg, 1995), in which

case a core theme was identified. Attending to these same elements, supplementary themes can

be understood as having similar characteristics as above, but to a lesser degree (e.g., participants

may not have discussed certain topics as intensely as others or may not have placed as much

importance on a topic area).

I interpreted each of the core themes as referring to factors that participants regarded as

necessary for successful aging. Then, after extended consideration of the data, it became clear

that the issues I had originally identified as supplementary themes, rather than directly referring

to ways in which the participants conceptualized successful aging (like the core themes), actually

referred more to factors that helped facilitate the achievement of successful aging. In my

presentation of the core themes, therefore, I have integrated a discussion of facilitating factors,

and the term "supplementary theme" is not used. Other information that added to an understanding of how my sample conceptualized successful aging came from an analysis of responses to questions that asked for views on specific topics. Responses to specific questions tended to lend support to my interpretation of how the older people at Sunvale who comprised my sample conceptualized successful aging.

A Note on the Limitations of the Data

General Limitations

While one goal of this research project was to be more inclusive of diverse groups of people than previous studies, some individuals still had to be excluded. For instance, to avoid language barriers all participants were English-speaking. Thus, this research lacks diversity with regard to fluency in English. While the participants in this research were not all of the same ethnic origin (five different ethnic origins were noted), they were all of European origin. Furthermore, individuals with severe hearing, speech, or cognitive impairments which make communication difficult also had to be excluded from the research. Thus, in comparison to some other residents within the facility, the individuals who came to comprise my sample were highly functioning.

Another limitation of this research which must be considered is that the selected sample was comprised of only ten individuals. Having a small sample size means that my research lacks diversity with regard to ethnicity as aforementioned, but also with regard to factors such as marital status (married, widowed, single), sexual orientation, length of residency at the facility, and disability. In addition to conducting my research with a small sample, the research took place within only one facility. Interviewing individuals within various facilities would provide for further personal perceptions from those living within different settings. Overall, the outcome

of having a small sample means that my data are suggestive. Generalizing from the data gathered is not possible, as the research is not representative of the older population.

Limitations of the Interview Process

Due to time constraints, only one interview was conducted with each participant. This meant that I could not control for the fact that the participant might have been having an exceptionally good or bad day, or even a good or bad week or month (which may have skewed their ideas and responses). As well, under different circumstances or with a different researcher, participants might have had very different things to say. For instance, participants might or might not have had different responses with a male interviewer who was closer in age to themselves. Unless more interviews were conducted with various researchers, it is not possible to determine what the outcome would be of such a situation.

It is also important to consider the fact that as a researcher I have no way of knowing how much the participants' views have been shaped by existing constructions within mainstream society (I could not concretely decipher whether participants' responses reflect what they truly believe, what they have been socialized to believe successful aging is according to dominant ideals, or what they think I would like to hear). This is a situation that cannot be controlled for because the researcher is not inside the minds of the participants. Although meeting the participants before interviewing them helped both parties become acquainted with one another, only knowing the participants more intimately would aid in being able to better make these distinctions.

Another issue to consider is how in-depth and in what context participants have thought about successful aging previous to this experience. For example, perhaps some participants had not really thought much about successful aging before being asked to take part in the interview

and before they were given a description about what my research entailed. So, perhaps those individuals thought about successful aging for the time period between my initial introduction and the actual interview, while perhaps others had thought about it quite often before I had even arrived. Regardless, all participants' thoughts should be taken seriously because no matter how long they have personally thought about the topic, they are still offering their own first person accounts regarding the concept. These considerations help to shed light on the realty that there is no way to create a completely objective situation when conducting research of this nature. Rather, it should be kept in mind that reality is socially constructed and everything participants shared should be understood as what they had to say in the particular context. With these considerations in mind, the next two chapters present a review and analysis of what participants had to say on the subject of successful aging.

Chapter Three: CORE COMPONENTS OF SUCCESSFUL AGING

This chapter reviews the core themes that emerged from analysis of the interview transcripts. As discussed in chapter one, the literature shows that when aged individuals are asked what they think is important for successful aging, they commonly mention the importance of factors such as mental health, personal happiness, adjustment, acceptance, support networks, and social involvement. To varying degrees, these factors are also considered important by participants in the present study.

The following questions were key in eliciting responses that led to identification of the core themes:

- *What do you feel is important for successful aging?*
- *Describe someone you feel is aging successfully*
  (Common Probe: What kinds of things do they do to age successfully?)
- *What is your advice for others who want to age successfully?*
- *How would you define successful aging?*

The four core themes to emerge from an analysis of the interview transcripts are: 1) Mental Stimulation; 2) Personal Happiness; 3) Acceptance; and 4) Adjustment.

At the same time, it is important to note that these core themes were very closely interrelated, so that their separation in the following presentation is to some extent arbitrary. This is especially the case for the themes of personal happiness, adjustment, and acceptance. Nevertheless, it is useful to consider each theme separately in order to gain an appreciation of the subtle differences in what participants had to say as they addressed the subject of successful aging. This issue of the interrelatedness of themes is taken up again at the end of the chapter.

Core Theme #1: Mental Stimulation

Repeatedly, participants stressed the importance of maintaining one's mental faculties with regard to successful aging. While several participants explained that carrying out certain

activities in order to keep the mind active was an important aspect of maintaining mental health

through mental stimulation, another aspect that derived from other participants' comments was

the importance of having the ability to communicate with others.

George Astrom explained that mentally stimulating activity is important to help maintain

mental health. He stated that, *"I'm very good at Bridge and that helped this part of my health*

[points to his head]. . . . . .I'll put it that way. "

Other participants felt that reading was an important activity to carry out. Joan Hart

stated that:

> *I really think keeping your mind going is good, like I was able to bring in all of my books*
> *from home, and I like to read at least a chapter each day – doesn't matter from what kind*
> *of book necessarily.*

While Joan Hart felt that any type of reading is beneficial, Edward Clarke and Gladys

Devane held the perspective that reading particular material was important. Edward Clarke

offered the following statement:

> *I read from the Bible twice a day. It's important to me and something that makes me feel,*
> *like uh, I've been doing it for so long that if I didn't do it, I wouldn't feel like my day was*
> *done kinda thing. It's good cause it makes me feel peaceful and relaxed and cause it*
> *keeps ya thinking and questioning things about life.*

Finally, Gladys Devane stated that reading the newspaper and keeping abreast of current

events was important. She said:

> *I try to read the newspaper everyday. My roommate and I share it and switch sections*
> *back and forth, and I like doing it cause it's good to have an interest in what's going on*
> *in the world and to keep your mind going, like by being aware of things.*

Some participants discussed maintaining one's mental health as being of equal

importance to maintaining one's physical health. George Astrom stated:

> *I really think that keeping up physically and being healthy is a good thing, but just as*
> *important I would say is being healthy in the mind. Some people forget about that. They*

*see people walking around and they say, "oh that's great," but they don't even know
what they're like in the mind. It's just as important.*

Similarly, Owen Kostenko said that:

*Not being sick a lot and having your health, I mean of your body. . . . . .well, everybody
wants that. That's good! Having all your marbles, that kind of health too. . . . . .well, uh,
you want that just as much.*

At another point in the interview Owen Kostenko restated this view as he said that

"Being able to maintain your health and the overall functioning with the mind and body – both

are equally important."

Although some participants felt that both mental and physical health were equally

important, other participants stressed the importance of maintaining one's mental health and

keeping one's mind active over the importance placed on physical ability and keeping physically

active. A comment by Beverley Fedorenko illustrates this when she says:

> *In here I think when so many are without their mind and uh, I think you should take care
> of your body of course, but I think when you come in here and so many that are just not
> with it at all, that I think is really hard. I think if you can keep or improve your mind, I
> think it's better for you. People can deal with the physical stuff, I think, a lot better if
> they've got their mind.*

A comment offered by John Flynn illustrates that although physical health is important, it

is also important to keep the mind active, which in his view incorporates keeping up to date

about changes in the world. He stated:

> *In general, all around - you need to be healthy. . . . . .more than just the physical side. In
> this day and age, you need to be on top of things. You gotta be able to buy a cigarette or
> chocolate bar and know what the prices are, know what the dollar's worth.*

Similarly, it is clear that Patricia Tomczyk also values cognitive functioning more than

physical ability. Reflecting on her experience with regard to being blind, she offered the

following comment:

I wanna know what's what. That's why T.V., some of the stories keep me going. . . . . .and another thing I do with my mind is, when I can't sleep at night, I take words, like the provinces or any words and I try to see how many words I can make up out of that one word. I do that at night and lots of times when I can't sleep, and I was at my daughter's one time and I asked "how many words can you make out of that" and she said "Oh, I gotta go get a pencil and paper" - well, I do it in my mind!

   Like uh, my doctor in Winnipeg was gonna use me as a Guinea Pig to put a camera in my eye and put a wire from the camera into my brain. Well, I wasn't too happy with the idea and my son went with me and he wasn't too happy because then I told my doctor here and he said "you know, there are a lot of infections with the wire." Well, I still got a couple of marbles and I would like to keep them if I could. Now if that wire, something went wrong with it, and I lost it, I wouldn't be too happy, because I, especially a couple of people in here that I know that uh, thank god, I'm not like that. At least I know what I'm doing still. So anyway, I didn't go for the procedure. Someone said to me, "you got nothing to lose," but I do if something goes wrong. Though I can't see, it's one of the worst things that can happen to a person losing their sight, but sometimes I wonder whether Alzheimer's is worse because Alzheimer's, well like I said, there are a couple people in here who don't know whether they are coming or going. I'd rather have my mind than my sight.

While some individuals discussed the importance of mental health by comparing it to physical health and by discussing activities that they carry out as a means to stay mentally healthy through mental stimulation, others focused on the ability to communicate as being a key factor for successful aging.

Edward Clarke offered the view that being able to communicate is important because it provides for interpersonal understanding. It became clear that Edward Clarke felt that it was important to be able to understand what others are trying to communicate when he said:

   Aging successfully, I would say is having most of your faculties, uh, able to think clearly, which is very difficult for the vast majority of us, especially when you get on the other side of 70. Oh yes, a clear mind is. . . . . . we have so many here, whose minds are not clear and we have people who tend to be very, very non-communicative. There is one man who speaks in an absolute whisper – you can't hear him half the time and uh, the main thing as I see it is that to age successfully, you've got to be able to communicate, that's the only word I can think of, so that other people know what you're trying to tell them.

Similarly, Irene Wright shared the feeling that being able to communicate effectively is an important aspect as she stated:

Even if you are in physical poor health, if you can communicate you can ask for what you need, like from the nurses and so on, and you'll likely get the care you need.

This comment from Irene Wright adds emphasis to Edward Clarke's comment because she places it in the context of care. Thus, in addition to being important for understanding others, the ability to communicate is considered necessary for ensuring that others can understand you so that you can receive the care that you need.

Finally, a comment offered by Ralph Kelly indicates that it is important to possess an understanding of one's surroundings, especially when an individual may not be physically capable of carrying out other actions. This became evident as he declared that, *"If you can't do much, it's important to at least understand what's going on."*

The Role Played by Social Involvement

Social involvement emerged as an important factor for facilitating mental stimulation. Generally, comments about social involvement were in response to the following question:

How do you feel about the role of social involvement with regard to aging successfully?
However, social involvement also emerged as an issue in response to the question which asked what individuals felt was important for successful aging, and was linked to questions regarding family, friends, and activity.

Just as the composition of support networks was not restricted by participants to a specific group of people, social involvement described by interview participants was not described as being important only with regard to particular individuals. Social involvement emerged as including involvement with people in general, in order to avoid stagnancy and/or monotony in one's life. In contrast to the element of stagnancy, one key element that surfaced within the factor of social involvement was the fostering of continual learning and personal growth, thus providing the opportunity for the facilitation of mental stimulation.

The importance that participants placed on social involvement for the facilitation of mental stimulation can be seen in the following comments. George Astrom said that:

> *It's very important to stay socially involved. . . . . .to yourself and also for other people who would like to have friends too. It's something, you can always learn something from that. There's nothing wrong with learning and finding out what other people's lifestyles are like and what their problems are, and what your problem is because all people have problems. . . . . .even Napoleon [laughs]. Social involvement, oh yeah, definitely. That's a lifestyle that you should never stay away from.*

Similarly, John Flynn said:

> *Always, people should be socially involved. Like, you should have nurses involved with people in things they are doing because younger people can benefit from being around older ones and older ones can learn from the younger. In this day and age, like I said, you need to be on top of things. Being with people in whatever you're doing can help with that.*

Gladys Devane also discussed the significance of social involvement in contributing to learning. When describing what she thought was important for successful aging, she reflected upon her own life and said:

> *I've had so much fun being involved with the lodges and things like that. I was always active. I met a lot of nice people. I like people so being around them is important for me. Everybody's different. A lot of the time you don't know it, but you learn something from everyone you come in contact with.*

As well, Beverley Fedorenko indicated that taking part in social activity by conversing with others served to stimulate the mind. She said:

> *I like to talk with others, whether it be a visitor or with people at dinner or in the lounge. . . . . . [It] helps keep the mind alive cause ya listen to people and ya learn about things going on and it makes you think more.*

Thus, these comments suggest that participants did not necessarily regard social involvement in and of itself as an indication of successful aging, but regarded social involvement as important for facilitating learning, and mental stimulation more generally.

Core Theme #2: Personal Happiness

In response to the questions asked, all but one individual directly referred to the term "happiness" or "being happy." While the core theme of personal happiness emerged from a variety of questions, it was largely evident as participants responded to the following three questions:

What is your advice for others who want to age successfully?

How would you define successful aging?

What do you feel is important for successful aging?

Participants emphasized the view that happiness is something personal, and that it involves subjective criteria. As Irene Wright stated:

> *Well, I'll tell you the difference between people. I often, I say hello to someone and "how are you this morning?." I talk to everybody, and uh I get, "oh, uh. . . . . ." You get a real gruffy answer, and they seem upset. Well see, they're not doing themselves a bit of harm. They may still be happy even if they don't appear to be. We have one lady in here that nothing was good, nothing, so she must have had maybe a terrible tragedy in her life or things didn't go well at home or something – that's all I put it down to, but it could be that that's the type of person she is anyway. Who am I to say who's happy and who's not [laughs]? She may just be as happy as me but she acts differently because we're not all the same.*

Irene Wright's perspective, which was echoed by other participants, revealed that having a sense of personal happiness came down to an inner feeling, which may vary widely from person to person. One cannot know someone's state of mind by looking in from the outside and one can never really know what is going on for someone else. As Ralph Kelly stated:

> *You never really can understand what people are feeling cause you can't really get in their head, but uh, you just know that if someone says they're happy, that that's a good thing, a good way to be.*

The subjective nature of happiness is also evident in Owen Kostenko's comment:

People sometimes say to me, "What's wrong?," cause I don't look happy, I'm not smiling. Well, inside I feel fine. I am happy. I just don't show it like some of the others do I guess.

