What is Successful Aging?
A Field Study Showcasing An Elder Perspective

Hannah Diamond
Senior Thesis
Advisor: Professor Sarah Lamb
Brandeis University
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Abstract

Over the past several decades, gerontologists, policy makers, and public health officials have generated a notion of “successful aging” in an attempt to stipulate the factors that influence an elder’s ability to age well. Within existing research models, the elder voice is dominated by conflicting and ambiguous researcher driven conceptual models of successful aging. This study aimed to understand how elders themselves define successful aging. A layperson definition of successful aging was determined by interviewing fifteen elders of varying socioeconomic status. Respondents vocalized that participation in meaningful activities as well as possessing a positive attitude are critical components of a successfully aging individual. Respondents included acceptance of chronic illnesses within the definition of successful aging, as long as the illness did not hinder the individual’s ability to maintain their independence. Additional factors important to successful aging were highlighted within this work. Respondents determined an especially strong association between independence and successful aging. Additionally, respondents conveyed elevated levels of satisfaction to be associated with successful aging. Respondents conveyed a desire to have busy and active schedules. Finally, respondents revealed that limited income negatively impacts an individual’s health and overall well-being; however, respondents revealed that challenges associated with limited incomes could be compensated for with other successful aging criteria.
Chapter 1

Introduction

Evolution of the Study

I first developed the idea for this thesis study while taking Sarah Lamb’s Aging in Cross-Cultural Perspectives course at Brandeis University. Within the unit on successful aging, one of “hottest” topics within the field of gerontology, I was initially shocked by the amount of conflicting research on the subject. As I delved deeper into the subject, I witnessed, what I believed to be, enormous gaps in the existing knowledge; while gathering my initial research, I felt that the opinions of elders themselves were missing from the dominating research theories and conceptual models of successful aging. Specifically within my research on successful aging, I came across very little discussion on the association between socioeconomic status and successful aging. I couldn’t believe nor could I understand, why socioeconomic status hadn’t been vetted, much less given greater focus than the mere token study, within existing research.
It was this thought process that prompted me to design a research study, with the help of my thesis advisor Sarah Lamb, that aimed to showcase the voices of elders themselves and to explore the impact of socioeconomic status on aging. My goal within this thesis was to create a platform for the respondents within this study to voice their opinions on successful aging. When designing this study, I recruited elders of varying socioeconomic status, specifically high and low income groups, to shed light on the socioeconomic component of successful aging. I was interested in the following questions: What is the meaning of successful aging? What are components and characteristics of a successfully aging individual? How does socioeconomic status influence an individual’s ability to age successfully? What factors contribute to successful aging?

When I began this study, I was admittedly biased, and predicted socioeconomic status to have an enormous effect on one’s ability to age successfully. My research, in fact, conveyed the contrary. Although one of the main components of this study initially aimed to understand the influence of socioeconomic status on aging, a factor that I previously believed to have a colossal impact on one’s ability to age well, my respondents revealed that other factors, specifically an individual’s attitude, the type and frequency of activity, and the ideal of independence, to have a greater influence on an individual’s ability to age successfully than their income. Although this thesis includes discussion on socioeconomic status and its influence on aging, the main focus of this work aims to convey a layperson definition of successful aging, as defined by the respondents within this study, while providing
deeper discussion and analysis for components of successful aging that respondents deemed important.

**An Overview of Successful Aging Definitions**

Over the past several decades, gerontologists, policy makers, and public health officials have generated a notion of “successful aging” in an attempt to stipulate the factors that influence an elder’s ability to age well. Robert Havighurst introduced the term “successful aging” in the first issue of *The Gerontologist* in 1961 (Havighurst 1961). Although researchers have explored “meanings, models, measurements, interpretations, and implications for application” (Martin et al. 2012) associated with successful aging, a substantial amount of confusion and ambiguity continues to surround the term, stemming from differing and conflicting opinions on behalf of researchers concerning successful aging criteria. The very fact that the term includes the word “success” denotes the concept of achievement, an elitist notion that placates blame upon those who “fail” to meet the term’s criteria.

Three dominant fields of discourse attempt to define successful aging. The biomedical conceptual model, which most prominently displays research produced by physician John Rowe and psychologist Robert Khan, defines successful aging “largely in terms of optimism of life expectancy while minimizing physical and mental deterioration and disability” (Bowling and Dieppe 2005:1548). Psychosocial models of successful aging analyze the concept by evaluating the influence of psychological resources and social interactions on an individual’s level of satisfaction. Finally, layperson conceptual models encompass older persons’ definitions of successful aging.
Biomedical Model of Successful Aging

Rowe and Kahn are responsible for the prominent research within biomedical model on successful aging. Rowe and Kahn first popularized the term “successful aging” in their 1987 work entitled “Human Aging: Usual and Unsuccessful,” a piece which emphasized the necessary separation between physical and cognitive ailments associated with aging, and those caused by the environment. This article aims to establish a separation between “usual” and “successful aging.”

As defined by Rowe and Kahn, “usual aging” is a “normal decline in physical, social, and cognitive functioning with age, heightened by extrinsic factors” (Rowe and Kahn 1987: 143). The 1987 definition produced by Rowe and Kahn concluded that successfully aging individuals “demonstrate little or no loss in a constellation of physiologic functions” (143).

A major criticism of the 1987 definition produced by Rowe and Kahn is that most elders do not meet the successful aging criteria. Even when specific studies have expanded inclusion criteria produced by Rowe and Kahn to comprise minimal as opposed to no illness and disease, only 20% to 33% of the elders who participated in the various studies classified as aging successfully (Strawbridge 1996: 727).

In 1998, Rowe and Kahn expanded their definition to encompass more positive aspects of aging in their work entitled Successful Aging. The work was based on research produced from the MacArthur Study, the most well known and widely published biomedical study of successful aging (Bowling and Iliffe 2006: 617). Within “Successful Aging,” Rowe and Kahn define successful aging as the
ability to maintain three key behaviors or characteristics: “low risk of disease and disease-related disability, high mental and physical function; and active engagement with life” (1998: 38). The definition requires a combination of all three criteria to be labeled successful. The need to meet the three-faceted definition prevents many elders from qualifying as aging successfully.

The first set of criteria, low risk of disease-related disability, within Successful Aging, advocates for a preventative approach to aging. The work explains that although vulnerability to disease and disability is not entirely within an individual’s control, that “many illnesses and disabilities, especially the chronic diseases of old age, are preceded by signs of future problems” (Rowe and Kahn 1998: 41). The work advocates for modification of an individual’s behavior, making the claim that many chronic illnesses are dependent upon extrinsic factors, such as individualized behaviors and one’s environment, of which, Rowe and Khan claim, the individual maintains control. Their argument excludes the fact that differing environments foster differing health outcomes, caused, in part, by systemic barriers that contribute to resource inequities; these inequities influence an individual’s behaviors and consequently contribute to health disparities.

The second criteria, maintaining mental and physical function, makes the claim that “older people, like younger ones, want to be independent (Rowe and Kahn 1998: 42).” The work defines independence as “living in one’s own home, taking care of oneself, and carrying out the routines of daily life” (42). More specifically, Rowe and Kahn define activities of daily life as dressing, washing, housework, shopping, and meal preparation. The biomedical model claims that an
individual's independence is directly dependent upon their level of cognitive and physical function, and consequently associates high levels of cognitive and physical functioning with successful aging (43).

The third and final component of successful aging, as defined by Rowe and Kahn, is active engagement with life. Active engagement with life is defined as maintaining close relationships with others and involving oneself in productive activities. Rowe and Kahn believe that active engagement is important for an individual's overall well being, not only in old age, but also throughout the entirety of an individual's life course.

Rowe and Kahn define relationships using two criteria: socio-emotional and instrumental support. Within socio-emotional interactions, individuals express “affection, respect, and esteem” (Rowe and Kahn, 47) to one another, whereas providers of instrumental support offer direct assistance in the form of physical aid. Additionally, productive activities are defined as “all activities, paid or unpaid, that create goods or services of value” (47). Successful Aging summarizes this point, stating, “the task of successful aging is to discover and rediscover relationships and activities that provide closeness and meaningfulness” (51). The general acceptance of activity and its association to successful aging within the field of contemporary gerontology has been criticized by authors such as Stephen Katz, who makes the claim that nonstop activity can act as a substitution for personal growth later in life (2000: 136). An exploration of desired and appropriate activity level for seniors will be examined in a later chapter within this study.
Both definitions of successful aging produced by Rowe and Kahn stand as benchmarks for other successful aging models, and continue to be the most widely used models of successful aging (Bowling and Dieppe 2005: 1549). The biomedical model of successful aging produced by Rowe and Kahn is important because it challenges the inevitability of age-related ailments, and advocates for a preventative as opposed to reactive approach to aging. However, it is important to note that the prevention of all physical and mental impairments is unrealistic, and that a lack of acceptance of age-related ailments is missing from this model (Strawbridge and Wallhagen 2002). Critics argue that Rowe and Khan’s analysis of successful aging fails to actually acknowledge the aging process, supported by the fact that the McArthur study is criticized for only showcasing individual’s with few or no signs of age-related decline (McDaniel 2005).

Although Rowe and Kahn’s definition of successful aging is the most commonly used model, it is also a model with which many elders do not identify. Reports denote that although half of the elderly classify themselves as aging successfully according to their own definitions of successful aging, less than a fifth of those same elders would be categorized as “successful” by the criteria established by Rowe and Khan (Bowling and Dieppe 2005: 1549).

Additionally, Rowe and Khan’s model fails to acknowledge the societal implications that influence one’s environment, health, and sense of self. The assumption is made, on behalf of Rowe and Khan, that individuals are responsible for successful aging through their decisions. This assumption fails to acknowledge the existence of societal barriers that reduce an individual’s ability to access
resources needed to help them to age successfully. Within this model, “unsuccessful” aging is associated with bad habits. For example, it is assumed that if someone is not exercising, it is because they are choosing not to, rather than acknowledging their environment’s impact on their ability to do so (Rozanova 2010: 215).

**Psychosocial Models of Successful Aging**

Unlike the biomedical model and its emphasis on the absence of disease, psychosocial models of successful aging analyze the process of aging through people’s “life satisfaction, social participation and functioning, and psychological resources, including personal growth” (Bowling and Dieppe 2005: 1549). The psychosocial models of successful aging cover a broad range of topics, a few of which will be highlighted in the discussion below.

Satisfaction with one’s current circumstances, as well as their previous experiences, has been one of the most commonly proposed definitions of successful aging (Havinghurst and Albrecht 1963). Increased levels of satisfaction, a term defined as a cognitive evaluation of one’s life as a whole (Weist et al. 2012), have been associated with superior health outcomes (Collins 2009, Krause and Shaw 2000, Lyyra 2006, Xu and Roberts 2010). This thesis will explore satisfaction and its association with successful aging in a later chapter.

Psychological models of successful aging view aging as a lifelong process; the model advocates for development and growth throughout one’s life to cope with challenges associated with old age. In 1990, Paul Baltes and Margaret Baltes coined the phrase “selective optimization with compensation” (1990: 1) to describe a three-pronged psychological approach to successful aging; the first prong expresses
the importance of acceptance and perspective adjustment, while the second encourages the individual to engage in behaviors that produce optimized outcomes. Finally, the third prong advocates for modification of behavior to compensate for physical and cognitive changes (21-25). The selective optimization with compensation model, unlike the model produced by Rowe and Khan, acknowledges and accepts changes that accompany the aging process. By advocating for acceptance of aging and modification of behaviors in relation to one’s cognitive and physical abilities, this model provides tangible methods to address physical and psychological changes associated with aging.

An additional aspect of psychosocial models of successful aging aim to determine desired and beneficial amounts of activity for seniors. Within contemporary gerontology, the activity theory, which states that older adults will age successfully if they are active (Habighurst and Albrecht 1953), is the widely accepted conceptual model in successful aging (Katz 2000: 139). This acceptance of the activity theory is based upon studies such as the “Quality of Life Among the Oldest Old in Sweden Study,” which found that participation in activities has the ability to compensate for social and physical deficiencies. Results of the findings in this study were most strongly displayed amongst the most vulnerable elders, specifically the widowed, developmentally impaired, and those with limited family interactions (Silverstein 2002: 530).

In contrast to the activity theory, the disengagement theory, also included within psychosocial models of successful aging, emphasizes the importance and naturalness of being withdrawn and distanced in old age (Cumming and Henry
By distancing oneself from aspects of society, the disengagement theory argues that the individual is better prepared for death. These opposing theories illustrate one of many conflicting ideas within research surrounding successful aging.

Additionally, evaluation of social interactions and relationships with both individuals and society are main discussion points within psychosocial models of successful aging. Analysis within this model examines the effect of various types of social and societal support, the impact of support frequency, and effect of reciprocity on an individual’s aging (Bowling and Dieppe 2005: 1549).

**Layperson Definition**

Another major perspective on successful aging focuses on layperson perspectives. Layperson perspectives focus on older people’s definitions of what it means to age well. According to Bowling and Dieppe, layperson perspectives include an older person’s “mental, psychological, physical, and social health; functioning and resources; life satisfaction; having a sense of purpose; financial security; learning new things; accomplishments; physical appearance; productivity; contribution to life; sense of humor; and spirituality” (2005: 1549). Layperson perspectives are particularly interesting when compared to researcher driven models because they often convey insight that is otherwise excluded from the biomedical and psychosocial models. Within a study designed to compare researcher and lay person definitions of successful aging, 92% of the 205 respondents within the study classified themselves as aging successfully. However, only 15% of the respondents met criteria for absence of physical illness and only
28% reported absence of any limitation in basic physical activities (Tate et al. 2006). The enormous difference in percentage between the researcher vs. lay person driven definition of successful aging definition showcases the vast discrepancies that exist surrounding this subject.

Additionally, lay person definitions note differences within the elder demographic. Independent variables, for example, race, ethnicity, and social-cultural context, influence layperson definitions of successful aging. A study that analyzed successful aging by ethnic group, determined that Latinos and Latin Americans produced similar successful aging criteria to one another, and dissimilar responses to Anglo, Japanese, and Japanese-American study participants (Hilton 2002: 183).

When examining lay person definitions of successful aging, then, it is important to identify and recognize subcategories within the elder demographic. It would be an extreme disservice to assume that solely one definition of successful aging exists for all people within the elder demographic.

Lay definitions are especially important when developing policies and implementing programs aimed at improving successful aging. It is one thing to categorize an individual within a study; it is an entirely different thing to understand how and if that categorization is relevant to that individual (Bowling and Dieppe 2005: 1550).

**Socioeconomic Status and Successful Aging**
When conducting research for this study, I was struck by the limited amount of existing research that explores the association between successful aging and socioeconomic status. The following paragraphs provide what background information I was able to find within the limited amount of existing research.

A inadequate amount of research examines the effect of socioeconomic status on one’s ability to age successfully, and the research that does exist, like the previous research discussed, conflicts itself. Socioeconomic status is based upon three status criteria: economic, social, and work; economic status is measured by income, social status measured by level of education, and work status is measured by occupation (Adler 1994: 15).

Various studies have suggested a link between socioeconomic status and notions of successful aging. A 2010 study conducted on Taiwanese elders concluded economic stability to be essential for the well being of elders (Hsu 2010: 10-12). Another study determined socioeconomic status to be a critical determinant of good health (Ross, et al. 2008). Additional research displayed that less elders of lower socioeconomic status groups aged successfully in comparison to elders of higher income groups (McLaughlin, et al 2010).

Although studies have found financial problems to be associated with lower quality of life scores (Jakobsson 2004, Chou and Chi 2002), the satisfaction paradox, supported by research within the study entitled “Understanding Perceptions of Economic Status Among Centenarians,” acts in opposition to the previous commentary on the negative effect of low socioeconomic status on quality of life satisfaction. The satisfaction paradox “finds that older adults, despite low incomes,
are more financially satisfied than younger adults” (Garasky et al 2012: 378). This study conflicts with the previously discussed research; by suggesting a disconnect between income and level of satisfaction, a factor used within research to measure successful aging, this study conveys other factors potentially have greater influences on individual’s ability to age successfully than income.

**Methods**

Respondents qualified for this study if they were interested in discussing the topic. Although this study did not have an age requirement, recruiting sites aimed to target persons 65 and above. Study participants were recruited through a variety of channels. Flyers concerning study information and details were distributed throughout the Waltham community with the help of the Waltham Housing Authority, Waltham Police Department, Waltham Council on Aging, Congregate House, St. Mary’s Apartments, and Osher Lifelong Learning Institute at Brandeis (BOLLI). This study deliberately attempted to target members of varying socioeconomic statuses, and consequently recruited from organizations and housing communities that catered to differing income demographics.

The majority of the high-income respondents were recruited through the Osher Lifelong Learning Institute at Brandeis (BOLLI). BOLLI is a dynamic yearlong learning community that facilitates educational programs and activities for adults. BOLLI members pay an annual membership fee of $690 for a full membership pass. Low-income respondents were recruited through a variety of channels; all of the low-respondents live in one of three available subsidized housing facilities within
Waltham. These facilities are designed specifically for low-income seniors. One such facility, known as the Congregate House, provides both financial subsidies and case management support to help residents maintain their independence.

Participants voluntarily contacted the researcher after viewing the study’s recruitment flyers or upon hearing the researcher give an introductory speech about the study. Upon contacting the researcher via phone or email, the pair agreed upon a meeting time and location. Each study participant partook in one interview of approximately one hour in length, although many interviews ran longer. Interviews were conducted between 11/21/13 and 1/7/2014. Interview questions were semi-structured, containing a skeletal outline with specific questions, while providing room for further inquiry. Interviews were audio recorded with the permission of the participant, and later transcribed. If further inquiry was needed concerning a respondent’s interview, they were contacted via email for further information.

**Respondent Demographics**

A total of fifteen respondents participated in this study. The average age of the participants when interviews were conducted was 73.4 years; the youngest participant was 55 years of age, and the oldest was 89.5. Nine of those respondents were female and six were male. Eight of the respondents categorized themselves within a high-income bracket, while seven respondents categorized themselves within a low-income bracket.

**Limitations of Study**
Self-selection bias can occur within a study where people have control over their participation. Participants’ decisions to participate in this study may have been correlated with traits that affect this study. For example, the study’s voluntary participation potentially limited the pool of respondents to a more active population in favor of structure; respondents chose to contact the interviewer, schedule an interview, and give an hour of their time. Because, as the study will discuss, beneficial activity levels for seniors is a debated aspect of psychosocial models of successful aging, this voluntary participation potentially created a bias in favor of increased activity. Additionally, because participation was voluntary, respondents were potentially biased towards those with strong opinions and knowledge about successful aging.

Upon discovering that no monetary incentives were to be given in exchange for their participation, multiple respondents, all low-income, decided to no longer participate in this study. The fact that no monetary incentives were given to participants in this study potentially limited study participants to include those who were more financially stable.

Additionally, I noticed that it was difficult for respondents to admit negative aspects of their behavior or to categorize themselves as “unsuccessful.” This fact potentially biased respondents to categorize themselves as successful as opposed to unsuccessful in terms of aging.

Recall bias, defined as a systematic error that occurs in the process of recalling information, could have occurred within this study. Finally, the small
sample size of this study conveys opinions representative of solely the participants within this study; findings cannot be generalized.

**Brief Outline of Study**

Chapter 2 within this thesis comprises a layperson definition of successful aging as defined by respondents within this study. The subsequent chapters expand upon critical components of successful aging that respondents vocalized during their interviews. Specific discussion will examine the ideal of independence and its strong association with successful aging within Chapter 3. Chapter 4 explores respondents desire to keep active and busy schedules, while Chapter 5 conveys the association between higher levels of satisfaction with successful aging. Chapter 6 analyzes the impact of socioeconomic status on an individual’s ability to age successfully. Finally, Chapter 7 summarizes the arguments conveyed in this work.
Chapter 2

A Layperson Definition of Successful Aging

Background: Conflicting Information
A substantial amount of conflicting information exists between theoretical research perspectives and layperson definitions of successful aging. Much of the current research on this subject fails to adequately address beliefs and thoughts of elders themselves. To determine successful aging criteria, I wanted to conduct a study to understand how elders themselves define successful aging and aging well. It is my hope that by asking elders about successful aging criteria, that more applicable and effective policies and programs can be developed to help seniors age well.

In an attempt to analyze how interview respondents within this study define successful aging, I asked a series of three questions. First, respondents had to think of two people, living or dead, whom they would characterize as aging, or as having aged, “successfully”. Respondents were prompted to provide characteristics of said individuals, with the hope of determining what motivated respondents to place
them into the “successfully” aging category. The same format was used for the subsequent interview question; respondents were asked to vocalize two individuals, either living or dead, whom they would characterize as aging, or as having aged “unsuccessfully.” Finally, respondents were asked to categorize themselves as successful or unsuccessful in terms of aging.

This chapter will outline components of successful aging as defined by respondents within this study. When analyzing the data, consistent themes emerged surrounding the definition of successful aging; these themes, which characterize a successfully aging individual, include: participating in meaningful and socially just activities, possessing a positive attitude, and not having chronic diseases that infringe upon an individual’s ability to maintain their independence. The following chapter will analyze the successful aging themes that emerged throughout interviews conducted within this study.

**Maintaining Meaning**

The theme of the importance of having a meaningful purpose emerged as salient in my research. Edith and Jeremy, a humorous, sarcastic, and pleasantly sassy couple in their eighties, participated in this study together in a partner interview. Jeremy, an engineer by training, answered interview questions with practical and pragmatic responses, a nice compliment to his wife’s more literary mindset. Edith used her degrees in psychology and law to start a company that exported education software worldwide. Jeremy, after working in the field of engineering for many years, went to work for his wife, and together the couple grew
their company. The venture, which originally started as an excuse to travel, paradoxically limited the couple’s ability to explore because one of the two had to remain with the business to manage operations. Consequently, the couple’s passion for traveling was put on hold when they ran their business.

Retirement has provided Edith and Jeremy with the freedom to do what they couldn’t do earlier in life. Alleviated from the responsibility of having to operate a company, the couple is free to pursue their passions. Edith commented that both she and her husband “look forward to each day. It’s not like, oh my god, there’s nothing to do. There is always something to do.”

Edith is passionate about writing. In her free time, she is writing a book because it’s “interesting, it’s something to do, and I like it.” She explained that at this age, she doesn’t have the responsibility of raising three children or running a business.

Both Edith and Jeremy love to learn. Jeremy explained how taking classes at this point in his life is more fulfilling than when he went to school to become an engineer because he can pick his classes. He explained that he never got to pursue his academic interests outside of his major in college. “It [Osher Lifelong Learning Community at Brandeis (BOLLI)] gives you a chance to pursue the sorts of things that you might have been interested in while you were in school. I enjoy the knowledge. Trivia is fun. At least I think it’s fun.” Edith expanded upon Jeremy’s thoughts, excitedly commenting, “I love it. I can’t help it, I love it. There is a whole world out there and there is so much to know. You could keep studying until the end of your life, and you would still never know everything. So why not?”
Edith and Jeremy are excited by this phase of their lives. Their retirement has allowed them to pursue their passions of traveling and learning. This sense of purpose encourages them to stay optimistic and helps them to overcome many of the health issues that they have faced.

Another person who found great meaning in retirement was Abigail. Abigail’s teaching career was cut short due to mental illness. Her bipolar disorder, discovered at the age of nineteen, forced her to retire early because she “completely lost her charisma; her ability to stand up and be an actress.” This, in conjunction with a ten-year period of alcoholism, resulted in tension between herself and her loved ones, causing her a significant amount of sadness. Due to mental illness and substance abuse challenges, Abigail feels as though she missed out on significant periods of her life. When describing her current situation, living within a subsidized living facility in her seventies, she described that after being symptom free of mental illness for twenty years and sober for the last fifteen years, that she feels, “very much alive. I have reason to stay alive for a few more years.”