Similarly, Patricia Tomczyk stated that:

Sometimes only those ones that are closest to ya know when something is bugging ya or when you might be excited about something cause they understand what you're like. Like I know that for me, I'm not as open about things, showing things, but uh, ya know, I'm generally happy and I know what that means to me, doesn't really matter if everyone knows it.

Participants also suggested that a person can possess a sense of personal happiness despite one's physical health. Specifically, it was submitted that a person who may be severely limited physically or who needs assistance can still possess a sense of personal happiness. To illustrate this sentiment, George Astrom declared that:

It's definitely important to have your health, but if you have your health and are not happy. . . . . .well, then I don't see it as you're aging successfully.

Similarly, Joan Hart stated:

There are people that are lucky, they're pretty old and still do not need to use a walker or a wheelchair, but uh. . . . . .I don't think that means they're doing better than others. They're not as happy maybe. Sometimes people need assistance, but if it helps them stay happy, now that's what's important. If you're not happy with life, then what's the point, right?

Gladys Devane shared the following comment:

We've all got our own problems, did when we were younger and do now, but what's good is to see people going around being happy even though they might have physical pains, ya know.

John Flynn stated that, *"I got a lot more aches and pains now than I ever had in my whole life, but I'm not gonna let that stop me from being happy."* Finally, Ralph Kelly stated the following: *"Life would be miserable if you dwelled on all your troubles. Like, it hurts me to crouch down to do my shoe sometimes, but what's the use in getting down or whining about that."*

Several participants reflected on having had a "happy" life during their upbringing. However, in order to age successfully, participants emphasized that looking back on one's life and feeling "happy" with the way it was does not translate into aging successfully. Rather, participants felt that aging successfully involved possessing a sense of personal happiness in one's current situation. Thus, one did not have to have had a happy childhood to be able to age successfully. On this point, Irene Wright noted:

> *Well, I think my home life was good and although I went to work when I was 14, I never questioned my mother that I was too young. I wanted to be a nurse and of course we couldn't have that, but I was happy with what I was doing. I think you have to have a certain happiness in your life or else it's so. . . . .it's not a life worth living. You have to be happy about something. I had a good home life and I lived on a farm. My mother was really a wonderful mother. I was never a very good scholar but I got through. No, I don't think I've ever been really what you call unhappy. Maybe have down days now and again but I think that. . . . . .and I had a wonderful husband and that made everything right. Generally, I've always been pretty happy and still am the same way, have that same feeling now, that's important. I know some of them in here weren't happy before they came in, but actually they say they're happier now.*

While Irene Wright focused on past life events, she demonstrated stability in her sense of personal happiness and the importance of having a sense of happiness in one's present situation. Although having a sense of happiness seemed to be consistent throughout her life, she also claimed that an individual can have a sense of personal happiness in his/her current situation regardless of whether he/she was happy in the past. Thus, a happy past may, but does not always translate into a happy present, just as a happy present may not connote a happy past – the key is current personal happiness.

Other participants shared this view. For instance, Edward Clarke made the following comment:

> *A lot of people, well they complain about things from their past, like the way it was difficult to get through things, but uh, I see a lot of people as being happy here. So, it means you don't have to have had the best past, but you can still be happy now – you need that.*

Similarly, Joan Hart stated that:

You can't be happy about everything in your life, but it's good to have a general sense of happiness in the day-to-day life you're living.

Beverley Fedorenko adds to this view as she says:

No matter what your life was like while you were growing up, it's important to regard the life you're leading, whether it be in here or somewhere else as being a happy one.

Finally, John Flynn noted that:

Some people may look at their life here as being good or bad, but me, I like to look at my life here in a good way. It's important to look at the good things each day and feel happy about them. That's the way I think about it.

The Significance of Enjoyable Activities

The following questions most often generated responses that led to comments on the

importance of being involved in activities that are interesting:

How do you feel about the role of social involvement with regard to successful aging?

How do you feel about the role of activity with regard to successful aging?

What do you feel is important for successful aging?

What is your advice for others who want to age successfully?

Interview participants referred to maintaining involvement in one's interests as being

important throughout life, and as being an important contributing factor for successful aging.

Overall, it was stressed that benefits accrue to those who take a personal interest in what they

involve themselves. Involving oneself in his/her areas of interest is connected to the theme of

personal happiness because it relates to personal meaning and pleasant emotions.

Owen Kostenko explained that:

I do the garden there, pick the berries, rhubarb, with the other woman there. If you do something you like you're alright, but if you're just gonna sit and do nothing, it's not good. Naturally, they should be activities or things you enjoy.

Joan Hart submitted that:

It is important to do as much as they are able to do, willingly, and whatever interests that they have, keep at it, keep with it, keep it going! That's one thing, yeah. That's really a number one!

Similarly, George Astrom noted that:

As much as you can, I think you should stay involved but uh. . . . . .not necessarily in a social way. If you're a people person, yes, but if you're not, well then, make sure you do the ones you enjoy - could be exercising, watching the birds, whatever.

Irene Wright stated the following:

The same thing applies now as when you're younger. Like, I see parents who put their kids in this or that sport because they think it would be good for the child – the child doesn't really decide on his own though. Parents that do this, without asking their kids what it is they want to be doing, aren't thinking about the interests of the child, and if that child isn't having fun doing what they've been put in, well then that's not right. You see, how I'm saying it's the same now is that I'm not gonna get involved in something just cause someone says "oh you should join this or that" – if it's something I don't find fun or am not interested in. You gotta be involved in those things you like.

Clearly, emphasis was placed on keeping active in those aspects of life in which one finds

enjoyment. As articulated by Ralph Kelly:

It's good to get out and do something you like. Some live to 80, 90, keeping in things they like doing – you're not gonna stop at that if you can keep going and are liking doing it! But there's no sense in doing something just for the sake of doing it – that won't do ya no good.

A comment by Patricia Tomczyk further illustrates the perceived importance of involving

oneself in activities that are personally enjoyable, as opposed to specifically defining certain

types of involvement as being superior to others:

Well, I'm a loner, always have been. And they have entertainment here, and stuff like that. Some people get into everything they offer, but me, I prefer to do things alone, like I like listening to the T.V. or doing activities with my mind. Mind you, if it's. . . . . .like they had a tea for one of the nurses, or for one of the oldest residents here, I went. I'll go if I want to, but what's the use of doing something if I don't like it.

As all of these comments illustrate, participants did not regard involvement in activities as an end in itself, just as they did not regard social involvement as an end in itself. Rather, participants stressed the importance of being able to engage in activities that they enjoy. Such activity can contribute towards having a sense of personal happiness.

The Role Played by Regional Location

In response to the following question,

Do you think where you live has an impact on how you age (e.g., Northern Ontario as opposed to Southern Ontario)?,

participants revealed that where one lives should be determined by personal preference – being able to live in one's preferred region would be more likely to have a positive impact on one's experience of aging, and thus, aid in facilitating one's sense of personal happiness. Basically, all of the participants explained that no one place of residence is superior to another with regard to aging successfully, so long as one is content with where he/she is living and so long as that place meets one's basic needs in life. As John Flynn commented:

No, I don't think it really makes a difference on aging. I think they are all about equal, as long as you get your food and a place to sleep. You just need your basic needs met.

Similarly, Joan Hart replied, *"Oh I couldn't say that. It would be up to that person, don't you think?"* Owen Kostenko stated his own personal preference, and then commented on the personal aspect. He said, *"Well, northern Ontario is better to live than the south - well, it's up to the person! For me, northern is better."* As well, Beverley Fedorenko offered that:

Yeah. I guess if someone likes busyness, they may like to grow up in Toronto whereas someone who likes it quieter or, less hustle bustle, they'd maybe like a more northern town. It is very personal, I think. It would have a negative impact if someone's living in Toronto when they'd rather be in Thunder Bay, you know what I mean?

Edward Clarke spoke of his own life, traveling to different parts of the world. He also said that personal preference should determine where one lives. He offered the following:

Oh, I've been across this country. One end to the other. I've been down to Halifax, Nova Scotia, Bay of Fundy, and then Victoria. I was in the reserve Navy. In 1924, I took a trip on the British battleship around North America to the Panama Canal and through the Panama Canal up the east coast, so I've seen a lot of the world. That's difficult to say, really, how it impacts on aging. When I first came here, as I say, I thought this was a real backwater. But now I'm comfortable here. Since I like it, it has a good impact I guess. It would be just the same with others, if they like where they live, it would be more positive than if they were living where they didn't want to be.

The responses to this question shed light on how important it is to take personal perspectives into account concerning all aspects of the aging experience. All of the participants stressed that it is up to each individual to decide where he/she would most prefer to live. Participants did not say that certain locations are better to live than others are because they made clear that for some people, particular areas are preferred over others. Participants did note, however, that if one finds him/herself residing in a location that does not appeal to his/her needs or preferences, then such a situation could have the potential to have a negative impact on aging. Ultimately, they emphasized that because there is diversity in people's likes, dislikes, values, desires, and goals there is also diversity in where they would likely reside.

The Role Played by Work

The following question led to information which emphasizes the importance of happiness with regard to work:

How do you feel about the role of work with regard to successful aging?

Participants did not highlight the role of work as being integral to successful aging. However, much like the emphasis placed on being involved in one's areas of interest, when asked this question, participants focused most on the importance of enjoying one's work.

Irene Wright was torn on how she felt about work, finding generational differences to have a great impact on her views. She revealed that she enjoyed the work she did in the past, but

felt that in today's society, too much emphasis is placed on work, as people want to have more than they really need in life:

> *I'm the eldest and you know I went to work right away and I worked in a store and I loved it. I didn't mind it at all. It was hard work, but I didn't mind it. I think today, you wanna know what I think about it today? I think the children are missing a lot with mothers working, and yet they say if they didn't have two salaries coming in that it is impossible to do the things or get the things that you want, which is too much. We didn't have it, and we weren't unhappy. Everything is such a big price. . . . . . and credit cards are, I wish they'd never seen them. We had to do without a lot, and of course I've lived in two worlds now. I take the old world you know, it had its drawbacks too as well as this one, but uh, we always had enough to eat and enough clothes to wear. Values have turned. Sometimes it doesn't pay to work, you're putting it all out in babysitters or daycare. Daycare is expensive and then you come home and mom's tired - she's worked all day. No, I think it's hard for them.*

Ralph Kelly and John Flynn held the perspective that work was important for maintaining a sense of balance in one's life. Ralph Kelly stated that *"Well, I think it is important to have worked throughout your life. It's good to have balance."* John Flynn also spoke of the importance of work as he suggested that:

> *I think it is important and to do a good job, to function properly, to be on time for work and to not overdo it, and make sure you leave work on time. You gotta have lots of off time too.*

Edward Clarke commented on the importance of work as well, noting that it is important for work to be pleasant. The following interview extract illustrates his perspective:

> E.C.: *Work can be either pleasant or unpleasant depending on your outlook, depending on your attitude towards life. If you don't like your job, your life is miserable. You do the best you can because it is a means of remuneration, money, and uh, that was the way it was when I got down here. I had a lot of good opportunities with my work and for the most part I had a good time and they had good staff.*
>
> T.F.: *So, you enjoyed your work then?*
>
> E.C.: *Oh, yes. I had some down times, of course. I think finding some enjoyment in your work is important. So, enjoyable work could help aging, I suppose.*

Contrary to the other participants who discussed work outside the home and work as a means of financial remuneration, Joan Hart discussed the importance of work inside the home. She focused on keeping busy and active doing what one enjoys:

> *Yes, work is, it is very important to keep you active, very, I would say. I always had something to do, and yet I did a lot of walking and I had my family, and I cooked and baked and everything – I loved doing it. I just wish I could today. That's the way I feel. "Oh, if I could bake and cook, make some meals, eh!"* [excitement]

Gladys Devane offered a similar comment, focusing on the importance of keeping active and/or busy. When asked if she thought that work was important with regard to aging successfully, she explained:

> *Well, to do things is important. After I got married, I didn't work outside the home but uh, I joined a church group in 1944. . . . . . .I met a lot of people and I kept busy and it was good to have the connection with them. I miss it now, but we felt that we were done with it, and we retired, so to speak.*

Although Owen Kostenko worked outside of the home throughout his life, his comment reflected Joan Hart's and Gladys Devane's responses, and he also shed light on the importance of enjoying one's work. He explained:

> *Well, it's better if you work. You're moving, you know, just instead of sitting. That guy, my neighbour, he just goes and comes back in. He'll be back pretty soon, and back on the bed all day! I don't tell him nothing, though. I worked in different jobs here all my life. I enjoyed it though. . . . . . it helps when you like it.*

Similar to the importance that participants placed on the role of being involved in activities that one enjoys, when discussing work participants also emphasized the importance of enjoying work. All of the participants discussed the role of work in the context of their own lives. While the men largely discussed work outside the home and work that provides a means of remuneration, women largely discussed work in the context of keeping busy and actively doing things more generally. Overall, what emerged from both the men and the women's responses as being fundamental was that finding one's work pleasant and satisfying, whether it

be within or outside of the home, is important, and can help facilitate one's sense of personal

happiness.

The Role Played by Support Networks

While the term was not used directly by participants, the importance of having support

networks repeatedly emerged as a factor which helped to facilitate successful aging. The main

questions which elicited comments about support networks were:

How do you feel about the role of family with regard to successful aging?

How do you feel about the role of friends with regard to successful aging?

Participants said that it is important to have supportive people in one's life for a number

of different reasons. Irene Wright, for example, highlighted the importance of social support as a

source of motivation, which in turn facilitated personal happiness. She commented, *"I find the*

girls that all come in and say "come on Irene, you better be doing this" and motivating me in a

happy way, then I'm happy [laughs]*!"* Beverley Fedorenko, on the other hand, liked the way

supportive others provide her with reassurance. She stated that, *"Well, my friends here and the*

girls [she is referring to the staff] *say I'm doing good and that makes me feel good."*

Others mentioned the beneficial aspects of having a supportive family, and the drawbacks

of not having family to rely on. John Flynn, for example, said, *"Family is very important,*

absolutely! It's one of the most important things going. If the family pushes you aside, you're

nothing." Similarly, Edward Clarke explained:

> *I was very fortunate in having a good wife, the mother of my two daughters, and she lived*
> *to be 80. She passed away, that's at least 20 years ago now, and left me two sisters and*
> *she gave me two fine daughters. One is living in Winnipeg and she's not too well, and I*
> *have one living in the area, and I talk to her twice a day, just to let her know I'm still*
> *around and she comes and sees me once a week. I've been lucky to have good people*
> *help me all through my life. Oh, I think family is important because family can do so*
> *much for you, or not, depending on how they are. If they are indifferent, it can make it*

awfully hard for a person to be successful in aging. If they are supportive and make you feel good, it makes a world of difference.

Similarly, Joan Hart spoke about the nature of relationships as being important. She offered the following comment:

I think definitely they [family] play an important role, yes. That's if people love their family, but if they don't care and don't give two hoots, so to speak, well those people would have to look for support somewhere else, in other people. . . . . .but uh, a loving family, why yes, if that's who someone's close to, it's important.