Abigail enjoys writing poems and books. She’s an avid reader; she subscribes to fifteen periodicals. She uses this time in her life to “keep up on the things that I wasn’t up on when I was sick.” This drive, motivated by missed opportunities, shapes Abigail’s opinions concerning lifestyle and activity choices. As stated by Abigail, “I think in general, when people are aging, if they don’t have a will to live, that that’s not good.” The “will” that Abigail referenced helped her to conquer her bipolar disorder and substance abuse issues, thus shaping her definition of successful aging to include having a reason or a purpose to conquer life’s challenges.
When providing characteristics of unsuccessful aging, interviewees frequently vocalized that the absence of purpose hindered an individual’s ability to age successfully. Aliza, whose life had been filled with sadness stemming from the loss of her husband and child, claimed “unsuccessful aging means giving up.” She continued to explain that if one were to give in to the challenges that accompany life, that one would fail to age successfully. Like the previous respondents, Aliza believes in having some sense of desire to motivate one throughout the process of aging.

Upon retirement, Henry decided to spend one day of each week volunteering. His volunteer work consists of counseling seniors on the intricacies of Medicare and Medicaid, providing them with the knowledge and tools they need to help fund their medical expenditures. Henry classified unsuccessful aging as “not doing anything very meaningful.”

As eloquently stated Fyodor Dostoyevsky, Russian novelist, journalist, and short story writer, “the mystery of human existence lies not in just staying alive, but in finding something to live for” (Dostoyevsky et al: 1990). The respondents within this study vocalized the importance of maintaining a sense of purpose throughout life; this meaning motivates the individual to challenge life’s struggles and to enjoy its opportunities.

**The Importance of Social Justice**

Multiple interviewees expressed the importance of pursuing social justice as a component of successful aging. The desire to give back to the community, to
contribute to the common good, represents a subcategory within the overarching umbrella idea of maintaining meaning as a key component of successful aging.

Eve spent her professional career developing policies and programs to create better educational systems for children with disabilities. Eve used her doctorate degree in special education to “make a difference in the way kids experience school.” One of Eve’s first comments within her interview was the simple statement that “successful aging is defined by making life better for people.” In her retirement, Eve continues to channel her abundant energy into others. In addition to volunteering her time to continue the educational initiatives she participated in while working, retirement has given Eve “time to spend time with other people in my family. We have three nieces. We don’t have children. Three months after I retired, my oldest niece had a baby. I wrote to my niece and I told her that I have time now that I’ve retired, and that if she needed anything I could help out. And she wrote back in 24 and said, “How fast can you get here?” And I went down within 24 hours and stayed with her for a week.” Eve’s actions in both her professional career and personal life display her dedication to bettering the lives of others.

Isaac has a passion for history. His interest in historical figures prompted him to utilize Jimmy Carter as an example of someone who is aging successfully. To explain his reasoning, Isaac highlighted Mr. Carter’s involvement in activities aimed at improving the community, specifically Habitat for Humanity. Isaac also touched upon Mr. Carter’s participation in programs throughout his retirement that have been aimed at furthering world peace initiatives. Although Isaac believed Carter to be a mediocre president, his charitable work during his retirement has, in Isaac’s
eyes, contributed to an elevated level of respect. Had it not been for Carter’s commitment to service during his retirement, Isaac would not have chosen Carter as an example of a successfully aging individual.

When categorizing himself, Isaac used a grading system, composed of letters, pluses, and minuses, to evaluate his aging process. Isaac lowered his self-determined marks due to his limited participation in volunteerism. He explained that he “would really like to volunteer, but I have not taken the initiative.” To fulfill his definition of successful aging, Isaac will have to carve time out of his schedule to give back to others.

Lauren, age 61, lives in a subsidized housing facility for low-income seniors. Within the housing facility, residents have individual rooms and share common spaces such as a living room, dining area, and rest rooms. Chores, such as garbage removal, are a communal responsibility. Of the twenty residents who live within the home, Lauren chose to name a resident who helps others within the house as an example of someone who is aging successfully. When describing said individual, Lauren stated, “I think he’s aging very well because he cares about other people. The key is to go outside of yourself and help other people. That keeps you young and with a purpose in life.” Lauren’s statement concurs with both Eve and Isaac; simply stated, giving back to one’s community is a characteristic of a successfully aging individual.

This theme supports one of John Rowe and Robert Khan’s successful aging criteria as outlined in their foundational text *Successful Aging*: active engagement with one’s community (1998: 45-47). This theme, commitment to community
service, is an example of many ways in which seniors interact with their community. Service benefits not only the benefactors of the service, but also the volunteers. Eve, who previously described her choice to assist her niece with her newborn baby, reflected on her decision; “It’s important. The relatives in my life were important to me and it’s really nice to be important to her.” In return for her service, Eve is forming a connection with her great niece and deepening her bond with her family.

**Attitude**

Another central theme in my interviewees’ reflections about successful aging concerned the notion of attitude. One’s attitude plays a significant role in the way in which an individual handles the process of aging. Research also denotes that positive emotions, which compose positive attitudes, contribute to life outcomes that include friendship development (Waugh and Fredrickson, 2006), higher incomes (Deiner et al. 2002), and better physical health (Doyle et al. 2006). Additional research denotes that people who feel positive emotions live longer (Collins et. al 2007).

Although research displays a correlation between positive emotion and overall health and well-being, the question remains, why is this so? Barbara Fredrickson, a professor of psychology at the University of North Carolina, developed the broaden-and-build theory to explain the correlation. Her research concludes that positive emotions broaden “people’s attention and thinking, enabling them to draw on higher-level connections and a wider-than usual range of percepts or ideas” (Fredrickson et. a; 2008: 2) This broadened thinking enables people to
expand and build upon their personal resources; “people with these resources are more likely to effectively meet life’s challenges and take advantage of its opportunities, becoming successful, healthy, and happy in the months and years to come” (2).

Creating a visualization of Fredrickson’s research, James Clear, a writer for the Huffington Post, explains a hypothetical encounter with a tiger. The initial emotion when one anticipates encountering a tiger is fear. This fear, a negative emotion, correlates into a specific action, which is to run. The negative emotion limits the individual’s ability to explore other possible reactions to this situation, narrowing the individual's mind and their ability to process other thoughts. Corey argues, that in that moment when the hypothetical you are face to face with the tiger, you have more options than to solely run away. You can “climb a tree, pick up a leaf, or grab a stick—but your brain ignores all of those options because they seem irrelevant when a tiger is standing in front of you” (Clear 2013). This metaphor is representative of the way individuals respond to life and its challenges; negative emotions shut off the individual from the outside world, limiting one’s resources and options.

Respondents stressed the importance of having a positive attitude to cope with life’s peaks and pitfalls. Interviewees vocalized that successfully aging individuals approach life and its many challenges, or more positively worded, opportunities, in a positive light--which in turn allows them to acknowledge the many options that are available to them in each situation.
When describing a person who has aged successfully, Eve cited one of her peers at the BOLLI. Through class interactions, Eve observed Nancy's optimistic approach to challenging situations. When approaching a situation, Eve summarizes Nancy's outlook, which is encompasses, “How do we make a success from this experience?” Within this statement, Nancy acknowledges a situation, evaluates what resources she has at her disposal, and makes a plan to combat said challenge. Nancy refuses to let a situation control her; she rejects limiting her options. Nancy’s positive attitude correlates into motivation, which in turn, encourages her to address challenges head on. Eve admires Nancy's positive outlook, and hopes to emulate the same attitude for herself throughout her aging process because she believes that it will help her to age successfully.

Like Eve, Aliza utilized someone she admired to exemplify a successfully aging individual. When describing her mentors, she cited aspects of their character, specifically the ways which they address challenging situations. Aliza hopes that by adopting similar behaviors as mentors she deems to be aging successfully, she too will age successfully. When distinguishing a mentor, she asks herself, “Is this person someone I can look up to? Are they someone I can learn from?” She explained that her mentors possess, what she believes to be, a comprehensive understanding of themselves and how their environment affects their moods and behaviors. She explained, “They know themselves inside and out. What makes them tick. They understand their mood swings. What caused their mood swings. What triggers they need to avoid.” Understanding how her environment affects her overall persona makes Aliza aware of her various options and resources, and forces her to be
selective in the people and activities that she pursues; which in turn allows her to consciously make healthy decisions.

Eve characterized her mother as unsuccessful in terms of aging due to her bad attitude. Eve described her mother’s outlook, explaining, “She got to a certain point in her life, that she decided that she wasn’t going to do anything. That she was going to find fault. The glass was always three quarters empty. She kept looking for physical ailments instead of looking for what was good. She kept looking for faults in people as opposed to taking joy in what’s good.” Like her mother, Eve’s brother-in-law adopted a similar negative mindset, limiting his perspective to focus solely on the negative. Reflecting on both her mother and brother-in-law, Eve explained that their negative attitudes brought her sadness because she felt their attitudes were responsible for holding them back. In her own words, she firmly stated that, “Just because you get old doesn’t mean that you don’t live up to your potential.” The negative mindset possessed by both Eve’s mother and brother-in-law limited their ability to appreciate the various options that were available to them, and fueled their pessimistic outlook.

Eve, who previously worked eighty hour work weeks furthering legislation and programming to better special education policies and programs, had for many years defined her potential in terms of work. She explained that she was not ready to retire: “I retired because the system told me that I would be making very little money if I didn’t retire. I shouldn’t be retired. I should still be working. I should still be making money. I should still be giving more of myself.” I interpreted the strength of Eve’s feelings about her mother and brother-in-law’s attitudes to be so
painful for her because, in her eyes, they chose to give up on their potential, while in Eve’s opinion, she was forced to retire before she was ready, which in turn, limited her ability to fuel her passions. Eve’s positive attitude, which allowed her to be open-minded to resources that are available to her, has allowed her to discover activities in her retirement that fill the void that was once her career.

Edith and Jeremy, like the previous respondents, characterized an unsuccessfully aging individual as possessing negativity. The couple agreed that Jeremy’s sister is unsuccessful in the aging because of her poor attitude. Describing her sister-in-law, Edith explained, “She does not make an effort to go out and do things. She complains a lot. And she’s unhappy. You don’t just stay in place and not move forward.” In this comment, Edith reflects upon the complacency that she sees in her sister-in-law, and her acceptance of the fact that her life is stagnant. Edith and Jeremy, like other individuals in this study who characterize themselves as aging successfully, are active participants in their lives and are aware that options beyond complacency exist at all of life’s stages, perhaps especially in old age.

Possessing a positive attitude is associated with successful aging criteria because it exposes the individual to options and resources that are available to aid them in the process of aging. The ability to view a challenge as an opportunity better prepares individuals to address aging.

An Exploration of Respondents’ Acceptance of Chronic Illness

Respondents also discussed the importance of maintaining a level of acceptance for various physiological changes that accompany the process of aging.
This acceptance, in the same vein as possessing a positive attitude, appears to aid individuals in their ability to address challenges. By accepting various changes associated with aging, the individual is more likely to be categorized as aging successfully. This optimistic outlook reduces the stress on the individual and their loved ones. It is important to note, that acceptance of various challenges exist to a certain point; respondents appear to be more accepting of conditions in which they believed to posses control, namely more minor physical ailments, as opposed to chronic illnesses that infringed upon their independence.

When asked to describe a successfully aging individual, Rachel commented, “Let’s start with my husband. He’s 82. He’s a clinical psychologist. He needs a lot of body maintenance. He’s a cancer survivor and a heart patient. He’s shrinking. He’s getting shorter. He’s getting skinnier. And he’s really getting much more wise.” Rachel acknowledged her husband’s physical ailments, and highlighted his high level of cognitive functioning. From Rachel’s description, it appears that she accepts that physical ailments are a part of aging, yet she is less accepting of changes that negatively impact cognitive functioning. Later in the interview, Rachel commented that her main goal for the future is to help her husband stay alive as long as possible.

Rachel’s acknowledgement of her husband’s physical condition allows her to formulate an action plan to safeguard her husband’s health; this acknowledgement will expose her husband to more resources and options than if the couple had remained in denial about his condition.

Although Rowe and Kahn did not include acceptance of chronic illnesses within their definition of successful aging, respondents vocalized acceptance of
specified chronic illnesses. Respondent’s casual and nonchalant discussion about symptoms associated with mild arthritis conveyed their acceptance of the illness. For example, Bill, who categorized himself as aging successfully, stated, “I have arthritis all over my body. But that’s just part of the aging process.” Jeremy also casually mentioned that he had had a double hip replacement due to severe arthritis. His relaxed tone conveyed that his condition was to be expected; his acceptance was potentially due to the fact that he remained in control of his health by electing to have surgery.