Participants suggested that support networks did not have to be confined to specific groups of people. Rather, participants discussed the positive role that individuals from staff members at the facility to family members play. While some participants discussed the kind of support that individuals provided them with (e.g., motivation, reassurance), others discussed the nature of supportive relationships. Rather than suggesting that family is essential in order for an individual to be happy and to age successfully, it was felt that if an individual is close to one's family and that family is supportive, then such a network could help facilitate one's sense of personal happiness. On the other hand, there can potentially be detrimental effects to one's level of personal happiness if one views family as being important, but the nature of the family relationship is unsupportive. Overall, having individuals (not necessarily family members) whom one is close to and who are supportive to an individual can help foster personal happiness.

The Role Played by Social Involvement

In addition to being important for facilitating mental stimulation, social involvement, participants said, provides a special opportunity for meeting socio-emotional needs through integration with others, can provide reciprocal feelings of inclusiveness, and therefore, aids in the facilitation of one's sense of personal happiness.

Most individuals stressed the importance of being socially involved with others who were pleasant to be around. As Beverley Fedorenko submits:

I like getting socially involved in the activities I join because I like interacting with the people that do them. We have the same interests you know, something in common. See if I. . . . . .I probably wouldn't like getting involved if I didn't like the people.

When asked what advice she would give to someone who wants to age successfully, Joan

Hart replied by saying that being surrounded by good company was essential. She stated that:

Of course, you have to keep in the better company. Keeping in the better company is extremely important. Seek out your ones who you know will make your surroundings better. If you are surrounded by that and involve that in your life, you'll be happier. It's very important to keep in the better company, always keep in the better company.

Interestingly, at the same time, some interview participants mentioned that sometimes

being around unpleasant individuals enabled them to appreciate their own lives more. Ralph

Kelly claimed that:

You got these people that you eat with sometimes or you see outside, whatever. They're always complaining about something. If I was to be around them all the time, I'd get down, but when it's just now and then, they remind me that my life's not so bad and that I don't wanna be like that, always complaining!

Gladys Devane also spoke of social involvement as being important to keep people busy.

She stated that, *"I think social involvement is important because it means that you don't just sit*

and feel sorry for yourself. You don't have time to do that."

At another point in the interview, Joan Hart discussed social involvement in a rather

different form than other people did. While most individuals talked about social involvement in

terms of being physically surrounded by other people, Joan Hart spoke of the importance of

keeping in touch with other people. She stated, *"I like writing letters to my closest friends and*

relatives. Keep in touch with people because that's what you need is people. Right?" Two

other participants also offered a different interpretation about what social involvement means,

and mentioned that animals provided positive involvement. For example, George Astrom said:

I like being around animals. I'm happier, absolutely! They make you feel so loved. They're so innocent. They're not trying to. . . . . .people are a little bit more self-

conscious. They [referring to animals] *know when you're upset. Animals can teach you so much.*

Participants discussed the role that social involvement can play in facilitating personal happiness by focusing on how important it is to be surrounded by individuals who are pleasant to be around and those who remind you about the positive aspects of life. They also discussed how social involvement is positive because it provides an opportunity to keep busy and involved in one's interests. Finally, it was suggested that social involvement can come in different forms, such as George Astrom's comment about spending time with animals. Ultimately, no matter what form of social involvement that one partakes in or with whom one is socially involved, such engagement helps people feel good, which aids in facilitating one's sense of personal happiness.

Core Theme #3: Acceptance

The theme of acceptance arose largely in response to the following questions:

What is your advice for others who want to age successfully?

How do you feel about the role of attitude/personality with regard to successful aging?

How would you define successful aging?

In general, participants discussed two forms of acceptance as important for successful aging – acceptance regarding life circumstances (e.g., accepting where one resides and the people in one's life) and self-acceptance (e.g., accepting physical restrictions).

Essentially, it was argued by participants that if people cannot accept a situation completely, they basically cannot adjust to the predicament in which they find themselves. Such a situation hinders the potential for successful aging. Accordingly, participants suggested that those people who do not reach a point of acceptance which enables them to adjust would not be considered successful agers.

Seven participants referred to the importance of accepting one's life situation and accepting their physical limitations. Irene Wright, for example, stated that:

> *I wasn't sure of being here at first. It's hard to move from home and be o.k. with it right away, but I realize now that they're very good to us. With what little time they've got to do things with, it's a corker. Well, I, like I do, most everything for myself but I have to hang on with one hand while I do with another. I can't go and just do it like everybody does, takes me a long time to dress but that doesn't matter! You do it anyway in the morning and if I'm going out, I get a hold of my daughter. It's better to accept the help than to get down about not being able to do things. And uh, I do my own sponge bathing every morning and they do my back [laughs]. It's hard to get back there with Rheumatoid Arthritis. I can't do everything anymore and I can accept that. You have to let go of the idea that asking for help is a bad thing.*

Similarly, in the context of talking about the ways that attitude and personality influence successful aging, Joan Hart emphasized the pointlessness of concentrating attention on limitations:

> *Be comfortable or. . . . . .be accepting with the way things in life are. Yes, definitely, you can't be the kind of person that's always living in the past and wishing for stuff. Just live and be o.k. with the way things are. I guess it's like people who can't forgive. They live with a grudge on them all the time. If a person can't be o.k. with whatever their life is like, like if they can't run or walk around by themselves anymore – things they used to do without thinking twice - it will always be weighing on them. Having that makes it harder to be happy.*

George Astrom argued that one has to be realistic in realizing that certain components of life can become difficult, but highlighted that coping and gaining acceptance is important. He stated:

> *I'm not scared to be aging, I think that's nice. It is tough sometimes but I try my best to cope with it and understand it. I cannot put on my shirt [laughs]. It is difficult but I cope with that too because I understand that these things happen. It's part of life you know.*

Others focused on the importance of accepting one's situation. For example, Ralph Kelly explained:

> *I know a lot of people my age would have to say that being satisfied with what you got and what you can do is one of the most important things needed to get by as things start*

to change. It seems sometimes that that which was easy can get, uh, impossible, but if you ask me, you just gotta go with the flow of things.

Patricia Tomczyk stated:

There's one thing that I know for sure, and that's that I wouldn't have got too far in this world if I wasn't able to accept my situation. Since I can't see, everyday is about accepting a new situation and making it familiar.

John Flynn shared the following:

I came in here at quite a younger age than a lot of other people here. I was always working outside doing this and that, so uh, it was really a big change to move in here permanently. Of course, you sometimes think it would be great if that was still the case, being back at home, but uh, you have to face the facts and accept what happens in life. If you don't, you're doomed [laughs]! I enjoy everyone here.
Beverley Fedorenko stated that:

Everyone has a lot of changes in their lives. I remember some that were a lot bigger and harder than others, but one thing I remember from them was always getting to point where you have to roll with the punches, and accept things.

In a summation of what he felt would be beneficial advice for someone who wanted to age successfully, Edward Clarke pointed to the importance of accepting both one's physical limitations and one's circumstances:

I would sum it up in the phrase that I first told you. We are born, we live, and we die. Make the most of your life with what you've got. Don't focus on what you can no longer do, focus on what you can and be accepting of that. Don't look too far into the future and take each day at a time [emphasis]. That's my philosophy.

Participants frequently discussed the importance of acceptance with regard to physical limitations and life circumstances such as changing where one resides. They also discussed that being accepting of changes in one's life more generally, is an important philosophy to have in order to get through situations. It is significant to note that given the fact that these participants are individuals who have had to accept that they can no longer live in their own homes or have as much privacy, it is not surprising that acceptance would figure prominently in their views on successful aging.

Core Theme #4: Adjustment

The theme of adjustment arose most often in response to the following questions:

What is your advice for others who want to age successfully?

How do you feel about the role of attitude/personality with regard to successful aging?

Describe someone you feel is aging successfully?
(Common Probe: What kinds of things do they do to age successfully?)

The theme of adjustment was closely tied to the theme of acceptance. Participants felt

that acceptance facilitates adjustment. That is, if people accepted their changed circumstances,

then they would more likely be able to adjust, and they would be more likely to age successfully.

Although interview participants sometimes reflected upon the importance of adjusting to

physical limitations, they more typically extended their comments to discuss the importance of

adjustment with regard to circumstantial or lifestyle changes (e.g., being confronted with

unexpected situations such as changing one's residence). In this regard, analysis of their

comments shows that they considered two factors as important for contributing to the process of

adjustment: having a sense of humour; and being able to get along and relate well with others.

When asked what she thought was important for successful aging, Irene Wright made

the following statement:

> *I think having lived in a home of my own and doing all the work and everything, I find it very difficult to have somebody do it for me, that's what I find hard and to me, my home, it didn't really, it's not the things in my home and that cause I'm not a person that has a lot of things, but I think that's one of the things that would be. . . . . .I went from my home sick on a stretcher to the hospital and I was 3 weeks in the hospital and I never went back to live in my home again. I went straight here. And I've adjusted. I think the most important thing here or anywhere is to be as happy as you can be with what you've got and I wouldn't live with anyone. I have 5 children and I wouldn't live with any one of them, and I love them dearly but I wouldn't live with them. And uh, they visit me and I have a daughter that looks after me and she lives in my home, but as I say, being able to adjust to whatever life throws you is very, very important.*

Joan Hart also stressed the importance of adjusting to life events by explaining that:

You have to be happy and be able to adjust, and some people come in here with the idea that they can get whatever they want, when they want it immediately, and you can't have that. You've got to adjust to how it is and what you can have.

Gladys Devane alluded to the reality that different individuals are confronted with a vast array of situations to which they have to adjust and that being successful at the process of adjustment is important in life. She stated:

I myself may or may not be seen as someone aging successfully, but what I do know is that I had two hours to make up my mind, which home I was going to go to. I had to make a decision and adjust to it. Always try to adjust and make the most of whatever situation comes to you. I'd say if you can do that, your chances at being successful in aging are better.

At another point during the interview, Gladys Devane provided an additional example to shed light on the importance she placed on being able to adjust:

Not only was moving in here and leaving my home an adjustment, but you have other things to adjust to coming in here, like living with people. I think adjusting is important because my neighbour there, she had had several roommates because she has been here for, I don't know how long, but uh, she's been here for a while, and she's very active and uh, they said to me, "how are you making out with Mildred[1]?" because she can be difficult. She loves to boss people around and I try to see past that and get over it. I say to myself, "how did I get to be this age?" I must have done something right [laughs]. It's so easy to get into a fight with someone. Everyone has to share a room here, so you must deal with it. There are only a few single rooms, but uh, there are a lot of people who are still having problems. When you go into a place like this, you have to . . . . . .I have half a cupboard now and I was used to a big chest in my house just filled with craft work, but you get used to it and adjust to be happy.

George Astrom stated that:

Adjusting to so many people around you after spending most of your life in a very small, uh, with fewer people, is a really tremendous thing. I went from knowing the quirks of my family to having to deal with the quirks of everyone here. You adjust to things by making it the way it was at home, getting to know some more close than others, you know.

Edward Clarke made the following comment:

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[1] Mildred is a pseudonym used to refer to Gladys's roommate.

I remember moving in here and at first thinking, "Well, this is nice but it doesn't feel like home." So, I took a couple days, added some pictures that meant a lot to me, and slowly but surely, it either adjusted to me or I adjusted to it!

Finally, Owen Kostenko said that:

The big problem with a lot of people is that they're stubborn, or uh, set in their ways. They go around hanging their heads down all day. I think they'd be a lot better off if they just made efforts to adjust to everything.

Sense of Humour

Participants identified key personality traits or qualities that they felt contributed to being able to adjust well to changes. Seven of the ten participants emphasized that having a good sense of humour was important in order to be able to adjust to new situations. As well, participants identified having a good sense of humour as being important for enhancing one's own personal aging experience. For example, Ralph Kelly stated that:

I believe a sense of humour is important, depending on what's going on and what's happening in life, you gotta be able to laugh at a lot of things. You'd be miserable if you just focused on what you can't do anymore.

Similarly, Joan Hart suggested that, *"You really need to just have a good laugh once in a while, and keep cheery. Don't get down in a slump and say, "oh, I can't" and all this kind of stuff."* As well, Gladys Devane confirmed the importance of having a sense of humour as she remarked, *"They complain about me being too giggly and happy. I think that's a good thing, to be able to laugh at things. It gets ya through things easier."*

Other individuals discussed the importance of having a sense of humour by telling stories about particular incidents in which having a sense of humour aided in adjusting to situations. For instance, John Flynn reflected on an incident that occurred with his roommate:

One morning my roommate showed up to breakfast, and he had forgotten to put his teeth in. Normally, people might get upset with themselves because this would be an embarrassing situation for a lot of people, but I always recall his words, "My teeth are like stars, they come out at night" [laughs].