It is calculated that approximately one out of every five adults in the United States has arthritis, and that it is most common amongst adults over the age of 65 (Centers for Disease Control and Prevention). Although arthritis is not life threatening, it is the nation’s most common form of disability (Centers for Disease Control and Prevention.). The fact that arthritis has become almost commonplace, affecting nearly one fifth of all adults, could contribute to Bill and Jeremy’s acceptance of their conditions. The lack of stigma surrounding arthritis also makes it easier for both Bill and Jeremy to accept their conditions. The fact that arthritis is common, does not have an associated stigma, and does not hinder their ability to be independent, allows both men to accept arthritis as part of the process of aging.

Continuing to explain the status of his health, Jeremy described his diagnosis with Guillain-Barre Syndrome. “It’s an affliction of the central nervous system, running from your spine, to your legs, and all the way up through your neck and to your brain. They don’t know why it happens. And it paralyzes you. And it's progressive. At one point, I just didn’t feel right. They watch it as it moves up your
spinal column. It starts in your legs. The scary part is, as it moves up your spinal column, it hits your diaphragm, and its ruins your whole day.”

After a week and a half of being hospitalized, he was released and has since had a complete recovery. Jeremy did not include Guillain-Baree Syndrome, an illness that negatively hinders physical functioning, as a component of successful aging; however, now that his illness has cleared, it has given him the opportunity to pause and reflect upon the status of his health. He explained that although “Things could be better in terms of my health, they could also be a whole lot worse.” Jeremy acknowledges that he is 82 years old, and that physical ailments accompany the aging process. He chooses to remain optimistic, but at the same time, chooses not shy away from the fact that his body is experiencing changes.

**Lack of Acceptance for Chronic Illnesses that Cause Dependency**

The majority of the respondents who participated in this study have a chronic illness. Although chronic illnesses and degenerative diseases affect individuals regardless of age, one’s risk of having a chronic illness increases with age. Statistics denote that at least 80% of people over the age of 60 are living with one chronic illness and 50% of those individuals live with more than one chronic illness (Goulding 2013). Although chronic illness can negatively impact quality of life, poor health and functional limitations are not inevitable (Christ 2013: 8); however, chronic illnesses and degenerative diseases can impinge upon one’s health and level of functioning, and consequently limit one’s ability to conduct activities of daily living.
Effects of chronic illness exist on a spectrum, and correspondingly, so do people’s acceptance of said disease or illness. Although respondents expressed an acceptance of various physical ailments, the majority of the discussion surrounding successful aging and chronic illness focused on less serious ailments, such as arthritis, and their effect on the individual’s health. When a chronic illness negatively impacts a person’s health to the point that they become dependent upon another individual to manage activities of daily living, respondents categorize said individual with the chronic disease as unsuccessful in regards to aging. In contrast, when a chronic illness is considered manageable, and the affected individual seems to have power over their illness, respondents are more willing to classify the person with a chronic illness as aging successfully.

Isaac categorized his neighbor as unsuccessful because of his poor health. He explained, “I have a neighbor. MIT guy, engineer. He did really well [referring to career]. His hobby was mountain climbing from his youth. And now he’s in his 80s and he had a stroke. And he can hardly get around. That being said, he has a supportive wife and is reasonably fixed financially. These health things, they can be very depressing. That’s what so nice about Carter. He has his health. He must be about 90.” In this commentary, Isaac provides not only an example of someone who is aging unsuccessfully, but contrasts him to a successfully aging individual based upon health status. Isaac’s neighbor, having suffered from a stroke, is no longer independent, and relies on others for support. His stroke, which one can infer from Isaac’s commentary, limited his physical functioning and mobility to the point of dependency, motivated Isaac to categorize him as aging unsuccessfully.
Bill, who previously discussed acceptance of arthritis as part of the aging process, characterized a woman as aging unsuccessfully because her illness limited her ability to conduct activities of daily life. Bill lives in a subsidized living facility for low-income seniors; Bill explained, “there is a woman in the house who I’m good friends with. I’ve known her for five years. She’s a nice woman and would do anything for anybody. She has a hard time doing things. She seems to be in pain. She seems to be doing worse. She’s lost a lot weight.” Although Bill was one of the respondents who commented on the importance of “doing good” as a component of the successful aging process, this criteria appears to be secondary to one’s health. From Bill’s comments, one can infer that this woman’s physical ailments are infringing upon her daily activities, shown through apparent pain and increased weight loss, motivating Bill to classify her as unsuccessful.

Although a certain amount of ambiguity exists surrounding acceptance of chronic illnesses that manifest physiological impairments, respondents had very clear opinions concerning chronic illnesses that effect cognitive functioning; cognitive impairments are not accepted as components of successful aging.

Dementia is an umbrella term used to describe a wide range of symptoms that stem from cognitive decline severe enough to interfere with daily life. Alzheimer’s disease accounts for 60 to 80 percent of all dementia cases. It is important to note that Alzheimer’s disease is not a normal part of aging; however, the greatest risk factor is increasing age, and the majority of people with Alzheimer’s are over the age of 65. Symptoms from Alzheimer’s disease get progressively worse with time. Beginning symptoms for people with Alzheimer’s
disease includes mild memory loss; late stage symptoms include an inability to interact with one’s environment. Once symptoms develop, people with Alzheimer’s disease live an average of eight years, but survival ranges between four and twenty years. Alzheimer’s disease is the 6th leading cause of death in the United States (2014 Alzheimer’s Disease Facts and Figures).

Rose’s exposure to her brother’s dementia shaped her definition of unsuccessful aging. Rose commented on her acceptance and lack of acceptance of physical and cognitive impairments respectively. She explained, “I feel that you can overcome that [physical impairments] if you have the will and the personality to persevere. I think that when you start to lose your cognitive ability, that’s just something that you can’t control.” Rose’s opinions concerning cognitive disease stem from fear from lack of control. When reflecting upon her friends’ physical impairments, which required hip and knee replacements, Rose more optimistically commented, “You can get through that. There’s good at the end of that road.” The knowledge that her brother’s cognitive ability will continue to decline, “Takes a toll on me,” she explained. Like previous respondents, Rose classified an illness such as cancer as component of unsuccessful aging, but highlighted cognitive impairments because of her personal interaction with her brother.

To convey contrast to her brother, it was interesting to study Rose’s reasoning for classifying her husband as aging successfully. After mentioning that her husband had bad arthritis, Rose continued to comment, “his mind is great. We’re lucky he’s still sharp.” Although Rose expressed remorse concerning her husband’s bad arthritis, she feels more sadness because of her brother’s dementia.
Rose believes that her husband is in control of his arthritis; although it causes him pain, which limits his ability to be as active as he once was, it does not infringe upon his ability to be independent. Rose’s brother’s dementia, a condition that he has no control over, created the need for him to moved to an institutionalized living facility. His loss of independence, compounded with the fact that he has no control over progression of his illness, correlates into unsuccessful aging.

For Nancy, unsuccessful aging was immediately associated with cognitive decline. When asked to describe someone who was aging unsuccessfully, Nancy stated, without hesitation, “Somebody who has Alzheimer’s. To me that is a very regrettable way of aging.” Nancy defines successful aging in relation to how she herself hopes to age, which excludes cognitive decline. She currently defines her happiness by her ability to participate in analytical thought; along with other lasting effects, cognitive impairments would negatively impact Nancy’s ability to pursue the passions which bring her the highest level of satisfaction: learning and reading. Because her ability to analyze and scrutinize texts is of utmost importance, her views of cognitive decline are especially negative.

**Conclusion**

Themes surrounding successful aging criteria emerged throughout interviews, which when compiled in this chapter, help to formulate components of a successfully aging individual. Interviewees discussed the importance of maintaining a sense of meaning and purpose in old age. According to respondents, successfully aging individuals view this time in their lives as an opportune period to pursue
activities and passions that they previously could not participate in during earlier life stages. Additionally, respondents supported Fredrickson’s broaden-and-build theory of positivity, which argues that positive thinking exposes the individual to more options and resources, which in turn helps them to age well. Finally, respondents vocalized acceptance of chronic diseases that manifest physiological limitations as long as they do not prevent the individual from managing activities of daily living. In contrast, respondents have limited tolerance for chronic diseases that result in cognitive decline; respondents labeled individuals with chronic diseases that resulted in cognitive impairments as aging unsuccessfully.
Chapter 3

Exploration of Independence as a Vital Component of Successful Aging

Differing Cultural Perspectives on Independence

A central theme within Rowe and Kahn’s conceptualization of successful aging is representative of North American ideals of independence (Lamb 2014). Within their work entitled Successful Aging, Rowe and Khan state, as though it were fact, that “Old people, like younger ones, want to be independent (Rowe and Kahn 1998, 42). Additionally, they comment that the primary goal of elders is to “remain independent and to continue to take care of themselves. Similarly, when they were asked about their greatest worries, they stress the fear of becoming dependent on others” (Rowe and Kahn 1998, 25).

As anthropologist Sarah Lamb discusses within her work, “the North American cultural ideal of independence in adulthood and later in life is a strong one” (2014: 41). Lamb has conducted fieldwork in both the United States and India, and conveys the differing view regarding loss of independence within the two cultures;
while dependency is regarded as “inappropriate, demeaning or bleak” within the United States, Indians normalize reciprocity of care in old age (Lamb 2014: 45).

This chapter explores the strong association of independence with the concept of successful aging in the United States. Respondents within this study expressed independence to be a key, if not the most vital, component of the successful aging. Recalling discussion introduced in Chapter Two on lay definitions of successful aging, respondents defined an individual to be aging successfully based upon their ability to independently conduct tasks of daily living; chronic illness was accepted to the threshold of dependency. Discussion within this chapter aims to understand respondents’ justifications for placing such value on independence in relation to successful aging.

**The Meaning of Dependency: Translation into Respondents’ Lives**

Respondents within this study defined independence primarily as being able to conduct activities of daily living. Consequently, failure to be independent, dependency, requires assistance with said activities. Activities of daily living are defined through two sets of criteria; basic activities include bathing, dressing, eating, transferring, continence, and toileting, while instrumental activities include maintaining the home, managing finances and medications, shopping, transportation, and being able to use a telephone (Activities of Daily Living (ADLs)).

Nancy spoke firsthand about losing her independence because of an illness. A few years prior to her interview, doctors found a progressive tumor in Nancy’s brain. Doctors told Nancy that her tumor would cause her to loose function in the
left side of her body and that she would ultimately become paralyzed. At the time when she decided to have the surgery, her “left arm was not usable. My left hand was not usable. I was ready to die. I did not enjoy life.” Due to her condition, Nancy could no longer drive. She relied on, what she referred to as a “rolling thing,” a walker, to get around. As the tumor grew, her health declined further. In a short period of time, Nancy’s entire life had changed; prior to her tumor, she had lived an independent and active lifestyle, and after her diagnosis, she became dependent on others for assistance.

When describing the value of independence, she responded with, “One thing that I hate is to ask people for favors. Once you give up some of your independence, you are no longer in charge of your own life. My independence is very important.” Nancy’s illness forced her to modify her lifestyle. She was required to give up many of her commitments, including a book club, social work group, and her role as the editor of two journals.

Nancy’s tumor made her dependent upon others to manage activities of daily living. To make her more comfortable with her dependency, she employed one of her grandchildren to aid her with transportation and household tasks. The fact that money was exchanged between Nancy and her granddaughter made Nancy more comfortable with the arrangement. She explained, “I made it a job. I paid her for the services and such. I didn’t mind as much.”

Over two years ago, Nancy elected to have the surgery to have her tumor removed. Since the surgery, she recovered use of her left side and has regained complete independence. She keeps a busy schedule, although not as full as before
she became ill. This experience, she claims, has given her “a second change to be old. I am now having the kind of old age that I would have hoped for.”

Nancy’s satisfaction with her lifestyle was determined by her ability to maintain her independence. Nancy despised losing control of her health because not only did it limit the amount of activities she could participate in, but because it required her to be dependent on someone else to assist her with activities of daily living. It should be noted that this was something that she was extremely uncomfortable with, and was only able to justify, by paying the individual providing aid.

To Rose, loss of independence correlated with losing her ability to drive. She explained, “The thought if I couldn’t drive... what would I do? It would change my life so dramatically. I don’t know what I would do. If I could afford to, I would probably hire a driver. People don’t do that. They become more reclusive. I wouldn’t be someone who would ask for help. I’m so use to being the helper.” Rose lives in a suburb with limited public transportation; the ability to drive allows Rose to be connected to her community. If she were to lose her license, her world would radically change. Instead of being able to drive herself to her activities, she would become dependent on someone else to drive her. Rose, a mother of three, and an active participant in giving back to her community, is accustomed to helping others as opposed to receiving supportive services. If Rose were to lose her independence, it would change the way she views herself and defines her role within her both family and society.
Isaac utilized a story about the death of his friend’s father to convey his views on independence. In his own words, Isaac explained, “One afternoon he [his friend’s father] didn’t feel good, so he drove himself to the hospital and he died in his car. What a nice way to go. For him. Not for his family because they weren’t prepared. But he never lost his independence.” From the hint of envy in Isaac’s comment, one can infer that independence is a desirable trait for Isaac. In an ideal situation, Isaac would age without losing his independence. However, the rational thinking that helped Isaac to be successful in his consulting career tells him that the probability of his ideal situation occurring is relatively low. Isaac continued to explain, “Eventually, you are going to be less independent, and need more of a support network. And when you get physically disabled, you are going to need health services.” Isaac’s comments denote a level of acceptance for increased assistance and support due to reduced independence. However, it is potentially easier to discuss loss of independence when it exists in solely a theoretical realm.

**The Impact of Housing on Independence**

For Edith and Jeremy, independence is synonymous with being able to live within their home. When one begins to lose their independence, a plethora of options are available to help individuals accomplish two main objectives; services either focus on keeping the individual within their home, or provisions are available in the form of alternative residencies to help assist individuals as they become increasingly dependent.
Edith vocalized negative sentiments towards assisted living facilities, and explained how the concept of a facility conflicts with their goals for themselves as they age. Speaking on behalf of herself and her husband, Edith explained, “We are not moving. We don’t like these retirement communities. We visited some and people walk around with name badges. And I think of the Stepford wives. They do everything in lockstep. At 10:00 they do this, and then at 11:00 they do that. There’s a lot of structure. No no.” Within Edith’s comment, she highlighted her dislike for the high level of structure within the residences she visited. Edith wants to maintain a sense of control over her own activities, and in her opinion, believes that within an institutionalized setting, that she and her husband would become coupled into the institution’s agenda. It is important to note that neither Edith and nor her husband are currently in need of services to help them maintain their independence. However, the couple believes their current home to be too large for the two of them, and is looking to downsize to a different location.

Expanding upon that comment, no one who was interviewed for this study lives in an institutionalized care setting. Reasons for this include hesitation on behalf of the three facilities contacted, as well as ethical debates surrounding conducting interviews with residents of decreased cognitive ability. This is not to make the generalization that all residents within institutionalized or assisted living facilities have cognitive impairments, rather that the majority of residents within the specific facilities contacted have some form of dementia.

However, individuals who participated in this study do live in subsidized low income housing, which provide a range of social services. Lauren lives in a
subsidized housing facility where the residents are managed by a care coordinator. The care coordinator assists residents by connecting them to the resources they need within the community. She commented, “I think living here allows me to be independent. When I was living with my sister and law I was dependent on her.” The provisions of services, in this case financial support and care management services, allows Lauren to be independent. However, unlike Edith and Jeremy, Lauren is constrained by her limited finances, and does not have the luxury of choosing just any residency. Lauren lives on $1000 a month, an amount which limits her choice of residence to subsided housing facilities; for Lauren, the cost of rent is the utmost concern when it comes to housing as opposed to service provisions.

Another respondent defined independence in regards of having a sense of autonomy. Doug lives in the same subsidized living community as Lauren, and like Lauren, believes that the facility allows him to maintain his independence. Doug spent a significant portion of his life in the military where he was forced to follow orders. At his current phase in life, he wishes to be in control as much as he can; although his finances limit his place of residence as well as his travels, Doug reasserts his control by living his life in the way that he sees fit, unbiased by others opinions. Doug explained, “I need independence. I don’t need people to tell me how I should live their way. Or some organization that people in a certain age bracket should live one way. Independence, you need it.”
Admitting One’s Dependence

It was very difficult for respondents to admit their dependency on another person or a social service agency. When discussing independence, Rachel was the only respondent to recognize her dependence on someone or something else; in her case, she is dependent upon husband for financial and social support. Rachel is not alone in her dependency. Based upon my observations, all but two of the respondents within this section are dependent on either a facility or a significant other for support. Rachel explained, “I place a lot of value on independence. But I’m dependent. I’m dependent on him [her husband] for income. But I don’t need him to tell me what to do or what to think. I think independently. And I worry about his health, and what would happen to me. I would like to be more financially independent.” The question arises as to why respondents failed to recognize, or chose not to express, their dependency. Perhaps the negative North American societal sentiments towards dependency influenced this emission. It is also possible that respondents were not aware of their dependency, and did not consider the emotional and financial support provided by a spouse or social service agency to be included within the definition of dependency.

Rachel’s comments raise into question the definition of independence. Based upon respondents within this study, independence is defined primarily by cognitive and physical functioning that does not require assistance to conduct activities of daily living. Although the respondents within this study rely on others for social and financial support, this dependency is not associated with the same stigma that accompanies loss of independence due to decreased functioning.
Conclusion

Respondents expressed further support for the deeply rooted North American value of independence. Although engrained throughout all aspects of American society, perhaps one of the most evident places to view the impact of independence is within the family structure. The values embedded within the extended family structure in India as opposed to the nuclear family system in America, translates into differing attitudes towards older persons. In India, it is expected that in the same way children are cared for during their youth that elders are cared for by their children in old age. It is both an expectation and an honor to care for one’s parents in old age; failure to do so is considered shameful. Additionally, accepting care is welcomed as opposed to discouraged. Why, within our society, is it glorified to care for children but not parents? Why is it considered shameful to receive assistance in old age?

It is important to understand the enormous value that elders place on independence because it places increased importance on social services that help elders to maintain their independence. The findings within this study demonstrate increased and continued support for social service agencies that provide elders with the resources they need to maintain their independence throughout the aging process.
Chapter 4

Activity Level: The Desire to Be Busy

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Preexisting Data on Activity Level

The appropriate level of activity to promote for seniors is a highly contested issue within the field of gerontology, and specifically within literature on successful aging. The mere fact that successful aging is often termed “active aging,” emphasizes the perceived value of activity in successful aging discourse (Lamb 2014). Stephen Katz criticizes this association in contemporary gerontology, as he believes that the field has unquestioningly and uncritically pushed the idea that “activity” and “busy-ness” are ultimate goods. It has been argued that this topic is highlighted in research because “activity expands the social terrain upon which gerontologists and related professionals who work with the elderly can intervene while addressing the problematization of adjustment from multiple vantage points” (Katz 2000: 139).

The dominant vantage point supported by gerontologists is the activity theory, which implicitly equates functionality with busyness (Katz 2000).
Developed in the 1950s, the activity theory highlights the importance of activity in order to healthily adjust to old age, and supports the belief that idleness, as opposed to aging, accelerates illness and decline (Havighurst and Albrecht 1953). In some ways an opposite model, the disengagement theory, which was first introduced in 1961 by Cumming and Henry, states that “aging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to (Cumming and Henry 1961: 227). Discussion of the disengagement theory within the gerontological field has been condemned for advocating that disengagement from lifelong activities could have advantages for health and well-being (Katz 2000: 138). This discomfort perhaps stems from the fact that culturally, the United States continues to remain uncomfortable with declines or changes in old age. The disengagement theory proposes a method that both acknowledges and addresses physiological and cognitive changes and declines that are associated with aging, while the activity theory implicitly denies said changes, and attempts to keep as much as possible the same.

After reviewing the literature on and debates about the notion of the value of “activity” and “busy-ness” within successful aging, I was interested in how the respondents in this study perceive the value of activity. I found that the majority of respondents in this study, in keeping with current trends and ideologies in gerontology, did espouse the value of activity. This chapter explores respondents’ opinions concerning their desired level of activity.
**Respondent’s Desired Activity Level**

The majority of respondents within this study have busy schedules. Perhaps this tendency potentially stems from the self-selecting nature of this study. Respondents voluntarily participated in this study, an activity, which in turn, produced a bias in favor of more structured schedules.

Bill values scheduling and participating in activities because they distract him from the “bad things in life.” Bill vocalized that his low income limits his choice of activity. Speaking more objectively about low socioeconomic individuals, he explained, “People don’t have money to go out and enjoy themselves. That can make a person depressed. They want to go out and do something, but they don’t have the money to do it.” He then related the situation to himself, explaining how he is often forced to choose between paying for his prescriptions and “being able to go out and do things. It gets you so angry and frustrated.” Bill attempts to keep his mind busy with free activities, such as volunteering and completing Sudoku puzzles in the daily newspaper. These activities keep his mind stimulated and allow him to remain in a positive mindset. Lauren, who also lives in the group home, discussed her involvement with low cost activities such as reading the newspaper, watching television, and interacting with other house residents. Although Lauren appeared satisfied with her activity choice, it was apparent from Bill’s tone and comments that he wishes that his income did not limit his choice of activity.

Nancy schedules nearly every minute of her day. She explained, “It’s quite tightly scheduled. I go food shopping. I have class at 10:40, and then I go swimming. BOLLI has a speaker three times a week, but today is music. And I’m not into music.”
I might go swimming instead of going to the music session. I think it might be enough time. I try to swim at least forty minutes. And then there is a session after that [at BOLLI] that I will go to. 6:00 to 7:30 I listen to the news. And then sometimes, if I have time, I go to bed by 10:00 and take a video along. And watch it in bed. Which I like. A DVD.” During her interview, Nancy sadly explained that for a period of time, she was forced to eliminate various activities due to the poor status of her health. Her illness, which she has since recovered from, limited her mobility and consequently her ability to transport herself to and from activities. Now that Nancy is in good health again, she participates in a multitude of activities because they bring her joy and because she has the ability to do so.

Like Nancy, Rachel also keeps a very busy schedule. She commented, “I do a lot. It’s not on purpose [that is, in order simply to be busy for its own sake]. It’s because I’m intensely curious.” Expanding upon her statement, she further explained her need to fuel her inquisitiveness, and explained that she felt there were always three or four things that she could be doing at any given time. Rachel and Nancy’s desires to keep to busy schedules resonate with activity theories of aging.

Will, who lives in a different subsidized living facility, discussed how his residence affects his activity level. He explained, “There are days at a time that I don’t even want to take a shower and leave this place. It’s easy just to stay here and watch television. I have lost some of my urgency and the ability to get up and out.” The negative tone that is associated with Will’s decision to stay within his home as opposed to venturing out of the apartment denotes that he wishes he was more active and involved in the community, and desires a more active lifestyle.
When asked about his desired level of activity, Stuart responded, “I like to be busy every day of the week.” Upon this answer, I prompted him to describe his definition of a busy schedule. Stuart explained, “I don’t like to be stressed, time tables, things like that. I like to be busy at my pace.” It pleases Stuart to have a portion of his day scheduled, but not to the extent of the previous respondents. Stuart does not place pressure on himself to create a structured schedule, and prefers to participate in activities, such as volunteer work, that provide meaning and purpose, but do not create stress.