John Flynn went on to say that, *"People get too upset about the little things when really it would just be easier to get through them by laughing them off."* Edward Clarke discussed that as he started to get older, he noticed that people around him would seem to shout. Referring to the situation, he stated the following:

> *This struck somewhat of a bad chord with me at the time. Years down the road when I did come to need a hearing aid and got one, I laughed because I realized I could either tune people in or out – it didn't matter how loud they were talking. As much as the thing can be annoying, being able to pick up the background keeps me up on all the gossip, that's for sure* [laughs]*!*

While having to become accustomed to using a hearing aid can be quite frustrating, having a sense of humour about it aided Edward Clarke in adjusting to it. Similarly, George Astrom placed his comment in the context of a past situation. He shared a story about his sister and the way she made light of certain aspects of getting older. He stated that recalling her sense of humour about situations has helped him in his own aging process. He said:

> *My sister got quite shaky when she got old. It would make things harder for her, I knew that, but she would say things like "Not bad for a shaky old gal, eh!" The way she looked at things, like in a lighter way, you know, this helps me deal with similar things happening to me now.*

Finally, making reference to the adjustment process she had to go through when her eye sight got poor, Irene Wright stated:

> *I remember going a whole day with my shirt on backwards* [laughs]*! One of the other women here noticed and told me. Rather than feeling like a fool though, I made light of my mistake and realized that asking people if I've got myself in order isn't such a bad thing!*

Relating Well with Others

Six participants asserted that being able to get along and relate well with others was important for facilitating the process of adjustment. The following comments offered by Edward

Clarke and Owen Kostenko illustrate how relating well with others also related to being able to

adjust well. Edward Clarke commented that:

> *It is important to take a pleasant attitude towards other people and to get along with everyone as much as you can. It helps people get more comfortable more easily when they move in here and it helps people to continue to feel comfortable.*

Owen Kostenko shed light on how making an effort to interact well with others was

beneficial as he stated that:

> *I don't argue with anyone or things like that. You have to make an effort to get along with everyone. It's better for them and you. You're not gonna ever feel right or at ease if you're negative to everyone around ya.*

Similarly, Beverley Fedorenko argued that:

> *You're not gonna fall in love with everybody, and my difficult situation is to understand them sometimes, like if they're Finnish and speaking English, well they have an accent and I can't catch all of it, but it's better if you make an effort. Trying to get along is better for everyone. It's awful hard for you to get used to things or be comfortable if you can't adjust to those around ya.*

Joan Hart stated that:

> *I won't lie to ya, there are some people here or wherever you go that can drive ya up the wall, but you just have to adjust and hey, it gives you something to talk about, doesn't it [laughs]?*

Gladys Devane explained that:

> *I find sometimes people, when they don't get involved with things, they have a lot of spare time on their hands and make a fuss about little things. It's always been my belief that ya catch more bees with honey! Complaining about people and things just makes everything harder, but smiles spread and make people more comfortable!*

Finally, Irene Wright noted:

> *When people push others outta their lives, they don't think about what they're missing. Like, making efforts to get to know people here, I've really gotten joy from that. Like I've become friends with people and learned about their lives. So now, when my friend's grandchildren come to visit, they come see me too. I really enjoy that and I think becoming friends with people, just like you would with neighbours if you were at home, really helped me adjust to it here.*

The Role Played by Support Networks

Support networks also emerged as being an important factor for facilitating the process of adjustment. Just as support networks were identified as providing participants with motivation, encouragement, and reassurance, which aided in facilitating personal happiness, in the same way support networks also arose as aiding in facilitating adjustment. Participants said that support networks could be made up of family members, friends and/or staff at the facility. Owen Kostenko stated that, *"Well, I haven't got much family left, but I got a lot of friends here that keep me going a lot of the time."* Similarly, Joan Hart commented that, *"It helps me when everyone here tells me that I'm kind and I'm this, I'm that, so. . . . . .it makes me wanna continue to try to be helpful."*

The Interconnectedness of Themes

Throughout discussions with participants, the interconnectedness of personal happiness, adjustment, and acceptance was highlighted, and it became apparent that the relatedness of all three components was important for contributing to successful aging. While all participants made comments that pointed to the interconnectedness of these themes, comments from two participants eloquently illustrate that for them, these concepts are inseparable.

In her comment, Patricia Tomczyk discusses the issue of adjustment and then ties the importance of adjustment to the need to accept things and the importance of being happy.

> *It's been hard for me to adjust to different situations in my life because, uh, being blind puts you in a whole different world than other people. Like, if you have a wheelchair cause you can't walk anymore, that's hard too, but it's different cause you have a different view of the world than me, who can't see. Either thing though, is a matter of having to just adjust to it. You have to get used to how your life is and what hand you're dealt, whatever comes your way, like uh, if you don't accept it, you can't ever think of being happy. You'd just be miserable, and I don't think if you're miserable that you're successful at all* [emphasis added]*!*

Similarly, Ralph Kelly provided a summation of the three components:

*From time to time, you just always gotta remind yourself that everyone has their own
things going on. Sometimes a person may look fine and healthy and you start to thinking
that they're doing pretty good, but you never know what's really going on. That person
might have a lot of problems. Other people, you can see that things might be hard for
them cause you can see it more, but you can't get satisfied when you're looking at how
other people are doing. You should make do with what you've got and feel happy about
those things. If you're gonna be happy, you gotta accept that things in life change, some
good, some bad, and you gotta deal with 'em, and go through them and feel o.k. about
them. Don't forget that* [emphasis added]*!*

It seems then, that participants are ultimately arguing that happiness is the most essential

component of successful aging, but at the same time, they are arguing that happiness cannot be

attained without also being willing to accept and adjust to circumstances. For example, if

someone accepted his/her situation but did not adjust to it or feel happy about it, it is not the case

that that person would be partially successful in terms of aging. Nor, it seems, did participants

believe that it was possible for someone who neither accepted nor adjusted to circumstances to

be happy and therefore successful in terms of aging. On the other hand, having a sense of

personal happiness can aid an individual in reaching a point of acceptance and in one's

adjustment process.

The frequency of participants' comments regarding personal happiness; the high intensity

of participants' statements about personal happiness (including the content of participants'

statements regarding personal happiness); the fact that the issue of personal happiness cut across

various topics and arose in response to various interview questions; and the fact that different

participants referred to the theme of personal happiness most throughout their interviews sheds

light on how heavily participants weighed the theme. For example, the great importance that

participants attached to the topic was evident when participants explained that even if an

individual is successful in other areas of life (e.g., is physically healthy), if he/she is not happy

then he/she is lacking a truly necessary component to be considered a successful ager.

Furthermore, when discussing other issues (e.g., mental stimulation, adjustment, acceptance,

support networks, social involvement), personal happiness arose as being an important factor included as part of the context of these issues. Often, participants framed their discussions by explaining that other components could aid in achieving a sense of personal happiness. Thus, the importance of the theme of personal happiness as well as the significance of the interrelation of themes was revealed (e.g., one cannot be happy if one does not accept one's life and if one is not happy, successful aging is hindered).

Chapter Summary

As discussed in Chapter One, there is much in the gerontological literature to suggest that the maintenance of physical health is a primary concern with regard to successful aging. Indeed, there is a considerable amount of research that assumes, *a priori*, that one needs to be physically healthy to be a successful ager. From a different perspective, however, it becomes evident that this concern with physical health is not uppermost in the minds of those who are themselves old. That is, in attending to the views of participants in the present research, it is clear that they do not regard physical health as necessary for successful aging. Rather, participants frequently offered a perspective which can be said to adhere to the phrase "mind over matter." Specifically, participants explained that mental stimulation is an important component of successful aging. Participants' comments reflect their recognition that there exists a lot of attention devoted to physical health in mainstream society, and that instead more focus should be concentrated upon individuals' mental faculties. In addition to discussing the importance of mentally stimulating activities, participants discussed the importance of being able to communicate with others, in order to avoid feeling lost and to be able to get the care they require and to have their needs met.

The relevance of physical health is also minimized by participants as they discuss the themes of personal happiness, acceptance, and adjustment. On the theme of personal happiness,

participants argued that an individual can still achieve happiness regardless of the status of one's physical health. Likewise, participants offered the perspective that if an individual is able to accept life changes and physical limitations, he/she is more likely to age successfully. Thirdly, in responses within the theme of adjustment, participants clarified that regardless of physical limitations, successful aging requires the ability to adjust to life circumstances. Thus, rather than suggesting that an individual cannot be considered to be a successful ager if he/she is not physically healthy, this underrepresented perspective suggests that an individual can age successfully if he/she is mentally healthy, can accept and adjust to physical limitations, and possesses a sense of personal happiness. Significantly, these views about what is needed for successful aging are rich in meaning as they are embodied in my participants' lived experiences.

The theme of personal happiness had several elements linked to it. For instance, it was uncovered that taking part in enjoyable activities could contribute to one's sense of personal happiness, and therefore, to one's successful aging. Similarly, participants expressed that although work is not fundamental to successful aging, finding enjoyment in one's work could help facilitate successful aging. In both cases, the important factor is finding one's activities or work pleasant and satisfying. When considering the theme of acceptance, two components emerged. They included being accepting of life circumstances and having self-acceptance (e.g., accepting physical restrictions). These components were also found to be important for the theme of adjustment. However, participants also discussed two factors as being important for contributing to the process of adjustment, those being having a sense of humour and relating well with others. It is significant to note that the importance that participants attributed to the themes of acceptance and adjustment is extremely related to their own lives as they have all gone through the process of accepting and adjusting to living in the facility.

Although all four themes are clearly highly interrelated, once again a central motif that emerges throughout the data is the individual nature of given responses. It is important to recognize the significance of personal perspectives because it highlights the situation that concepts can only ever be subjectively defined. For instance, while participants agreed that mental stimulation served to be an important component of successful aging, the aspects of mental health that participants focused upon varied. Some participants focused solely on ways in which to keep the mind active, and within this focus expressed different ways in which to stimulate the mind. Other participants discussed mental health in comparison to physical health. Further still, others concentrated upon the ability to communicate and understand others. Similarly, while several participants reflected upon the importance of adjustment with regard to successful aging, it is important to recognize that different individuals have varying modes of adjusting to changes and challenges. For instance, as aforementioned some individuals state that having a good sense of humour aids in the process of adjustment. Other individuals focused less upon the way in which possessing a particular trait aids in adjustment and instead focused upon actions taken to get along with others.

Repeatedly, participants also discussed factors that help to facilitate successful aging. For instance, with respect to the theme of mental stimulation, participants discussed social involvement as being important for contributing to one's learning experiences, and thus, providing an opportunity for mental stimulation. Social involvement also arose as being an important facilitating factor for the theme of personal happiness. In relation to the theme of personal happiness, social involvement was discussed as being important for meeting socioemotional needs through integration with others, no matter what form social involvement takes. Similarly, the positive impact that support networks can have arose as constituting an

important facilitating factor with regard to one's sense of personal happiness as well as with regard to the theme of adjustment. Some participants discussed support networks by focusing on particular individuals. However, what was highlighted was that overall who (e.g., family, friends, caregivers) makes up a support network is not the most important feature. Rather than being restricted to specific individuals, the crucial aspect is ensuring that the nature of the relationship is positive. Participants' discussions of these factors underscore that they perceive mental stimulation, personal happiness, acceptance and adjustment to be key requirements for successful aging.

The next chapter continues the discussion of what participants had to say when interviewed, and focuses on their perceptions about the experience of aging in general, and their perceptions of the significance of particular issues identified as important in the literature on successful aging.

Chapter Four: REFLECTIONS ON THE EXPERIENCE OF AGING

This chapter reviews what participants had to say regarding a number of issues related to the experience of aging. For the most part, the comments discussed in this chapter do not directly address the subject of successful aging, yet these comments serve to flesh out a richer understanding of how participants relate to the concept of successful aging. In discussing the comments of participants on topics related to the experience of aging, the significance of the core themes identified in the previous chapter is highlighted. Furthermore, in order to understand how participants conceptualized successful aging, it is useful to reflect on their perceptions about aging and the extent to which they are influenced by dominant messages. This allows for a contextualization of their views about successful aging.

The Wisdom of Years

Early in the interviews, as a way of instigating conversation about the experience of aging in general, I asked participants what they felt to be positive about aging. The most frequently mentioned aspect of aging to be identified as positive was the accumulation of lived experience. Four participants commented on this.

Specifically, participants said that a positive aspect of aging was being able to understand people and provide advice about life to others, and that it felt good to be able to pass on useful information to younger generations as a result of having had lived experience. Similarly, participants revealed that being able to have a better understanding (than people who have not lived as long) of the way life works was another positive aspect of aging. As explained by Irene Wright:

> Being old allows you to really understand what is important about life. A lot of people walk around worrying about or. . . . . . dwelling on the less important things. It is when

you are older that you know, or have a sense of what really matters. Then you stop fretting the littler things in life.

This comment was echoed by other participants. Ralph Kelly commented that:

I guess through living all these years, we've had a lot more experience with some things than the younger ones. Knowing what we know now, maybe can be helpful to them, like maybe they can learn from our mistakes or from what worked well.

Similarly, Joan Hart noted that, *"Well, we may not be able to do what the young ones can a lot of the time, but we sure can let them know what to stay away from doing!"* Finally, Beverley Fedorenko stated:

It's nice to be older to look back on things that ya may have worried about at the time, and say "why did I even worry about it – it really was nothing!" Then, it feels even better to let the youngsters know what they should worry about and what they shouldn't. I mean, you can feel confident, in giving advice, cause you've been there and gone through similar things. You know when it's right to say to them, "oh, 50 years from now you'll wonder why you spent so much time thinking about this or that!"

Altogether, these comments on the wisdom of years can be interpreted as reinforcing the significance of the core themes of mental stimulation and personal happiness in an interrelated fashion. In relation to mental stimulation, the comments made by the participants suggest that they have engaged in continual learning and learned some valuable lessons about life through their lived experiences. This is indicative of the importance they attribute to the core theme of mental stimulation as a component of successful aging. In turn, in relation to personal happiness, participants indicate that they are happy to have learned what is truly important in life and are now in a position to pass this important knowledge on to younger generations.

Experiencing Loss

Participants were also asked what they felt to be negative about aging, and they were asked about barriers to successful aging. In general, their responses to these questions can be seen as speaking to the issue of loss. Some spoke about the loss of former abilities and others spoke about the loss of loved ones.

Regarding the loss of former abilities, several individuals discussed their own diminished abilities to highlight what they felt was negative about aging. At the same time, however, they were quick to point out that there are things they **can** still do. In the following excerpts, the places where they talk about abilities are highlighted. As George Astrom stated:

> *I never felt so difficult in my life. I can't hardly move sometimes, and the other thing you know, your mind is not working the way you want it to work. I can't do things I wanted to do **but I can play cards** [laughs], that helps* [emphasis added].

He made a similar comment in response to what he felt acted as a barrier to successful aging when he said that:

> *I feel that aging is something that happens, you see. It's a barrier that I can't do certain things anymore, **but I can still do some important things, important to me** [emphasis added].*

As well, Patricia Tomczyk remarked:

> *I broke my wrist November 23rd. The therapist said I could have injured a muscle there [wrist]. That's why, I use weights and do strengthening exercises and this other blind lady, I heard she fell off the wheelchair somehow and I heard she broke her arm, but it wasn't her arm that was injured, it was her shoulder. So, I was pretty helpless when I hurt myself. The nurses had to help me because I couldn't do nothing, so I told them I felt awful, and they said, "oh, you'll get back to it." Well, again, dressing and undressing myself - maybe I don't match the colours very well, but too bad [laughs]. **I prefer to do it myself, as much as I can myself.** I used to give my own pills, up until I broke my arm and they ordered them for me at the nurse's station. Now, they give them to me and I don't like it. Like if I was doing it myself, I would do it properly. There is a pill I am supposed to take every 6 hours and sometimes, with the nurses doing it, I only have it every 8 hours. **I like to do things myself because I feel better that things are right and it makes me feel better doing it** [emphasis added].*

Similarly, Irene Wright offered the following comment:

> ***You have to do everything you can do and the more you can do it, the longer you live!*** *You're using your body and you're using your brain. It all depends on what condition you're in when you come in, but uh, myself, **I prefer to do it for myself,** everything but I can't. Because well, my hands are poor as I told you and I have Arthritis in my spine and uh, so all in all, certainly, it's a barrier when you can't do those things you normally do by yourself* [emphasis added].

Ralph Kelly made the following comment:

It is a barrier to me, using the walker, pushing it down the streets. **I try damn hard to leave it alone, but it's better to have it.** *Anything like that is a barrier. It plays on ya, y'know. If it can make you age quicker or faster or what, I don't know. Are you supposed to worry about getting old or what* [emphasis added]? *I know though that, honestly, it helps me continue to do things that, if I was stubborn and didn't use it, I just wouldn't be able to do at all.*

He also stated that:

Y'know, there are certain things you don't do cause **you don't want to be a nuisance,** *needing help and all that. You're lucky if you don't need to ask for help from anyone to do the things you do* [emphasis added].