Researchers have classified activities into various groups and categories to aid service providers in the assessment process to determine proper resource allocation for the individual in need of services. Although Eve did not divide her activities in regards to service provisions, she grouped her activities by choice. Eve explained, “I like the variety. It’s probably one third discretionary activities (making sure we walk, and go shopping), one third structured intellectual activities, one third total free time to do whatever I feel like.” The first category, discretionary activities, focuses on aiding Eve in maintaining her physical health; this allows her to set aside time to be conscious of her food ingestion and level of exercise. The second category focuses on maintaining her cognitive health; this category encompasses her intellectual pursuits and includes her participation in the BOLLI program. The first two categories, which focus on maintaining physical and cognitive health, bring Eve pleasure while also helping to prepare her body for future physiological changes. Finally, the third category provides her with the freedom to pursue activities that do not fit within the previous two categories.
Ignatius Nascher, the American physician who coined the term geriatrics, categorized activities into similar groups as Eve; however, his commentary ranked activity by type: physical, cognitive, or social. Within his work entitled *Geriatrics: The Disease of Old Age and Their Treatment, including Physiological Old Age, Home and Institutional Care, and Medico-Legal Relations,* he states, “A walk though an unfamiliar forest path will not alone give physical exercise, but will stimulate the brain and cause continual mental exhilaration. Nothing, however, equals a few hours of fishing when fishing is good” (Nascher: 1914: 492). Nascher’s comment is representative of changes within societal priorities over the last one hundred years, showcasing the increased value that has been placed on activity. Unlike Nascher, who ranked relaxation and free time above other activities, Eve expressed equal admiration for activities within all three groups.

Although she enjoys having a busy schedule, Rachel also commented on the importance of taking a day to “relax and do nothing” so that she can sustain her busy lifestyle. She referenced Winnie the Pooh to convey her emotions on the subject, summarizing a conversation between Pooh and Christopher Robin with the question: “Christopher Robin, will you come back and do nothing with me?” Rachel explained that she loves doing “nothing,” because “that’s the definition of creativity.” Rachel’s comment support’s Katz’ criticism of contemporary gerontology and the movement’s blind acceptance of the activity theory.

Edith, like Rachel, enjoys having both a structured schedule and free time. She explained her thoughts about participating in Osher Lifelong Learning Institute (BOLLI), which follows a semester schedule; “When classes are over, I relish that
free time. When its not structured. You can do whatever you want to do. Come September, I get all structured again. We like being structured, but when it's over, we really like not being structured.” It appears that having a structured semester during the school year makes Edith more appreciative of her free time. The opposite also appears to be true; the free time that Edith has during the break period allows her to appreciate the structured schedule during the semester.

Edith’s husband however, was one of the few respondents to express his distaste for structured activities and an active lifestyle. His response appeared to be reflective of the amount of structure that he had maintained throughout his life, explaining, “I don’t like structure at all. A lot of things I like to be randomized. I like to wing it. I look at things this way. We have taken these trips. I have found that I don't like to plan. There are some people that like to plan every bit, every day. Maybe I just like disorganization.” Edith and Jeremy have spent extensive time traveling. In preparation for their travels, the couple would plan where they would be on the first day of their trip, as well as their location for their last day of travel; the middle portion of their trip was left unplanned, and was decided upon while they were traveling. Jeremy applies the mindset that he uses while traveling to determine his currently level of activity. In Jeremy's case, his desired level of activity is the same as the amount of activity he had during previous life stages.

Contradicting Jeremy’s strategy, Abigail desires to tailor her activities to address her current health needs. She explained, “I have to accept the fact that I’m slowing down. I was pushing myself too hard, and I was having memory problems. [After slowing down] in the last couple of months have been so much better. I am
able to concentrate better.” Abigail allows her body’s needs to dictate her activity level. This process requires her to first acknowledge changes within her body. She then attempts to identify the cause of said changes; finally, she responds with a course of action, which in her case, is a decreased level of activity.

**Conclusion**

The majority of respondents within this study provided further support for contemporary gerontology’s endorsement of the activity theory. Respondents expressed their desire to keep a busy schedule. Although they desire busy schedules, however, respondents also expressed the importance of incorporating rest and relaxation within their routines. Although the majority of respondents desired to be busy, appropriate busyness was internalized differently by each respondent. The fact that elders overwhelmingly, within this study as well within dominant research, desire active lifestyles, showcases the need for continued support and development of activity-oriented programs and services that cater specifically to the senior community, in addition to making sure that existing activities and programs address the needs and desires of elders.
Chapter 5

Life Satisfaction: Integrity vs. Despair

An Examination of Psychosocial Models of Successful Aging

Life satisfaction is commonly regarded as an important feature of successful aging by scholars concentrating on psychosocial models of successful aging (Havighurst and Albrecht 1963). Life satisfaction can be clinically defined as a cognitive evaluation of one’s life as a whole (Weist et al. 2012). When prompted by interviewees to clarify the meaning of life satisfaction, I equated the term with an evaluation of one’s overall happiness. Some influential research studies convey life satisfaction in old age to be an indicator of successful aging (e.g., Baltes and Baltes, 1990). Studies aimed at indentifying factors contributing to increased longevity denote that centenarian participants reported high levels of life satisfaction despite having limited resources and declines in physical and cognitive health (Heckhausen 1997, Mroczek et al. 2005). Respondents within this study associated higher levels of satisfaction with superior health outcomes; this association supports preexisting
research that established a correlation between higher levels of satisfaction with decreased rates of mortality and morbidity (Collins 2009, Krause and Shaw 2000, Lyyra 2006, Xu and Roberts 2010).

This chapter will evaluate the influence of life satisfaction on aging among this study’s research subjects. Discussion is grouped by level of satisfaction into three categories: feelings of dissatisfaction, feelings of satisfaction with room for improvement, and highest levels of satisfaction. Respondents’ comments support Erik Erikson’s model of aging and stages of life theory, which provides a framework for analysis of the aging process. Erikson’s theory claims that an individual develops their personality throughout a series of eight, hierarchal stages. Within each stage, the individual is faced with a crisis, which they either resolve or fail to resolve; failure to resolve the crisis inhibits further development of the individual’s personality (Erikson 1982).

Within the final life stage of Erikson’s theory, the individual faces a crisis known as integrity vs. despair. This final stage is a reflective period in which success is determined by feelings of satisfaction and contentment from previous life accomplishments. Integrity results from a positive resolution of the final life crisis, which transcends into wisdom and further development of the individual’s personality. Despair results from a failure to resolve one’s final life crisis. Individuals who fail to resolve their final life stage crisis are filled with feelings of regret and wasted opportunities; these feelings manifests themselves in fear of death, and consequently result in depressive emotions and feelings of dissatisfaction (Erikson 1982).
Within this study, respondents rated their current level of satisfaction using a sliding scale from one to ten; the number one represented the least amount of satisfaction, while ten represented the highest level of potential satisfaction. When averaged together, respondents produced a life satisfaction numerical value of eight point four. When answering interview questions, respondent Isaac decided to use a school grading system to evaluate his own successful aging; I found this analogy to be useful, and also decided to analyze various components of successful aging, specifically the calculated average of life satisfaction for participants in this study, using a school grading system. The average of 8.4, equivalent to 84%, would translate into a low to mid range B on the grading scale. This average, although not within the desired A range, represents a passing grade. Because the number is higher than that of the required C, in conjunction with the justifications provided by the respondents, it appears that the individuals within this study have fairly high levels of satisfaction; this high average supports the respondent's previously self-proclaimed categorizations of their own successful aging.

When analyzing satisfaction levels, I thought it was more important to focus on the respondent’s justifications for their numerical values as opposed to the quantity itself. I decided to focus on the explanation as opposed to the number because the number appeared to be arbitrary; the same number was used by respondents to convey two different justifications, while the opposite was also true. Therefore, I decided that it was more beneficial to analyze the data by grouping the transcripts based upon justification as opposed to numerical value.
It is important to study satisfaction levels when discussing psychosocial conceptual models of successful aging because, if one follows the logic produced in previous research studies, when dissatisfaction levels decrease, longevity increases (Collins 2009, Krause and Shaw 2000, Lyyra 2006, Xu and Roberts 2010). If causes of dissatisfaction can be identified, the potential exists for development of methods to reduce feelings of dissatisfaction amongst elders. Following the same logic, identification of factors that contribute to feelings of satisfaction creates the potential to help more seniors achieve increased feelings of satisfaction.

**Dissatisfaction in Old Age Caused by Feelings of Regret**

Multiple respondents explained that they felt dissatisfied with their current situations due to feelings of regret from earlier life events. As explained by Stuart, “To me, successful aging means being satisfied and happy. You can’t be completely happy when you have unhappiness in the past. Those things that should have been done in the past affect you your whole life. To me, in order to be happy while aging, you have to be happy while getting there. I don’t mean happy every day, you have to be fulfilled. In order to be fulfilled after sixty five, you have to be fulfilled leading up to sixty five.” Stuart’s current level of satisfaction is dependent upon his evaluation of previous stages in his life. Stuart has not yet come to terms with the outcome of various previous life experiences; those feelings of dissatisfaction haunt Stuart, and prevent him from maintaining happiness in the current moment. Erikson would consider Stuart to be aging unsuccessfully because he fosters feelings of dissatisfaction from earlier stages in his life.
Like Stuart, Bill, who rated his level of satisfaction with a six and a half, expressed that his low level of satisfaction was caused by dissatisfaction with previous life experiences. Bill explained that he was bullied a lot as a kid. To this day, Bill continues to harbor negative feelings about being bullied during his childhood, and believes that those feelings would dissipate if he had an opportunity to confront those who bullied him. The chance of Bill meeting those who bullied him are slim, yet he allows their actions to reduce his overall level of satisfaction.

In addition to being bullied, Bill expressed feeling dissatisfied with his life’s accomplishments. He stated, “I never really accomplished too much in my life cause I worked all my life and I didn’t really do too much.” After graduating high school, he went to work right away in the warehouse industry doing hard labor. After working for a series of different companies, he stopped to take care of his dying mother. Following his mother’s death, he found that he could no longer afford his rent and, looking for alternative living arrangements, found his current subsidized housing residence. Bill’s current dissatisfaction, caused by feelings of regret over missed opportunities, prevents him from achieving satisfaction in his current stage of life. Erikson would classify Bill as unsuccessful in his current phase of aging because he is dissatisfied with his previous accomplishments and harbors feelings of regret from his previous experiences.

Doug, who rated his numerical satisfaction as an eight, advocated for acceptance of life’s challenges. He stated, “There are problems and times and that you think that could be overcome. And it’s never overcome. Accept the fact. You are dissatisfied sometimes.” Instead of becoming upset about the situation, Doug
accepts that various circumstances in his life can cause him to become agitated; through experience, Doug has found that it is better to acknowledge those circumstance and accept them, rather than become increasingly angry. I like this approach to a certain extent; acceptance is potentially positive to the threshold of complacency. Doug has lived in his subsidized group home for over twenty years. One could argue that his somewhat pessimistic attitude, which translated into an overall acceptance of his financial constraints and living situation, prevented him from searching for other options to increase his overall level of happiness.

Jeremy expressed that his current level of satisfaction is decreased due to uncertainty with his future. Although he appeared to be happy throughout his interview, he explained that currently, he is unable to reach his highest level of satisfaction, because he has yet to prepare for future components of the aging process. Jeremy explained, “There are things that I would like to have the answer today that I don’t have the answer to.” Jeremy commented that his uneasiness stems from uncertainty surrounding living situations for both himself and his partner. He acknowledges that their current residence is too big for the two of them to manage, but that his thought process falters when he asked himself the next “ugly” question as he called it, which is “Downsize to where? What makes sense? Do we want to stay in this area? Do we want to move somewhere warmer? Until we can define what we want really do, there are things hanging fire that I don’t like.” Because Jeremy does not have the answer to this question, and questions like this one, his current level of satisfaction is lowered.
To summarize, interviewees supported Erikson’s theory of the psychological stages of aging by stating that feelings of current dissatisfaction were caused by regret over previous stages in life. Additionally, levels of satisfaction were reduced due to uncertainty concerning unanswered questions associated with difficult and challenging aspects of the aging process, such as planning for circumstances that are unpredictable and potentially beyond the individual’s control. Respondents of both high and low socioeconomic statuses expressed lower levels of satisfaction, and did not cite economic constraints as a justification for their dissatisfaction.

Room for Improvement: Advocating for Positivity and Optimism

The next group of respondents expressed higher levels of satisfaction than the previous group. Within their responses, interviews expressed feelings of gratitude for their current situations, while simultaneously vocalizing that their overall satisfaction levels could be improved. This group of respondents voiced the importance of positivity and optimism in order to improve satisfaction levels.