Ralph Kelly's comments are not as clear-cut in terms of speaking to the importance of continuing abilities, but when placed within the context of other comments he made during the interview (as quoted in the previous chapter), it is clear that he feels it is important to be accepting of things, and to "go with the flow." Thus, just as George Astrom mentioned that he can play cards and Patricia Tomczyk mentioned that she can make decisions, Ralph Kelly pointed out that even though he did not use a walker in the past, using it now enables him to get around and walk down the street. He does not seem interested in wallowing in what he has lost. He seems to be interested in making the best of his situation.

In response to the question about barriers to successful aging, John Flynn said:

A barrier would be being cooped up some place and not able to get out, not because of lack of transportation, but because you're not able to anymore.

Unlike the others, John Flynn did not go on to say something about his own situation or experience. His failure to do so and initial conversation before conducting the interview, however, suggest that he does not see himself as someone who faces these barriers. Thus, even in this comment, we see an implicit reference to what one is able to do, rather than a preoccupation with what one cannot do. Ultimately, even though the participants' comments quoted in this section are speaking about loss, none of them defines themselves in terms of loss.

Finally, participants explained that losing people one is close to is a difficult and negative aspect of aging. As Beverley Fedorenko explained:

It seems to happen more and more the older you get. People that you knew for a long time, and family pass away. It's really hard but you know you always got lots of people around ya here, and you know they may not have had a good life if they had managed to hang on – so, it's true, you gotta look at it as a blessing sometimes.

Similarly, Owen Kostenko stated that:

Well, all my family is gone now. You just gotta realize that people can't live forever. That doesn't mean it's not hard when you see people here one day and gone the next, especially when you've been close to them.

In summary, these comments regarding the loss of former abilities can be seen to relate to the core themes of adjustment and acceptance because in addition to speaking about their limitations, participants also discussed what they are able to do. From their perspective, it is important to adjust to what one can do and accept what one can do. Similarly, the loss of loved ones can be tied to the loss of former abilities and the core themes of adjustment and acceptance as well. Although losing loved ones was recognized as a negative aspect of aging, participants consider it important to adjust to losing people and to accept that it is part of life.

Physical Health

Most participants identified poor health as either a negative aspect of aging or a barrier to successful aging, yet it is significant that in their comments, they talked about poor health in general terms rather than as something that necessarily goes along with the aging process. Indeed, their comments suggest that they consider health to be a concern at any age, as life can become more difficult if someone is not in good health. For example, Ralph Kelly said:

Anything that makes your health poor, it can get to ya. You can make it look as though it doesn't bother ya, but it does, inside. I got about as much a chance of living as you got - you could get yourself killed going home tonight or get sick - ya never know [laughs].

Similarly, Gladys Devane spoke of how important it is not to take one's health for granted no matter what your age as she referred to an episode earlier in her life when she was caring for her handicapped child whose health fluctuated a great deal. She said that, *"We had to go to the clinic with her every second day. It was hard for her and us. So, I think it's wonderful to take your health to heart because health is so important."*

Owen Kostenko stated that *"You gotta watch yourself, try and keep away from getting sick."* Similarly, Beverley Fedorenko stated that *"If a person is healthy, that would be good. A barrier would be if they got sick or couldn't move around at all."* Also, Edward Clarke commented that *"A barrier would be illness I would presume. Illness of any kind is a barrier to successful aging."* He added a comment about his personal experience with illness to illustrate this feeling:

> *I had an operation just recently on my ear and it was cancerous, and those things can be very unsettling, that's for sure, but I think to live each day at a time, y'know. Somebody said there's three stages of life. We are born, we live, we die, and how we live in between is, I wanna say, is uh, god given, that's the only thing I can think of. If we're going to live, we're going to live, if we're not, that's it!*

These comments suggest that participants have mostly adopted a philosophical attitude towards physical health, such that health is regarded in the abstract as a philosophical good, but also something that is transient and therefore, not necessarily tied to the experience of aging.

For the most part, however, participants only talked about physical health in response to a specific question on the subject. The question which elicited comments about physical health was:

> *How do you feel about the role of physical health with regard to successful aging?*

In response, none of the participants defined health in concrete terms, but they nevertheless regarded health as something that can aid in aging successfully. Two participants addressed the question by talking in platitudes. Ralph Kelly stated, *"I think actively taking care*

of your own health is important, and also getting the care you need." Similarly, when Beverley

Fedorenko reflected on the role of physical health, she noted that it is important to *"stay healthy*

and eat well. Do exercises, that's important."

As well, some participants suggested that carrying out physical activities could help

maintain one's physical health. Reflecting on his life, George Astrom offered the following

comment:

> *Well, I play cards and I played soccer and I was boxing* [laughs]. *And uh, I was bowling*
> *a little bit on the bowling team here. I think it is those things that have helped me - you*
> *know what I mean. . . . . .for my body.*

Joan Hart focused on the importance of maintaining one's health when one is young as

well as when one is older and how it is important to maintain one's health by carrying out those

activities which one enjoys. She offered the following:

> *Keep healthy. Don't neglect your health when you're young. Do what you know and like*
> *to do and do it regular. Like, say if a person is a runner, like that's what they do, don't*
> *they, and uh, of course I used to like to run* [laughs]. *Or, like if a person likes reading,*
> *well then that's what they do to keep their mind healthy.*

One participant framed her response about physical health in relation to coping with life.

It was noted that when one is in good physical health, it can be easier to confront and cope with

other aspects of life. As Patricia Tomczyk said:

> *If say cancer strikes, that's another thing, but we're talking about old age. If nothing*
> *happens and the person stays healthy, then that old person is going to live long and have*
> *an easier time of it. They'll be able to get through things easier.*

Other participants responded to my question about physical health by stressing the

importance of the quality of one's life. Beverley Fedorenko, for example, argued that the length

of one's life does not translate into being a successful ager. She commented:

> *I guess if you're in good health, you can live well for quite a while. I see it as, some*
> *people can live for quite a while even when they're in bad health, but they're not living*
> *well.*

As well, Irene Wright said:

No one is going to be 100 per cent all of the time. Sometimes people may be ill or may have physical problems with their health. If a person is so unhealthy that it can't be adjusted to, then it is hard to age successfully because it interferes with their life.

Similarly, Edward Clarke stated that even though an individual may have poor physical health, it does not necessarily translate into poor quality of life. He commented that:

You can live a long life, and that's great if you're able to enjoy it. Health is important, but it's not everything. Like, I have my share of health problems, but I'm still able to have a decent life.

All of these comments suggest that participants do not regard good physical health as absolutely necessary for successful aging. Rather, they recognize that even when an individual is not in good physical health, he/she is still capable of aging successfully. They seem to take a realistic approach by recognizing that no one can feel perfectly healthy all of the time, but even still, one's ability to age successfully is not necessarily hindered by poor physical health.

Several participants felt that the physical environment in which one lives can affect one's ability to age successfully, in the sense that it can either adversely affect one's physical health or affect it positively. Participants explained that a healthy physical environment was important throughout life, not just during the later years of life. As Owen Kostenko remarked:

People who don't go out, well, they gotta watch themselves. Take a walk outside for fresh air. A lot of them don't want to go out. That's no good. The air is better. . . . . .for your health.

George Astrom said that the physical environment during his working years was an important element contributing to better physical health in his later years:

I went into a lot of open air. I worked in the bush and that was good exercise. I had muscles like this [shows and laughs] and I was trim here [pats his stomach]. I tried to get a job outside because I like fresh air and it's better for you. It keeps you healthy.

Similarly, John Flynn had also worked outside for a large part of his working years, and he stated that, *"I think work environment is important, like people working inside buildings where the air is really bad. . . . . .yeah, that probably takes ten years off your life."*

Finally, some participants spoke about physical health as being related to mental health and happiness as well. For example, Ralph Kelly said, *"You pretty well wanna be physically and mentally healthy* [pause] *and uh, being happy is better than being a grouch* [laughs]. *"*

Altogether, it is clear that good physical health is something that is of interest to participants, but in the context of the whole interview participants mentioned it less than other themes that emerged and placed less importance on it. Indeed, had they not been directly asked about the topic, it is questionable whether participants would have discussed physical health as much as they did. Certainly, comments about physical health did not arise in response to broader questions such as *"How would you define successful aging"* and *"What is your advice for others who want to age successfully?"* Thus, these comments do not point to a core theme. Rather, the comments serve to underscore the relative lack of importance that participants assign to the role played by physical health for successful aging. For instance, participants did not suggest that being extremely physically healthy meant that an individual was any more successful at aging than another.

Participants suggested that individuals can enjoy life, which is what is important, even though they may experience issues with their physical health. Furthermore, instead of relating physical health to the aging process, several participants discussed physical health as being important at any age of an individual's life. They also offered comments regarding ways to maintain one's physical health and factors that may have an impact on it (e.g., the environment

in which individuals spend a lot of their time throughout their lives can possibly either positively or negatively impact an individual's health).

The Role of Finances

A lot of attention in mainstream society is directed toward retirement planning, yet putting money aside for one's retirement starts with having a certain level of income to begin with. Additionally, as discussed in Chapter One, there is some research that suggests that having a high socioeconomic status is an important factor for successful aging, and actually improves an individual's likelihood of aging successfully. Thus, I was interested to know what participants thought about retirement planning and whether they felt the experience of aging was different for people with different income levels. In order to gain the perceptions of the participants regarding income level, I asked them:

> *Do you think the experience of aging is different for middle class people, lower class people, etc.?*

Alternate phrasing included:

> *Do you think that someone who doesn't have very much money will have a different experience of aging than someone who has a lot or do you think money does not really play a role in how someone ages?*

and

> *Do you think the experience of aging is different for people with a high income or middle income than it is for people with a low income?*

The responses to this question varied considerably. Seventy percent of the interview participants responded affirmatively to the question, claiming that the experience of aging is different depending on what class one falls into. Forty percent of participants claimed that the experience of aging is more difficult for lower class people, while thirty percent asserted the

opposite, perceiving the experience of aging to be more difficult for middle or upper class individuals.

Patricia Tomczyk expressed the opinion that the experience of aging is different for people of different classes, suggesting that the experience of aging is more difficult for those with a low socioeconomic status. She stated:

Probably, in a way, yes it's different, because lower class would be like me, like a church mouse, that's what they say. If you have more money, you don't have to worry as much about paying for things – less worries.

Others, however, seemed less sure of how to respond. Owen Kostenko, who thought that aging was harder for those from a lower class, said that *"Well, yes. I think it is harder for lower class people, I guess. The middle class people got more experience or opportunities than the lower class."* As well, Beverley Fedorenko stated that *"Yeah, in a way, I think that less money would make it harder, I guess."* Most likely, the uncertainty in the responses of these two participants would be due to having only their own life experiences to refer to or with which to make reference to in response to this question. Thus, they would feel unable to give concrete answers about the experience of living in another class or having another level of socioeconomic status. This suggests that these participants have not spent much (if any) time comparing themselves with others concerning this topic area. Instead, it seems that they are inclined to accept their situation. Therefore, the comments made with regard to income level can be seen to relate to the core theme of acceptance. Rather than suggesting that having a certain income level is important for successful aging, what participants would deem more important is the fact that each individual accepts and is content with his/her position in life.

While Patricia Tomczyk, Owen Kostenko, and Beverley Fedorenko said that the experience of aging can be more difficult for lower class people, Edward Clarke suggested the

contrary. When asked if he thought the experience of aging was different, Edward Clarke explained that:

> *I think it is easier for lower class people to age and get by because they've had to put up with poverty and that sort of thing and they adapt more readily. A man that has lots of wealth and that sort of thing doesn't. . . . . .his wealth is always in the back of his mind and he worries too much about it. Worries too much about what's gonna happen in the future. People with middle incomes or lower incomes and that sort of thing are more, shall I say, more easy to adapt because they have to or have had to at different times. Of course, there are those who do and those who don't. Those who don't are miserable for the most part.*

Edward Clarke's comment relates to the core theme of adjustment as he suggests that those with less money, and who have had less money in their younger years, have had more experience with having to adjust to life situations. Ultimately, he describes it in the sense that those with less money are better prepared for any challenges that may come with aging, and that may have to be adjusted to.

Joan Hart also viewed the experience of aging as different depending on one's socioeconomic status, but she did not see the issue in terms of whether it was harder or easier depending on class. When asked the question, she responded:

> *Yes, how you think about aging too is different. Well, I went to housework you see, and I got into work because we needed it, and you did what you had to do then in those days. Maybe if we hadn't needed the money, being in a higher class I mean, maybe I wouldn't have done that. Well, you have to have a certain amount, yes. I would say it is something you need no matter what. You need a certain amount of money to do whatever you're planning on and those less fortunate haven't got it, well that makes it more difficult for them. They could say "I haven't got enough money to do such and such with," but I think it depends on what their wants are. Someone with less money can be happier than someone with lots. So, yes, the experience may be different but it doesn't mean being in one class is better than another, necessarily.*

Similarly, Gladys Devane also saw the experience as different, and spoke of it analogously by comparing it to ethnic background. She stated that:

> *Well, yes, the experience is different because they all have their different likes and dislikes. Because here, there are so many nationalities. There's a lot of European people*

here. A woman at our table was complaining about the food. At first it was hard to understand her because her English is not fluent, but I learned that she liked cards. A lot of them have different interests too. Like, she didn't like the kind of toast that she gets. I guess class is like nationality. Different classes have different preferences and so do different nationalities.

The other participants suggested that the experience of aging does not differ for people of different classes. For example, speaking with reference to being a resident in the specific long-term care facility, John Flynn made the following comment:

No, no. I think they should be together, the high and the low. Like in here, you don't really know what class anyone is from. I guess unless you really are close to them. . . . .but uh, it doesn't really matter.

Once again, discussion about income level did not arise until participants were asked specifically about their thoughts regarding the topic, and when they offered their comments participants had to speculate about the experiences of others in different social contexts. Although some participants mentioned that, for instance, having a higher income level could possibly make certain experiences of aging easier, none of the participants themselves mentioned that having a specific income level has hindered and/or helped his/her own aging experience. Overall, except in the case of Edward Clarke's comment which relates more to adjustment, as aforementioned, responses to this question seem to relate to the issue of acceptance, and in turn, to the theme of personal happiness (if individuals accept their lives, they are more likely to be happy). For instance, Joan Hart and Gladys Devane alluded to the fact that although every individual has his/her own wants and desires, one has to either have realistic wants or learn to accept and be happy with what he/she has.

Retirement Planning

When I asked participants how they felt about the role of retirement planning with regard to successful aging, it became clear that participants attributed little importance to the role played

by retirement planning. Thus, the majority pointed out that retirement planning was not an issue that was relevant to how they conceptualize successful aging. Only two participants suggested that the role of planning for retirement was important and could aid in contributing to successful aging. Others reflected on the current emphasis of the importance of retirement planning as constituting a form of making money for advertisers or companies.

In relation to the latter perception, Edward Clarke and I had the following exchange:

E.C.: *Well, most of these things, like those who advertise planning, are done for money. They're advertising - uh insurance, "do this sort of thing." Well, that's a money maker for them. No, I normally don't agree with those kinds of things – they're just out to get all that they can get. It's a greed.*

T.F.: *I know, even at my age, there are a lot of courses I could be taking to tell me what I should be doing down the road, planning for retirement and I think it is a lot to think about.*

E.C.: *Yes, it sure is. You have to think too far into the future and that is not easy. You can't predict the future. As I say, I live one day at a time and thinking that far seems to go against that philosophy.*

Clearly, Edward Clarke's response illustrates that rather than buying into what advertisers push as being of utmost importance, instead he is quite cynical about what they do and prefers to live according to what he personally feels is important, which, as he commented, involves enjoying the present.

Interestingly, participants seemed to understand retirement planning as broadly related to conceptualizations about how to occupy themselves, rather than as narrowly related to finances. Joan Hart, for example, felt that retirement planning may be important in today's society and that it is up to each individual to decide what actions to take that are best for him/her. However, she also suggested that for her generation, retirement planning was not regarded as being as crucial as it is today. In response to being asked how she felt about the role of retirement planning with regard to successful aging, she offered the following:

Oh yes, well if you can, but it never came to me like that. I just never thought about it. I was just in my home and did what I did. See, I never got into that. They never stressed it so much back then, so I can't say much about it. I guess whatever you can do, you can kind of know that within yourself, and if you think it is good for you, do it. Whatever that person themself thinks, in solving their life's. . . . . .you know, what should I say, not work, but uh, get into something that is going to benefit you when you're older, whether it's uh, whatever, just whatever appeals to you.

Owen Kostenko attributed little importance to retirement planning and also mentioned

the generational difference, such that retirement planning was not as common for his generation,

but is emphasized more today. In response to the question, Owen Kostenko stated:

Well, you can do that if you want. I didn't plan for it. I didn't think it was needed really. In your time, maybe. It's different now. They tell you to do that a lot earlier now.

Similarly, Irene Wright noted that, *"I just don't think retirement planning was stressed*

for me as much as it is now. So, for people my age then, it wasn't important."

John Flynn, on the other hand, was one individual who said that retirement planning was

important. He said:

A person should know all that and be aware of it, that's for sure. If there is a plan or some path people should take, you should know about it and be taught about it.

This statement seems to reflect John Flynn's general pattern of thinking in that he feels

that everyone should have an equal opportunity to learn about things in life and stay abreast on

what's going on in the world. As one of the younger residents in the facility and as a former

educator in a community college, he may also have been more exposed to information about

retirement planning or more bombarded by messages about it than others.

Gladys Devane said that retirement planning was important and she stated:

It's nice to do that, yes. My husband. . . . . .well you know when you're mixed up with a doctor's organization, sometimes they figure someone's health is much better than what it is and I was annoyed at the doctor because my husband was having kidney trouble, but I figured, men don't admit that they're sick, and he went very quickly. My rent was paid until January the 31st in my apartment - and all of a sudden, here I was here. Anyway, it's important, really important. I never dreamed of me being here all by myself. After

our daughter - she lived to be 6 and a half. She had Spinal Bifida. It cost a lot to have a child with a handicap. We knew a lot of people who had handicapped children because you have to work together. I think it is a wonderful idea to make plans and talk about it, but my husband retired and of course I was busier after he was retired because I would go this way and that way. But it is, I think it is very important to plan for retirement, if you can.

Although Gladys Devane discussed the issue of retirement planning as being important and beneficial, she also drew attention to the fact that one has to have the resources to do so. Essentially, she discusses retirement planning as being a nice idea, but it is not always realistic.

It is significant to note that almost all of the comments made by participants with regard to retirement planning relate, in one way or another, to the fact that life is unpredictable. For instance, it can be speculated in the case of others and is clear in the comment made by Gladys Devane that residing in a long term care facility in their later years was never expected or thoroughly planned. Overall, comments on the topic of finances reveal the importance of the core themes of happiness, acceptance and adjustment. As with accepting one's socioeconomic status, individuals do not place a lot of importance on retirement planning and do not mention such things as regretting not planning for retirement; rather they see it as important to adjust to what suits each individual best and to be accepting of that, which once again, helps one's sense of personal happiness.

Mainstream Images of Aging

In each interview, after participants discussed their perceptions of successful aging, I showed them two magazine advertisements that depicted older people. I was interested in gauging the extent to which participants relate to mainstream images of aging, and the extent to which they identified with the contemporary gerontological emphasis on the need to age successfully.

Responses to advertisement #1

The first advertisement shown was an advertisement for Becel Margarine (see Appendix

B). It depicted an older woman jogging. Essentially, it suggests that if an individual chooses to

use Becel as opposed to other margarine, he/she is on the right path in life and has "made the

choice to pursue a heart healthy lifestyle." This advertisement prompted substantial discussion

and lengthy reflections. Eighty percent of the participants felt that this advertisement did not

reflect reality and did not represent a typical experience of aging. The following comments

illustrate these sentiments:

> George Astrom: *This is a wonderful thing, but make-believe. I say oh yeah, that woman is very happy and looks like she has a good life but not always do people have a good life. She would probably have a few more wrinkles, stuff like that!*

> Ralph Kelly: *I guess if you're in good shape and stuff, this could be realistic but I think a lot of advertisements are a put on front - a bit, but not always, it depends what kind of shape you're in. In a sense too, it depends how old she is, we really don't know.*

> John Flynn: *No, I think it's phony. I've never seen anyone like her running like that in my life! No women have time to do that, they don't even have time to comb their hair* [laughs]. *Yeah, it looks good, but it's not practical, it's not . . . . . .it just doesn't happen, at least I don't see it happening. No, it's not typical.*

For his part, Edward Clarke chose to comment on the health aspects of eating margarine

versus butter. He said:

> *Becel has nothing to do with it* [laughs]*! Margarine was invented in the late '30s, I believe, as a substitute for butter which had become so expensive and margarine was so much more lower priced, but really as far as your health was concerned, it made no difference at all.*

I then asked him whether he thought the picture of the woman represents a typical

experience of aging, and he responded:

> *The picture of her, I would say, represents an average person that was aging, or what an average person should look like if they're aging right, but it does not show the typical situation.*

I then asked him whether he thinks it is a positive ad, and as part of his response he reiterated his concern with health. He also made it clear that he does not take mainstream injunctions too seriously. He said:

> *I think it is a positive ad. There is nothing wrong with accepting that it is just advertising – it's a medium. As far as your health is concerned, I don't think it makes much difference one way or the other, and I find a lot of that these days in magazines and also in the daily newspaper. We call it the "Comical Journal." Advertising all these pills and such. You just don't read too much into it or get caught up in it.*

When I showed the ad to Joan Hart, we had the following exchange:

T.F.: *Do you think that this is a positive ad?*

J.H.: *Oh definitely, definitely. Keep it up, keep it up, as long as you can!*

T.F.: *Do you think it represents a typical experience of aging?*

J.H: *Well, I guess it is more how they, advertisers, like to portray people. She's got to have it within her to do this, to want to do this, and we can't really tell that from looking at the picture. We don't know what she is really like. I don't see most people doing it.*

T.F.: *Do you think that the ad represents successful aging?*

J.H.: *Well, just by looking at her, yeah, yeah I do. It looks to me as if she's right with it and she's gonna do her thing. Who knows though, really.*

In these comments, Joan Hart indicated that she thinks the image is positive, but at the same time unrealistic. As well, in saying that the woman in the ad should "keep it up" as long as she can, she is indirectly reinforcing the point that, regardless of the fact that the woman runs, she should not count on always having this ability. Thus, her comments can be understood as speaking to the importance of adjustment as an important component of successful aging. Even more significant, however, is Joan Hart's expression of doubt regarding her ability to recognize successful aging just by looking at someone.

This expression of doubt was echoed by Gladys Devane in her comment on the ad:

Well, she looks quite happy, but uh, who knows, she could be very lonely. I enjoyed being a Legion member. It was always good company. But that is on the right path I guess [referring to the statement on the advertisement].

For his part, when Owen Kostenko considered the ad, he commented on the contemporary trend of running, saying, *"I think it's positive. Well, lots of people do it now. Before they'd never run. They just walked."* When I directly asked if he thinks the ad represents a typical experience of aging, he said, *"It's not really typical, like most still don't do it, but a lot of them do run. It's more common now."*

Beverley Fedorenko also commented on the current inclination towards people being physically active. She said:

I think it's good. I'll go walking with her! I think there are more people doing that sort of thing now than in the past. They had that racing at uh, just down the way. You should have seen all the ladies in it. So, I guess it's more typical if you're healthy, but not typical overall.

Overall then, while some participants mentioned that it may be a positive advertisement, they were also critical of the idea that to be a successful ager, one had to look like the woman portrayed in the advertisement and/or regularly engage in jogging. No one saw the advertisement as portraying a typical experience of aging. As well, participants explained that without being able to look beneath the surface or uncover the life of the woman portrayed, it was difficult to ascertain whether the image really reflected reality. Participants argued that they needed to know the woman or have an understanding of her life experiences before they could tell how valid the image was.

The participants' reflections related to this advertisement show that the participants do not uncritically accept the messages about successful aging that commonly circulate in mainstream society. Rather, the participants' views with regard to the advertisement illustrate

that they are more likely to think for themselves and have reactions that are based on their own lived experiences.

Responses to Advertisement #2

The second advertisement is an advertisement for Metamucil (see Appendix C), suggesting that Metamucil can be beneficial for problems with irregularity. The woman depicted in the advertisement has been presented in a comical fashion (with regard to her facial expression, clothing, glasses, and gesture) contributing to the satirical humour of the advertisement. In comparison to the other advertisement viewed by participants, this one prompted less discussion.

While participants did not feel that this was a positive advertisement or an advertisement that depicted successful aging, they did feel that it depicted a *circumstance* that was more typical than the first advertisement. However, although they felt it was more typical than the first advertisement, they did not feel that it represented a typical experience of aging generally. While participants described their reactions to the first advertisement by referring most often to the woman who was running rather than focusing on how they felt about Becel Margarine, in the second advertisement participants referred most often to the product, Metamucil, in their reactions (they were not focusing on the image of the woman when discussing whether it was realistic or typical).

For example, when I asked Edward Clarke what he thought about the ad, he said, *"Metamucil – that's what I'm supposed to take on my cereal every morning! In my case, the idea of taking it is to take care of your bowel problems."* Regarding whether he thought it represents a typical experience, he said:

> *No. To some people it means a lot. To others, it means nothing at all. It depends on the health of the person. The woman they show doesn't look like a typical woman. I guess*

they try to make it humorous because I guess bowels can be a humorous issue. They make it humorous because it's a sensitive or private thing.

Joan Hart, however, thought that the ad represented a typical experience of aging. She said:

> [laughs]. *That's hard to say. I would say the other one* [ad #1] *is a more positive ad. That's all right to be funny and "no problem" and laxidazy, that way* [describing the portrayal of the woman], *but really I think it is a problem for many people. It doesn't have to be a big problem, but more people relate to this. I think it's a more typical ad than the other.*

Although participants felt that this advertisement was more typical than the first advertisement, in general, most participants did not feel that the advertisement represented a realistic experience of aging. All of the participants declared that the image of the woman used for the advertisement did not represent a realistic image of an older individual, and instead they focused most of their attention on the product itself. Some participants noted that it was a product that they were familiar with because they used it. However, others did not know what the product was until they read the text of the advertisement. Thus, as Edward Clarke said, *"To some people, it means a lot. To others it means nothing at all."* If participants had had personal experience with the product, they were more likely to relate to the advertisement.

When participants did reflect on the image of the woman presented in this advertisement, they commented on the image of her as being more negative than the depiction of the woman in the first advertisement. Gladys Devane offered that the advertisement made the woman *"look silly"* [she did not say this in a lighthearted fashion – rather she said it in such a way as to suggest that she thought it was inappropriate or demeaning].

Other Views

Due to vision impairments, Irene Wright and Patricia Tomczyk were unable to comment on the advertisements, but they spoke about their feelings regarding advertisements concerning

aging that are heard on television or the radio. Irene Wright said:

> *I think there is far too much advertising and I think, uh, I guess I wonder how they can even pay for it sometimes because it's expensive and there must be an awful lot of money go that way.*

She added, in response to being asked if she thinks the ads she hears are realistic: *"Oh no, they goad ya - they get ya going and then you think, "oh, I could have that!""*

Patricia Tomczyk said:

> *Sometimes I hear ads, yes. There's all sorts of commercials telling you to go to Florida. Well, I've never been to Florida. . . . . .those ads aren't typical. All those ads telling ya, you should do this or that, well, all those ads can be kinda far fetched. Maybe for some rich people or stuff, they can do what they want to after they retire, but I don't know, it's not the usual.*

The comments offered by Irene Wright and Patricia Tomczyk illustrate that they feel that advertisers attempt to provoke individuals into thinking that what they are promoting is what one *should* have or *should* do. However, like the comments made by other participants after having viewed the advertisements I showed them, Irene Wright and Patricia Tomczyk clearly agree that such advertising is not realistic and does not usually portray a typical aging experience. Patricia Tomczyk reinforced this feeling as she stated that most messages delivered through the media are not really targeted towards the general public, but rather to a specific audience (e.g., those who can afford what is being "sold"). Thus, like the other participants' reflections, these two participants do not uncritically accept mainstream messages about aging, and instead, are more inclined to offer their own views based on personal experience. Once again, overall all of the reflections offered by the participants about the media's depiction of aging illustrate that the older people interviewed do not "buy into" what is being presented by the media, and instead base their sentiments about situations on relevant personal experiences.

Chapter Summary

Overall, looking at the ways in which the participants reflected on experiences of aging in this chapter shows that participants express a lack of concordance with mainstream ideas about successful aging, and instead, this chapter has helped to illustrate that their conceptualizations of successful aging are not influenced by dominant messages.

Rather than conceptualizing successful aging according to dominant messages, participants shed light on their personal experiences of aging as being integral to their conceptualization. This becomes evident, for instance, when participants discuss what they deem to be positive aspects of aging. Participants noted that their accumulation of lived experience was a very important aspect, enabling them to pass on useful information from their experience to younger generations. Through discussion of positive aspects of aging, the significance of two core themes identified in the previous chapter were highlighted, those being mental stimulation through a process of continual learning, and personal happiness through being happy about what they learned throughout life and being able to pass it on to others.

Participants also discussed negative aspects of aging and considered what they felt posed barriers to successful aging. Participants pointed out that experiencing loss, both of former abilities and of loved ones, served to be negative experiences of aging and acted as barriers to successful aging. However, it is significant to note that discussion concerning abilities was not limited to focusing on what individuals can no longer do, but participants also discussed what they *can* still do. This situation pointed to the core themes of adjustment and acceptance as individuals, rather than dwelling on the loss of former abilities, adjust to what they are able to do and come to be accepting of that. Similarly, in the case of losing loved ones, participants adjust to having loved ones pass away, and accept that it is part of life.