Although Rose believes that total satisfaction is a concept that exists merely within a fantasy realm, she is happy with her current situation. She explained, “There is no such thing as no problems. Ten would be living in ‘lala’ land. I would say eight or nine. You have responsibilities. I think I’m pretty lucky.” Within this statement, Rose acknowledges challenging aspects of life, such as her brother’s dementia, but simultaneously expresses satisfaction with the life that she has created for herself. Unlike previous respondents, who lowered their satisfaction
levels because of challenging aspects they had not yet come to terms with, Rose accepts those challenges and chooses to maintain a more positive perspective.

Supporting the earlier discussion on the importance of maintaining a positive attitude, Aliza expressed feelings of optimism when discussing her satisfaction level, stating, "In spite of my monetary valley of nothing, and the wish-for’s, I rate my satisfaction level as a nine because I have pluses in all the non-materialistic places and minuses that will be turned into pluses as I continue my journey in personal development and a lot of hard work!" Within her comments, Aliza acknowledges that although she has a limited income, it is her attitude that contributes to her high level of satisfaction. Her comments denote recognition and appreciation for the aspects of her life that bring her happiness, while simultaneously acknowledging that she has the ability to improve upon the various aspects of her life in which she is not satisfied. Aliza wants to continue to develop various aspects of her life in order to feel more satisfied with her life’s accomplishments, which in turn will reduce her feelings of regret, and help her to age successfully.

Meredith also supports possessing a positive attitude to circumnavigate the challenges accompanied with having limited financial means. She explained that she is satisfied “As long as I’m fighting for what I need. I don’t think there’s anything wrong with not having anything. I can try for it or fight for it. Or I can decide that I don’t want it.” It is critical, as Meredith stated, that an individual can advocate for themselves in order to access local, state, and federal resources to help them to navigate the aging process. These resources will help Meredith to maintain her
independence and dignity throughout the aging process, and are especially important for an individual who cannot otherwise afford the resources.

When discussing overall levels of satisfaction, Nancy compared her current level of satisfaction with the previous satisfaction that she felt when she was ill. At the peak of Nancy’s illness, when her limited mobility made her dependent on another for assistance with activities of daily living and transportation, she claimed that her overall level of satisfaction would have been a three, at best. Since electing to have surgery to remove her brain tumor, and having since recovered for a year, she currently rates her life satisfaction at a nine. She explained, “It shows the role that health plays in one’s life, actually at any age.” For Nancy, her level of satisfaction revolves around her health, which directly impacts her ability to maintain her independence; as previously discussed, independence is a key component of successful aging.

Analysis of Respondents with the Highest Satisfaction Levels

The final group of individuals expressed very high levels of satisfaction. Eve explained, “Life is good. There are exciting things to do. I’m blessed with the opportunity to be able to do that. How much more fun can you get? I have had a great time. I have been able to participate in making significant changes in a big field. I live in a wonderful place. I’m blessed with the ability to make cognitive choices, financially make my choices. Its just wonderful.” Although Eve was forced to retire early, she is satisfied with the work that she contributed to her field, and does not let her misgivings about her early retirement influence her current level of
satisfaction. Additionally, her financial security affords her with the ability to pursue the activities of her choosing, such as volunteer work and taking care of her grandniece. Her good physical and mental health, financial security, and feelings of accomplishment from her career, contribute to Eve’s high level of overall satisfaction, and consequently her success in terms of aging.

Rachel’s comments were overwhelmingly positive when she spoke about life satisfaction. She stated, without hesitation, that her current level of satisfaction is a ten. She recited, “It’s the best I’ve been in my life. It’s fun to be here. I am everything I ever thought I wouldn’t have.” Rachel expressed her satisfaction with her children’s’ successes, the outcome of her marriage, her stable financial status, and the feeling of fulfillment she receives from her activities and achievements.

Respondents of both high and low socioeconomic status expressed feeling varying levels of overall satisfaction. Further evaluation of income specifically and its impact on successful aging will be discussed in subsequent chapter.

It is important to note that because the majority of the respondents within this study declared themselves, on the whole, to be aging successfully, most of the respondents within this study do not possess the characteristics of an individual who is aging “unsuccessfully” as defined by their self produced definition of successful aging (Chapter 2). Therefore, because the majority of respondents within this study do not have cognitive and physical impairments severe enough to reduce their independence, a variable that is closely aligned with increased satisfaction, it is expected that respondent’s overall satisfaction levels would yield a higher average.
Conclusion

Based upon their justification for said numerical value, respondent’s explanations were grouped into three categories. The first group conveyed lower levels of satisfaction. The cause of the respondent’s decreased satisfaction stems from feelings of regret concerning previous life events; these sentiments support Erikson’s theory of the psychological stages of development, which claims that an individual’s current dissatisfaction stems from experienced regret from previous stages in life. Respondent’s dissatisfaction, according to Erikson, results in feelings of despair, which then manifests itself into depressive symptoms. Additional feelings of dissatisfaction were caused by uncertainty surrounding the respondents’ future life events.

The second group of respondents expressed higher levels of satisfaction than the previous group, while simultaneously expressing room for improvement. This group conveyed the importance of possessing a positive attitude, especially when navigating the aging process on a low income. Finally, the third group expressed extremely high levels of satisfaction. This group achieved high levels of current satisfaction because they associated positive sentiments towards their previous and current life stages, which in turn allowed them to develop a sense of integrity, which determined success, as defined by Erikson’s psychosocial theory of aging.
The Impact of Socioeconomic Status on Health Outcomes

A limited amount of research currently exists that examines the effect of socioeconomic status on one’s ability to achieve successful aging (Adler 1994: 15). Research on socioeconomic status has established an association between higher levels of socioeconomic status and positive health outcomes (Galabardes and Smith 2007: 21). Socioeconomic status is commonly conceptualized as the social standing or class of an individual or group, and is measured through education, income, and occupation.

Research conveys an association between increased income and better health outcomes (e.g., Galabardes and Smith 2007, Mclaughlin et al. 2010: 9). One of the few studies to analyze a connection between socioeconomic status and successful aging, entitled “Prevalence and Factors Associated With Successful Aging in Older Adulthood: A 10 Year Population Based Study,” examined maintenance of positive aging by following a cohort of 2432 Canadian older adults over the course
of a 10-year period (Kaplan et al. 2008). This study found an association between income and thriving, which the study defined as an absence of disease in old age (Kaplan et al. 2008: 1097).

An additional study analyzed specific demographic factors and their effect on successful aging. The study, entitled “Successful Aging in the United States: Prevalence Estimates from a National Sample of Older Adults,” displayed an increase in successfully aging individuals with higher levels of education, income, and wealth (Mclaughlin et al. 2010). In this study, “successful aging” is defined as using John Rowe and Robert Kahn’s definition: “avoidance of disease and disability, maintenance of high physical and cognitive function, and sustained engagement in social and productive activities” (1998: 449).

The graph below conveys research findings of a study that examined the influence of participant’s demographics, specifically education, wealth, and income, on their ability to age successfully, as defined by Rowe and Kahn. Income is a direct measure of material resources, while wealth quantifies the value of income and additional physical and financial assets, such as housing, cars, investments, inheritance, and pension rights (Mclaughlin et al. 2010: 9). The findings in the graph below convey that as income, wealth, and level of education increase, the number of successfully aging individuals also increases.
Research findings also frequently convey that education leads to better health outcomes. Within *Education, Social Status, and Health*, researchers state, “Education is a root cause of good health. Education gives people the resources to control and shape their own lives in a way that protects and fosters their health” (Mirowsky et al. 2003: 25). Education enables individuals to develop habits, skills, and behaviors that help them achieve a better sense of control. This control enables individuals to establish health-promoting behaviors that contribute to a healthy lifestyle (26).

Occupation is the source of one’s income. An association between occupation and health is, in part, based upon the material resources afforded to an individual.

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**Prevalence of Successful Aging by Demographic Criteria and Year**

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*Successful aging was defined in accordance with Rowe and Kahn’s definition
based upon their occupational income. Some argue that income is not a clear indicator of one's health; rather, health is impacted by the way in which an individual spends their allotted income in relation to health promoting behaviors. Additionally, employment has a direct effect on healthcare access, opportunities for continued education, and place of residence (Galabardes et al. and Smith 2007).

This chapter will focus on the influence of socioeconomic on one’s ability to age successfully; discussion will specifically focus on the impact of income on successful aging. Income, as previously stated, is generally a direct measure of material resources. When conducting preliminary research for this study, I found that socioeconomic status was rarely included within studies on successful aging. Despite the fact that I searched for and found a few research studies trying to link socioeconomic status with degrees of “successful aging,” I was left with the general feeling that socioeconomic status was underrepresented in existing research studies.

In conclusion, a tremendous amount of conflicting material exists to define successful aging; additional conflicting research describes the term’s association with socioeconomic status. In general, I was struck by the relative dearth of attention to socioeconomic status in the successful aging literature.

My Health: Science, and Society major at Brandeis has encouraged me to analyze health through a holistic lens. I was particularly interested in conducting a study that analyzed the effect of socioeconomic status on one’s ability to age successfully because I thought it was an area of research that deserved focus yet had received very little research attention. When I began this study, it was in part to fuel my own curiosity; I was curious as to whether socioeconomic status impacts an
elder’s ability to age well. My initial hypothesis was that socioeconomic status would have an enormous impact on one’s ability to age successfully. The respondents within my study revealed a different conclusion. Decreased levels of income were shown to negatively impact an individual’s overall level of satisfaction, to increase stress levels, and to limit an individual’s resource options. However, the same respondents who expressed the negative impacts of reduced socioeconomic status on their health and well being also categorized themselves as successfully aging individuals. In fact, respondents across varying levels of socioeconomic status within this study self-perceived themselves to be aging successfully. This fact conveys that, although important, socioeconomic status is not the main influencer of an individual’s ability to age successfully. This chapter analyzes comments from respondents’ of both high and low-income groups, and their perceptions of the impact of income on their ability to age well.

**An Examination of Expenditures**

Before discussing the interview transcripts, however, it would be beneficial to outline highlight various expenditures associated with the cost of living. According to the Consumer Living Index, produced by the United States Census Bureau in 2010, Boston has an annual average cost of living that is 32.5% higher than the national average (Cost of Living Index—Selected Urban Areas, Annual Average: 2010).
Cost of Living Index in 2010 (National Average at 100%) for Boston, MA

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<tr>
<td>Misc. Goods and Services</td>
<td>128.6</td>
</tr>
</tbody>
</table>

Source: https://www.census.gov/compendia/statab/2012/tables/12s0728.pdf

Expanding upon healthcare costs, the Centers for Medicare and Medicaid reported that the United States spent $2.8 trillion, or $8,915 per person on healthcare expenditures in 2012 (National Health Expenditures 2012 Highlights). Although future healthcare needs for a retiree vary based upon age and life expectancy, a recent study estimated healthcare expenditures to be approximately $146,400 for an individual retiring at the age 65 with a life expectancy of 20 years. This amount excludes funding covered by Medicare; Medicare will invest approximately $450,000 for that same individual over the course of a twenty-year period. If that same individual lives merely five years longer, their healthcare expenditures will increase to $220,600 not covered by Medicare. Certain chronic conditions, such as cancer, can more than double the estimated average costs of healthcare expenditures incurred by the individual that are not covered by Medicare to well above $300,000 (Yamamoto 2013: ii-iii).
According to the Office of Social Security, 59 million Americans will receive almost $863 billion worth of Social Security benefits in 2014. Nine out of ten individuals ages 65 and older receive Social Security benefits. Among elderly Social Security beneficiaries, 52% of married couples and 74% of unmarried individuals receive more than 50% of their income from Social Security. Approximately 22% of married couples and 47% of unmarried couples rely on Social Security for 90% of more of their income (Social Security Administration).

In this study, four participants depend on Social Security benefits to pay for more than 90% of their expenditures; an additional three respondents rely on Social Security benefits to pay for 50% to 90% of their expenditures. The eight remaining study participants represented a higher income bracket. Interestingly, not all of the study participants within the higher socioeconomic group were aware of their monthly or annual expenditures, while the lower income group could pinpoint their
expenditures to the specific dollar and cent amount. Perhaps because the higher income group has more money to spend, they are less concerned with expenditures. Additionally, various respondents chose not to specify income amounts, and instead chose to provide a classification for their income bracket. Higher income demographic participants classified themselves in the middle and upper middle class socioeconomic groups.