While dominant messages and much gerontological research suggest that maintaining and maximizing one's physical health is a crucial aspect of successful aging, in this chapter participants discussed the role of physical health in more general terms. They felt that physical health can play a contributing role for successful aging, but also discussed having good physical health as being important at any age, rather than just being a focus that coincides with the process of aging. Participants took a realistic angle toward physical health, expressing the view that one does not have to be free of physical health problems or be in top physical condition to be considered a successful ager. Instead, what is important is that individuals are able to maintain a sense of personal happiness regardless of the status of one's physical health.

Through discussion about the experience of aging with regard to one's income level and retirement planning, it emerged that participants devote little attention to the role of finances in their conceptualizations of successful aging. For instance, when participants were asked to consider whether the experience of aging was different for people with varying income levels, participants were hesitant to provide concrete answers and instead were only able to speculate about the experience of aging for those who had a different income level than themselves. This hesitancy revealed that one's income level is not a commonly thought about or large issue among the participants.

Similarly, retirement planning surfaced as being something that most participants did not do, and were not overly concerned about, and some participants either directly or indirectly made the point that life is unpredictable so planning is not always realistic. In addition to life being unpredictable, participants noted that retirement planning is not something that everyone can do because one needs the resources to do so. Overall, rather than spending time comparing themselves to others or feeling regret for not having planned for retirement, the significance of

three interrelated core themes emerged. Participants were more inclined to place importance on adjusting to their life circumstances, be accepting of their situation or position in life, which in turn, would aid in contributing to one's personal happiness.

The lack of importance that participants place on mainstream images of aging came across boldly after participants viewed the advertisements or discussed the media's depiction of aging. Participants shed light on the position that the media serve as a medium to produce certain images that do not always provide realistic depictions. Thus, participants were critical of mainstream images and rather than viewing such images as being typical or realistic, viewed them as being idealized, untypical, and unrealistic. Much like the emphasis on retirement planning, participants noted that a substantial amount of advertising with regard to aging is directed toward those who have an adequate income, which enables them to "buy into" what is being "sold." Similarly, previous to viewing the advertisements, some participants expressed distaste in the money-making role that advertisers play. Overall, it became clear that participants conceptualize successful aging along the lines of what is realistic to them according to their lived experiences.

Chapter Five: CONCLUSION

The topic of successful aging poses a challenge that is highly complex and subject to continuous individual and societal re-evaluation. Since there are no absolute answers, why do we bother to ask questions about successful aging? The answer is that we know much about what researchers deem to be successful aging, but we know little about what older people themselves think. As a result, perspectives regarding what it means to age successfully have been shaped in large part by traditional, scientific paradigms in gerontology that have a theoretical focus that is quite narrow, and reflect the dominant values of the researchers themselves. While some research agendas are employing research methods that seek to gain an understanding as to what constitutes successful aging according to the lay perspective, such research remains scant compared to that which imposes the role of achieving a "good old age" onto older people. An emic perspective provides a different kind of knowledge and understanding than can be gained through reliance on an etic perspective, and thus, it is an important perspective to include in research.

By interviewing older people themselves with the aim of discovering what the concept of successful aging means to them and what older people believe successful aging is, it is possible to gain a perspective that is grounded in lived experience. As Ryff (1989a) notes, "in reaching for the horizon of successful aging, the first-hand perceptions and experiences of those who have lived a long time may well lead the way" (p. 52). Accordingly, researchers who examine meanings of aging according to older people themselves, stress the importance of realizing that those with lived experience have valuable insight to offer in articulating such meanings (e.g., as in research conducted by Fisher, 1995, 1992, 1991; Fogg & Comendador, 2001; Ikels et al., 1995; Knight, 1999; Ryff, 1989a, 1989b). These researchers suggest that taking a qualitative

approach to such research enables the recognition that in determining what successful aging means, people dynamically integrate a wide range of experiences including values, life experiences, and cultural ideals.

With these issues in mind, the objective of this research project was to discover what the concept of successful aging means to specific older individuals. It involved discovering such meanings according to those who have been largely excluded from research – those with a low socioeconomic status and who reside in a long-term care facility. After conducting research in keeping with these objectives, various insights were gained about what constitutes successful aging that when analyzed, could be illuminated in a thematic manner. The following interconnected core themes emerged: 1) Mental Stimulation; 2) Personal Happiness; 3) Adjustment; and 4) Acceptance. Facilitating factors, such as support networks and social involvement, which were extremely interrelated with the core themes also emerged from the data collected. In attending to the comments of research participants, it is clear that they regard several interconnected elements as necessary to successful aging, and it is clear that the perceptions of each individual are rooted in their own personal experiences. This is an understanding of successful aging that can only arise from the use of an interpretive research methodology.

Regarding the interconnectedness of the themes, the linchpin seems to be the core theme of "personal happiness." This becomes apparent, for example, in cases where participants suggested that facilitating factors such as having support networks and being socially involved in a manner in which each individual desires can aid in the maintenance of (or in bolstering) one's sense of personal happiness. Or, from a different perspective, having a sense of personal happiness can help individuals adjust to and accept what they are confronted with in life. So,

just as a sense of personal happiness was identified as a cardinal aspect of successful aging which contributes to other identified components described by participants as being significant for successful aging, so too does having a sense of personal happiness involve a combination of other factors.

To illustrate that terms, concepts, and /or themes cannot be clearly defined and are extremely interrelated, Treanton (1963) discusses the term "adjustment" as an example. He argues that the term "adjustment," frequently utilized in gerontology, is somewhat confusing. He refers to the Darwinian school of thought, in which adjustment refers to "the process of meeting a threatening environment successfully" (p. 292). He also asserts that various research has identified adjustment with satisfaction or happiness (Treanton, 1963). For instance, with reference to their study, Havighurst and Albrecht (1953) state that "the terms *happiness* and *good adjustment* will be used interchangeably. . . . . ., even though they do not have exactly the same meanings" (p. 52). They provide justification for this rationale by contending that the personal adjustment of older people largely depends upon their present sense of happiness (Havighurst & Albrecht, 1953). Ultimately, Treanton (1963) asserts that although definitions may not coincide in detail, "they agree on at least one point: the study of adjustment bears on the individual's state of mind, inner feelings, and subjective psychological reactions" (p. 293-294). This piece of literature clearly corresponds to the views of the interview participants in my research project, in which the interconnectedness of personal happiness and adjustment, as well as the other core themes, was highlighted.

While the themes that emerged from my research project are highly interrelated with one another, when examining them in relation to past research it also becomes apparent that my findings coalesce with several other findings. However, when looking at the findings more

closely, it becomes apparent that often the *nature* of the common aspects that arose differs as a result of the selected sample. For instance, the theme of acceptance, which became a core theme in my research, is also highlighted in other qualitative research studies (Fisher, 1995; Knight, 1999; Neugarten et al., 1961; Ryff, 1989a, 1989b; Wong, 2000). Ryff (1989a) suggests that the theme of self-acceptance emerged as a key theme across different literature regarding positive functioning. She emphasizes that "whether one holds such a positive attitude toward oneself and one's life is a central criterion of well-being" (Ryff, 1989a, p. 41).

In another piece of literature, Ryff (1989b) claims that theories of successful aging have frequently underscored positive views of the self. This has become clear in the positive self-concept component of life satisfaction in research conducted by Neugarten, Havighurst, and Tobin (1961) as well as in Erikson's (1959) and Jung's (1933) emphasis on self-acceptance as a key characteristic of well-being. Such literature stresses acceptance as a defining feature of a well-adjusted individual as does the data collected from my interviews. Although the research described and my research intersect in finding acceptance to be a component for successful aging deemed important by our samples, the rationale, nature, and meaning behind why it emerged differs between samples. For my sample in particular, acceptance often arose as an important personal issue relating to the participants' experience of moving from living within the community to the drastic change of moving into the facility, where participants had to adapt to and accept sharing their personal space with others whom most often they had never met. Thus, it is evident that what came to constitute the theme in this research setting and with this particular research sample was grounded in the participants' own personal experience.

Although my research identifies components of successful aging similar to those identified in other research studies, it is evident that what emerged also diverges from past

research findings. For instance, while some medical model approaches contend that functional health constitutes the most important component with regard to successful aging, my research project identifies a more internal component as constituting the overarching theme – the concept of personal happiness as subjectively defined. Several researchers following positivist approaches prescribe components that they set up as indicators of successful aging, such as physical health, using them as markers to determine whether or not an individual qualifies as a successful ager (O'Rourke et al., 2000; Palmore, 1979; Roos & Havens, 1998; Rowe & Kahn, 1998). Significantly, while these researchers prescribe physical health and/or functional status as one of the primary components for successful aging, when the individuals in my research were asked themselves, the importance of this component was minimized. Instead, participants suggested that despite physical limitations or poor physical health, individuals still have the capacity to age successfully.

Other researchers using a qualitative approach have also found that the role of physical health is minimized in comparison to issues of personal meaning (Fisher, 1995; Fogg & Comendador, 2001; Knight, 1999; Ryff, 1989a, 1989b; Wong, 1989, 2000). For instance, Knight (1999) noted that her participants felt that:

> if an individual is in poor physical health they can still be found to be aging successfully if they have a positive attitidue, accept their limitations, adapt their lifestyle accordingly, and try as much as possible to be active in other ways (p. 85).

Once again, Knight's research (1999) is in contrast to much positivist research in which optimal physical health is considered to be a mandatory factor for successful aging. This is witnessed when she points out that one of the participants in her study who was frequently nominated by others as being a successful ager was actually the most functionally impaired individual in relation to the other individuals nominated. She used a walker and required

assistance with activities of daily living. Rather than physical health being the important factor with which to be nominated as a successful ager, those who nominated her focused upon her positive attitude and ability to adapt to her physical limitations (Knight, 1999).

Qualitative research can be helpful in shedding light on the subjective interpretation of concepts and can raise the awareness that concepts are not static. For example, while some researchers adhering to a positivist approach have identified happiness or life satisfaction as precursors to successful aging, the concept has frequently lost its richness in meaning as a result of having been used as an objective measure or category. For instance, Palmore (1979) utilized a rating scale to determine one's level of happiness. According to the "happiness" component, a person was defined as aging successfully if he/she had a happiness rating indicating generally or always happy, contented and unworried (Palmore, 1979). The happiness rating utilized ranged from 0 for "'unhappy, discontented, worried, fearful, frustrated' to 9 for 'very happy, exultant, great contentment'" (Palmore, 1979, p. 428). Using "happiness" as a measure to be examined quantitatively sets it up as a static and abstract phenomenon, as though it can be measured without attention to the context of the individual's understanding. It may therefore inaccurately represent an individual's socio-emotional state.

As participants in this research discussed the concept of "happiness," it became clear that there were some similarities in terms of how they understood the concept, but it is also clear that each participant had his or her own subjective understanding and that there were subtle differences in how each understood the concept. Thus, it would not be possible to create an objective definition of "happiness" that would capture how each participant relates to the concept. In this regard, Wong (2000) conducted a study from which he came to assert that positive personal meaning is the best predictor of happiness and perceived well-being. He

proposes that personal meaning is the hidden dimension of successful aging "because having a positive meaning and purpose in life will not only add years to one's life, but life to one's years" (Wong, 2000, p. 24).

Furthermore, happiness, as Diener (1984) notes, is subjective and resides within the experience of the individual. Notably absent from definitions of happiness are objective conditions such as health or wealth. Although such conditions may be seen as potential influences on happiness, they are not seen as an inherent and necessary part of it. This understanding of happiness is reflected in what the participants in my research had to say. More generally, the personal nature of what it means to age successfully surfaced. It became apparent that individuals view concepts within the context of their whole lives, and clearly, although individuals of the same cohort have witnessed some of the same changes within society, no two people have endured all of the same experiences. Thus, just as concepts like personal happiness are perceived differently by various individuals, so too is the concept of successful aging as individuals age in their own unique ways.

Previous qualitative research has defined positive attitude as the most important component of successful aging (Knight, 1999; Wong, 1989, 2000). For instance, similar to my interview participants' focus that one can be happy even if he/she has physical limitations, Wong (2000) asserted that "indeed, attitude matters a great deal. It is attitude more than action that ultimately determines whether a person ages well and dies well. . . . . .regardless of the extent of their physical limitations, people can always choose positive attitudes towards life" (p. 32). In short, his results highlight that "successful aging is 80 percent attitude, and 20 percent everything else" (Wong, 2000, p. 26).

Knight (1999) also found that the most significant overarching theme in her research was having a positive attitude, which can be broken down into the components of acceptance and adaptation or coping. Similarly, from my research, the most significant theme to emerge was having a sense of personal happiness, with acceptance and adjustment as equally important components. It is significant to consider that participants within my research did not use the term "attitude," but instead, talked more specifically about "acceptance" and "adjustment." In the case of my participants, focus upon the terms "acceptance" and "adjustment" is no doubt largely a result of their somewhat recent experience of undergoing a monumental life change upon moving from the community into the facility. Thus, where Knight's (1999) participants most often spoke of having to cope with and accept detriments to one's physical health and/or abilities, my research participants additionally discussed the situational change of having to change their place of residence. When looking beneath the surface, this again highlights the circumstance that what, and the way in which participants deem events important relates to the context of their own lives. Thus, although positive attitude and having a sense of personal happiness may have similar characteristics, they also have different qualities. Therefore, in order to not taint participants' perceptions, it is important to retain the terms that are used to describe meaningful concepts.

Knight (1999) characterizes acceptance and adaptation as components of attitude because she views them as highly interrelated and correlated. Her participants suggested that when individuals are in poor physical health, coping with their problems and coming to accept them can help them to remain positive and have a high level of life satisfaction. Likewise, her participants felt that those who have a positive attitude are most apt to be the individuals who cope effectively and accept limitations. Thus, there exist similarities between my research

findings and Knight's, in that our overarching themes were extremely interrelated to the themes of acceptance and adjustment (or adaptation/coping in the case of Knight's research). Specifically, in my research where one's capacity to accept and adjust to changes can be attributed to one's sense of personal happiness, while simultaneously enhancing one's sense of personal happiness, the same situation applies to Knight's research with regard to positive attitude. As she submitted:

> Attitude, acceptance and adaptation, thus, may impact on an individual's life concurrently, or in a series of ordered stages, which may vary from person to person and from situation to situation (Knight, 1999, p. 82).

Participants in my research thought that the media produce certain images of aging that do not always provide realistic depictions. Rather, the media portray images that present idealized versions of what a positive old age "should" be like or look like through imposing or prescribing what positive aging entails for older people. Often, choices are not presented, but guidelines are established that one "should" follow. In this way, the media perpetuate images of aging derived from gerontological research that does not consult the individuals being studied. The reflections of the interview participants can be seen as congruent with the views of several critical gerontologists who suggest that positivist research, along with wider society and consumer culture, often functions to tell older people what they ought to be doing in order to achieve a "good old age" without recognizing the voices of those who are actually experiencing old age (Andrews, 1999; Blaikie, 1999; Bytheway & Johnson, 1998; Cole, 1988, 1986; Ekerdt, 1986; Featherstone & Hepworth, 1991; Hepworth, 1995; Katz, 2000; Minkler, 1996; Tulle-Winton, 1999).

Finally, it is evident that themes that have emerged in previous research studies did not surface at all in mine. For instance, where it has been found in other studies that having financial

security is important for successful aging (e.g., Knight, 1999; Palmore, 1979; O'Rourke et al., 2000), the participants in my research project clearly did not express the same sentiment. This is also the case for retirement planning, which was not regarded as essential in my research, but that has been found to be important in other studies regarding successful aging. At the same time, differences between the findings of my research and previous research can be largely explained by differences in the characteristics of my participants versus participants in other studies. That is, most previous literature focuses on samples of well-to-do elders to the exclusion of those with a low socioeconomic status. Those with a higher socioeconomic status may deem aspects such as retirement planning to be necessary for successful aging because their life circumstances allow them the means to engage in retirement planning. This research with relatively affluent participants is not likely to capture understandings that are derived from having lived a less privileged life. This situation once again highlights the importance of doing qualitative research with different samples of individuals who live in diverse social contexts.

Differences in fundamental themes often seem to result from differences in methodological approaches. However, it is crucial to note that in addition to differing results due to incommensurable methodologies, emergent themes in various research studies also differ because of the simple, but important fact that they are focusing on individuals with different characteristics; that is, they use different samples.

Concluding Remarks

There is a substantial literature that operationalizes the concept of successful aging and provides specific criteria, detailing the paths individuals should follow in order to promote successful aging. Still, attempts are being made to come to further conceptual clarification of successful aging. "Gerontologists are still struggling with the necessary ingredients and

proportions needed to ensure a successful "recipe" in later life" (Fisher, 1995, p. 240). However, such work for the most part ignores the views and perceptions of older people themselves concerning the *meaning* of successful aging. In contrast to research that ignores the emic perspective, my research was designed to not only focus on capturing this perspective, but also to capture the views of those who are usually excluded from research on successful aging.

My research addressed the issue of exclusion by conducting exploratory research (following an interpretive approach which utilized qualitative, in-depth, face-to-face interviews) with ten individuals over the age of sixty-five with a low socioeconomic status, residing in a long-term care facility. This research sample did not conform to stereotypes about who is a successful ager. Indeed, were objective, popular definitions of successful aging to be applied, my research sample could be considered to be one comprised of "unsuccessful agers," due to residence in a long-term care facility and low socioeconomic status. In attending to the views of my participants, however, it is clear that they have different ideas about what it means to age successfully, and residents within a long term care facility certainly have the capacity to age successfully.

The interview participants comprising my sample, who can be considered "true experts" on aging, offered valuable insights regarding the concept of successful aging. With their perspectives in mind, we can deepen our appreciation of the personal meaning that must necessarily be attached to the concept of successful aging. Individuals understand themselves in the context of their *own* lives and their *whole* lives. Thus, there can be no "right path" discovered to age successfully unless it is the path designated by the individual who lives it.

Directions for Future Research

While the current research took a necessary step in addressing the meaning that a neglected group of individuals attach to the concept of successful aging, further research with similar goals would be beneficial. Thus, future research which addresses the limitations of the current research, and which can build on the current research would be valuable. Considering the limitations highlighted in chapter two of this thesis, future research might include conducting qualitative research with larger samples of individuals who reside in a variety of long term care facilities within different regions, who comprise a wider range of ethnicities, and who possess varying functional abilities.

In addition to constraints regarding the size and diversity of the sample used for the current research, time constraints also placed obstacles on the current research design, in that only one interview was conducted with each participant. Therefore, once again taking these limitations into consideration, in future, a larger study conducted over a longer period of time may allow researchers to conduct more than one interview with each participant, and/or engage in ethnographic observation. Furthermore, perhaps in the future, studies might involve exploring gendered differences in perceptions of successful aging. Overall, future qualitative research which builds on research of this nature will help to shed more light on the concept of successful aging according to the lived experiences of those who are in fact aging. Essentially, qualitative research which embraces and appreciates individual difference and diversity will generate interesting, meaningful, and valuable findings.

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Appendices

Appendix A: Interview Guide

Appendix B: Advertisement #1

Appendix C: Advertisement #2

Appendix D: Introductory Statement (for administrators)

Appendix E: Introductory Statement (for participants)

Appendix F: Consent Form

Appendix G: Demographic Sketches

Appendix A: Interview Guide

(The order of these questions may change depending upon how the interview is proceeding. Phrasing of questions may also change for further clarification and understanding).

- *What are positive things about aging?*

- *What are negative things about aging?*

- *What do you feel is important for successful aging?*

- *Describe someone you feel is aging successfully?*
  *(*Common Probe: *What kinds of things do they do to age successfully?)*

- *What is your advice for others who want to age successfully?*

- *What do you feel is a barrier to successful aging?*

- *How would you define successful aging?*

- *How do you feel about the role of family with regard to successful aging?*
- *How do you feel about the role of friends with regard to successful aging?*
- *How do you feel about the role of social involvement with regard to successful aging?*
- *How do you feel about the role of activity with regard to successful aging?*
- *How do you feel about the role of physical health with regard to successful aging?*
- *How do you feel about the role of work with regard to successful aging?*
- *How do you feel about the role of retirement planning with regard to successful aging?*
- *How do you feel about the role of attitude/personality with regard to successful aging?*

- *Do you think the experience of aging is different for middle-class people, lower-class people, etc.?*

- *Do you think where you live has an impact on how you age (e.g., Northern Ontario as opposed to Southern Ontario)?*

(Preceding the following questions, interview participants will view 2 advertisements selected from magazines).

- *How do you feel about these advertisements?*
  (Do you identify with these advertisements? How would you compare your situation with these advertisements?)

- *Which ad do you think represents a typical experience of aging? Which ad is positive, negative? Which one best represents successful aging?*

- *What is your impression of the media and its depiction of retirement, how to age successfully, problems of aging?*

Demographic Questions:

- *What languages do you speak?*

- *Where were you born?*

- *What is your ethnic background?*

- *Do you consider yourself to be middle class, lower class, etc.?*

Appendix B: Advertisement #1

MARION IRVINE IS ON THE RIGHT PATH.

*M*aking the choice to pursue a heart healthy lifestyle is important. Staying on that path is equally important.

Perhaps that's why so many choose Becel. It's low in saturated fat and non-hydrogenated (and therefore contains virtually no trans fat). No wonder more doctors and dietitians recommend Becel than any other margarine.

And to help you on the path to heart health, Becel is proud to support and make available the Heart and Stroke Foundation's booklet: "Heart Healthy Eating On the Go."
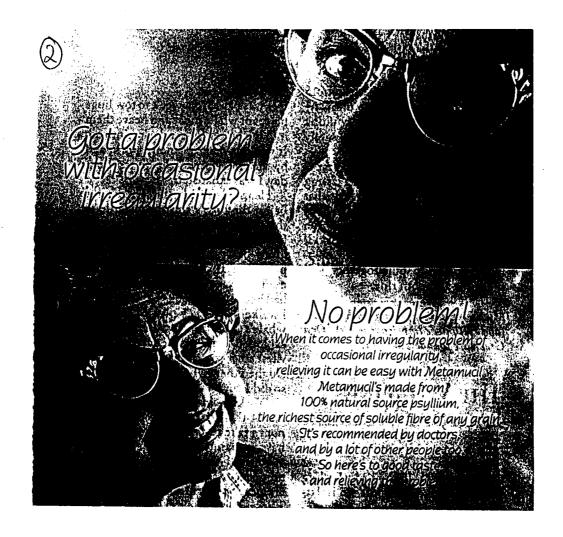
becel MARGARINE

takes your health to heart.

Please write to us for your free copy:
Becel Heart Health Information Bureau
PO Box 12073, Saint John, NB. E2L 3E7
www.becelcanada.com

Appendix C: Advertisement #2

Appendix D: Introductory Statement

Insider Perspectives on Successful Aging

Dear Facility Administrator(s):

I (Terri Fogg) am a Sociology/Gerontology Masters student at Lakehead University conducting research concerning the concept of successful aging and what it means to older individuals. Several studies have been conducted in which researchers construct their own definitions of successful aging and specify criteria which combines to make an individual a successful ager. However, little attention has been focused on older people's perceptions and authentic first person accounts. The purpose of this research is to gain a further understanding of how to conceptualize this concept according to the meanings that older individuals attach to it.

To accomplish the goal of gaining a better understanding of the concept of successful aging, with your permission I would like to invite residents in your facility to participate in an interview about what successful aging means to them. I will be asking them questions that allow them to answer freely and express their personal thoughts and feelings. The interview will last for approximately 1 hour and will be tape-recorded. The information gained through the interviews will be transcribed and analyzed for emerging key themes.

Although there is no risk of physical or psychological harm through this process, all volunteers have the right to withdraw at any time. All of the information provided will remain confidential and securely stored for a seven year period. However, if requested, the findings of this research project will be made available to participants when completed. I can be contacted at the number below to provide the findings.

Thank you for your time and cooperation.

Sincerely,

_____	_____
Terri Fogg	Facility Administrator
Graduate Student at Lakehead University	
Collaborative Masters Program in Sociology/Gerontology	
(807) 345-9351	

Appendix E: Introductory Statement

Insider Perspectives on Successful Aging

Dear Interviewee:

I (Terri Fogg) am conducting research concerning the concept of successful aging and what it means to older individuals. Several studies have been conducted in which researchers construct their own definitions of successful aging and specify criteria which combines to make an individual a successful ager. However, little attention has been focused on older people's perceptions and authentic first person accounts. The purpose of this research is to gain a further understanding of how to conceptualize this concept according to the meanings that older individuals attach to it.

To accomplish the goal of gaining a better understanding of the concept of successful aging, I would like to invite you to participate in an interview about what successful aging means to you. I will be asking you questions that allow you to answer freely and express your personal thoughts and feelings (there are no right or wrong answers; all answers are accepted and embraced). The interview will last for approximately 1 hour and will be tape-recorded. The information gained through your interview will be transcribed and analyzed for emerging key themes.

Although there is no risk of physical or psychological harm through this process, keep in mind that you are a volunteer and have the right to withdraw at any time. All of the information that you provide will remain confidential and securely stored for a seven year period. However, if requested, the findings of this research project will be made available to you when completed. I can be contacted at the number below to provide you with the findings.

Thank you for your time and cooperation. Your participation is greatly appreciated and will help enhance knowledge as to what successful aging means to older individuals.

Sincerely,

_____

Terri Fogg
Graduate Student at Lakehead University
Collaborative Masters Program in Sociology/Gerontology
(807) 345-9351

Appendix F: Consent Form

Insider Perspectives on Successful Aging

My signature on this form indicates that I agree to participate in a taped interview for the purpose of gaining a further understanding of what it means to age successfully. I understand that the interview will last for approximately 1 hour and that the information gathered will be transcribed and analyzed to discover key themes that may emerge from the interview.
As indicated in the introductory statement in which I received explanations about the nature of the study, its purpose, and procedures, I understand the following:

1. I will be asked questions regarding the concept of successful aging, in which I am free to answer as I choose and all of my answers will be accepted.

2. I am a volunteer and can withdraw from the study at any time.

3. Participating in this study does not present any physical or psychological harm.

4. All information I provide will remain confidential.

5. I will receive a summary of the study, upon request, following the completion of the study by utilizing the contact information provided below.

_____

Name of the Participant

_____   Date:_____

Signature of the Participant

Terri Fogg
Lakehead University Graduate Student
Masters Collaborative Sociology/Gerontology Program

33 Crown Street,
Thunder Bay, Ontario. L4C 1K4
Tel. # (807) 345-9351

Appendix G: Demographic Sketches of the Interview Participants

Within this research project, all participants are referred to with the use of pseudonyms to maintain each participant's anonymity.

George Astrom:
Age: 93 years old
Languages Spoken: English and Swedish
Place of Birth: Sweden
Ethnic Background: Swedish
Former Occupation: Paper and Lumber Mill Worker; Worked in the bush
Uses a walker; has Rheumatoid Arthritis
Length of Residency at the Facility: Approximately 4 months

Irene Wright:
Age: 94 years old
Languages Spoken: English
Place of Birth: Winnipeg, Manitoba
Ethnic Background: English
Former Occupation: Store Clerk
Uses a wheelchair; has Rheumatoid Arthritis; has a vision impairment (had eye implant surgery and has minimal vision)
Length of Residency at the Facility: Approximately 2 years

Ralph Kelly:
Age: 67 years old
Languages Spoken: English
Place of Birth: Thunder Bay, Ontario
Ethnic Background: Irish and English
Former Occupation: Worked in the Bush
Uses a walker; has Arthritis
Length of Residency at the Facility: Approximately 2 years

Patricia Tomczyk:
Age: 83 years old
Languages Spoken: English (used to speak Ukrainian as well)
Place of Birth: Ethelberg, Manitoba
Ethnic Background: Ukrainian
Former Occupation: Worked inside the Home
Uses a walker (unless she is in her own room); has blindness
Length of Residency at the Facility: Approximately 2 years

John Flynn:
Age: 66 years old
Languages Spoken: English
Place of Birth: Thunder Bay, Ontario

Ethnic Background: English
Former Occupation: Instructor at the local college; Mechanic
Length of Residency at the Facility: Approximately 1 year and a half

Joan Hart:
Age: 88 years old
Languages Spoken: English
Place of Birth: Thunder Bay, Ontario
Ethnic Background: English
Former Occupation: Worked inside the Home
Length of Residency at the Facility: Approximately 10 months

Edward Clarke:
Age: 95 years old
Languages Spoken: English
Place of Birth: England
Ethnic Background: English
Former Occupation: Shoe Store Manager
Uses a walker; has Arthritis
Length of Residency at the Facility: Approximately 1 year

Gladys Devane:
Age: 89 years old
Languages Spoken: English
Place of Birth: New Brunswick
Ethnic Background: Scottish
Former Occupation: Worked inside the Home; Volunteer (e.g., Youth Groups)
Uses a cane (occasionally uses a walker)
Length of Residency at the Facility: Approximately 4 months

Owen Kostenko:
Age: 83 years old
Languages Spoken: English and Ukrainian
Place of Birth: Thunder Bay, Ontario
Ethnic Background: Ukrainian
Former Occupation: Various Employment (mostly outdoors)
Length of residency at the Facility: Approximately 2 years

Beverley Fedorenko:
Age: 82 years old
Languages Spoken: English
Place of Birth: Thunder Bay, Ontario
Ethnic Background: Ukrainian
Former Occupation: Various Employment
Has Arthritis
Length of Residency at the Facility: Approximately 1 year and a half