**Higher Income, More Choices, Better Health**
As discussed within preexisting research, higher income levels tend to correlate with better health outcomes. Research participant Rose supports the association, furthering the argument that elevated levels of income provide the individual with an increased amount of options, which in translates into better health outcomes, which in turn she associates with successful aging. Rose stated that having more money allows “You to seek out good healthcare. And to follow through on that. For example, my husband wouldn’t go to the gym, but he has everything at home.” Rose’s husband is wealthy enough to afford home workout equipment; this convenience factor encourages him to exercise more often, and consequently betters his overall health.

Respondents vocalized that while one doesn’t need to be rich in order to have a good life, living on a limited income can prove to be challenging. Edith commented that, “If you’re really poor, and you can’t afford a good doctor or good food, that would make you miserable.” Multiple high socioeconomic respondents established a correlation between “good” healthcare and “expensive” healthcare.
This fact is not necessarily true; the United States spends more than any other country on healthcare, and yet the country ranks 48th in terms of healthcare efficiency (The Advisory Board Company). Although increased expenses do not directly correlate into elevated quality of care, higher levels of income provide the individual with more choices in terms of care providers; low-income elders who qualify for both Medicare and Medicaid are limited to medical providers who will accept both types of insurance.

It is important to note that people are both satisfied and dissatisfied at varying income levels, regardless of the resources that are available to them. Although Harvey believes that higher incomes provide individuals with more choices, which in turn helps them to age successfully, he vocalizes that income is not necessarily an indicator of “success.” In his own words, Harvey stated, “At the same time, you have unhappy people of high socioeconomic status and happy people of low.”

**Resource Utilization**

Within this study, respondents were asked to discuss the various types of resources they use to maintain both their physical and cognitive health. The chart below organizes respondent resource utilization by tallying the number of high and low-income respondents to vocalize use of each specific resource. It is important to note that respondents were not provided with a list of resources from which to choose: rather they self produced the list of resources in the chart below.
In terms of physical health, the largest difference in resource utilization between high and low income individuals is seen within exercise practices. Low-income respondents exercise less than high-income individuals. In addition to using resources that cost money to maintain their physical health, high-income individuals also stated their participation in free activities such as jogging and walking outdoors. The fact that low-income respondents did not express their participation in such activities denotes that lack of exercise potentially stems from reasons other than resource access, such as lack of motivation or education on the importance of preventative health practices, and different social-cultural settings. This difference could also be due to the fact that interviews were conducted during winter months when one’s ability to exercise outdoors is limited because of the weather, and therefore was potentially less likely to be vocalized by respondents. Unlike exercise, consciousness surrounding healthy diets was expressed within both income groups.

Additional differences in resources used to maintain cognitive health were identified between high and low-income groups. One of the greatest differences stemmed from mental health disparities between the two populations; five out of the seven low-income respondents within this study voiced seeing a psychiatrist to maintain their cognitive health as opposed to none within the high-income group. Similarities between the two groups were seen in their appreciation and participation in reading, writing, and varying forms of entertainment to stay mentally stimulated. However, there are more high-income individuals engaging in
formal mental-stimulation programs such as the Osher Lifelong Learning Community (BOLLI).

<table>
<thead>
<tr>
<th>Resource</th>
<th># of Low Income Respondents</th>
<th># of High Income Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical therapy</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Tennis / table tennis</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Personal trainer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Exercise: with no specification</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sports Club Membership</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Doctor</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Healthy Food</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Walking / Jogging (Outdoors)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Home exercise equipment</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Swimming (Indoor Facility)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Yoga (@ either a Studio and Senior Center)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Vitamins</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Life Alert Device</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Holistic health specialist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cognitive Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meditation</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Life-Long Learning (BOLLI)</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Club / organization</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Volunteering</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Housework</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Television</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Editing / Writing</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Prayer / Spirit Guide / Religious Doctrine</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Office of elder affairs</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Entertainment: movie / karaoke / theatre / sports / museums</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Reading: book, magazine, newspaper</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Internet</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Crossword puzzles / Sudoku / trivia</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Travel</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Senior center</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Financial counseling services</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The Negative Effects of Stress

Respondents also believed stress to be a cause of poorer health indicators amongst low-income individuals. Stress can affect the body in two forms, either acute or chronic. Acute stress allows the body to respond to a sudden and unexpected event, causing the brain to release chemical mediators within the body
to increase heart rate and blood pressure. Chronic elevation to those same chemical mediators place strain on an individual’s cardiovascular system, and over time, can result in stroke and/or heart attack. Stress has also been shown to alter one’s behavior, resulting in poor sleep, memory impairments, elevated levels of eating, drinking and smoking, as well as decreased amounts of physical activity. Research denotes that stress can have additional psychological and physiological repercussions such as depression, anxiety disorders, and Cushing’s disease (Mcewen 2008, Lupien et al. 2009).

Before moving to her current subsidized housing unit, Meredith felt an enormous amount of stress because she didn’t have enough money to pay bills. During the peak of Massachusetts’s winter, she was forced to decide between paying her rent or her heating bill. Meredith chose to pay her heating bill, and was consequently evicted from her apartment. Following her eviction, Meredith lived in a low cost motel for a period of time. She explained, “I was sorta homeless when I was in the motel. I was there nine months. Because of all the stress, I developed problems with my health. I gained twenty pounds during that time because of the stress.” Meredith had a physiological response to her stressful situation; among other consequences, stress can create metabolic and immune imbalances (Lupien et al. 2009). Since moving to a subsidized housing facility, her health has improved because the cause of her stress, her inability to make rent, has been eliminated.

Like Meredith, Abigail also expressed feelings stressed because of her low income. She explained, “I think having to worry about money is very stressful.”
Although Abigail lives in a different subsidized housing facility than Meredith, she too could not afford her rent if it were not for a housing subsidy.

Suggestions for stress reduction include possessing a positive attitude, having a good self-esteem, developing a strong system of social support, maintaining a healthy diet, improving sleep quality and quantity, avoiding smoking, and engaging in moderate physical activity. Although Meredith and Abigail both expressed feeling stressed by their limited income, both individuals conveyed high levels of overall satisfaction and categorized themselves as aging successfully. When reexamining their interview transcripts, both respondents highlighted the importance of having a positive attitude. Abigail categorized a woman as aging successfully because “She’s so positive.” Commenting on her limited resources, Meredith vocalized that she is satisfied as long as she “Is fighting for what [she] need[s].” The women’s positive attitudes expose them to more options, such as their subsidized housing facilities; this financial subsidy helps the women to maintain their independence, which in turn elevates their overall levels of satisfaction, and consequently helps them to age successfully.

Financial Security

In Eve’s opinion, it is more important for an individual to live within their means and maintain a sense of financial security, as opposed to having a large income. Eve and her husband both had careers throughout the course of their marriage; modest spending practices, in addition to not having children, allowed the couple to annually bank one salary. She explained, “We wanted to be able to retire
as early as 55. We don’t have debt. We pay off what we need to buy. When the crash hit, we were ok. I don’t have to worry that somebody is going to take my house. It’s not a problem that the finances don’t do well for a little while. And boy does that feel good. And that reduces a lot of worry. And that’s got to help you as you age. It’s not financial status, its financial security.” Both Eve and her husband’s careful financial planning prompted the couple to set aside money to finance their future expenditures. Cognizant of the fact that she and her husband never had children, the couple calculated the amount of money they would need to support them in old age. Their foresight alleviates them having to worry about daily and monthly expenses, such as those experienced by Meredith. Eve believes that her reduced stress contributes to her ability to age successfully.

Isaac used his knowledge of political figures to convey his opinions concerning income’s influence on successful aging. He explained, “I would say someone like Mitt Romney, who is my prototypical image of empty headed financial service type, that his excess money doesn’t make him any happier.” This statement supports the previous discussion on the importance of being financially secure as opposed to having large amounts of income.

Nancy also highlighted the importance of having financial security as opposed to large amounts of income. She explained, “If you don’t have enough money, and you keep worrying about money, that really would be very stressful.” Like Eve, Nancy’s expenditures are modest. Nancy’s secure financial status reduces her overall level of stress. Nancy continued, “I think that having a certain level of financial security makes a difference at every stage of life, but especially old age.”
Curious, I prompted Nancy to expand upon why she believes this to be the case. I expected Nancy to comment on the enormous medical expenditures that can accompany the aging process; instead, Nancy stated, “Well, you cannot earn anymore money. At my age, nobody will give somebody my age a job. So you have to have savings.”

Although not a majority, the percentage of working persons ages 65 and older has steadily increased in the U.S. over the course of the last twenty years. In 1990, 12.1 percent of the population ages 65 and older were part of the labor force; this number since increased to 16.1% in 2010. (Howard et al. 2013: 1). The greatest change amongst the 65 and over employment demographic was seen within the 65 to 69 year old grouping, displaying a 9% increase from 21.8% to 30.8% in 1990 and 2010 respectively (1). The national average for employment of individuals over the age of 65 differs by state; this number is dependent upon state characteristics, state service provisions for seniors, attractiveness of the area to retirees, living expenses, and both the desire and ability of seniors to participate in the work force (3).
Limited Income Contributes to Decreased Levels of Satisfaction

A subset of respondents established a link between income and satisfaction levels. As previously discussed, this study has conceptualized successful aging in terms of high levels of satisfaction. Respondents vocalized that limited incomes reduce an individual's overall level of satisfaction, and therefore hinder their ability to age successfully.
Many of the low-income interviewees who participated in this study are heavily dependent on government subsidies for survival. Although respondents are able to live off Social Security, Supplemental Security Income for the elderly poor, and subsidized rent, they survive on tight budgets. Doug explained, “If the government felt they were compelled to cut budgets for senior citizens, I could be hurting.” If the government was to reduce Social Security or Supplemental Security Income amounts, Doug would struggle to pay rent, buy groceries, and pay for his medical expenses.

Lauren expressed the same sentiments as Doug, explaining if she had any less than her current monthly allowance, “I would be screwed. Because if one has enough money, one can do what one needs to be done. Not necessarily what one wants to do, but what needs to be done.” Within this statement, Lauren clearly states that she spends her money on necessities such as rent, food, and medical expenses. If Lauren had more money, she believes that it would allow her to do more for other people, which would in turn make her happier, and increase her overall level of satisfaction. Within her statement, Lauren does not acknowledge that she can pursue opportunities, such as volunteering, which is both free and helps others. Perhaps Lauren could increase her satisfaction level if she were to practice reframing her mindset to be more positive so that she can be exposed to more options. However, she sees herself as constrained by the limited amount of resources that are monetarily available to her.

David expressed that if he had more money, it would give him the freedom to choose a residence other than his subsidized housing residency. He explained, “I’m
stuck in Waltham. That’s not what I had hoped.” Since moving to his current
residence, David’s interaction with his community, specifically his social circle, has
greatly decreased. He vocalized feelings of depression stemming from loneliness. In
his previous residence, he explained that he was very social; it appears that David
would have preferred to remain at his previous residence, but was unable to do so
because of the location’s high rent cost.

Bill also expressed that his low income makes him feel depressed. Unlike
David, Bill does not have qualms with the subsidized housing facility where he lives.
Bill’s dissatisfaction stems from the fact that he has very little money to spend on
anything other than the bare necessities. If Bill had more money, it would increase
his ability to participate in the activities he enjoys, such as going out to eat at a
restaurant. Bill expressed feeling frustrated by his situation, and believes that his
satisfaction level would increase if he had more money to engage in activities that
make him happy.

After paying his expenses using his Social Security deposit, Doug has little, if
any, money left over for savings. Although he wishes he could travel, Doug has very
little ability to save up for the cost of a plane ticket. Unlike Doug, Jeremy, who
categorized himself in the upper middle class socioeconomic bracket, is not nearly
as limited in terms of spending. Jeremy believes that “You need to have a sufficient
income to do the sorts of things you might like to do. For me, I would like to go on
three trips a year. In the words of my grandson, ‘He would like to do this again, as
soon as the money pot fill up.’” Although Jeremy still has to be conscious of his
spending when planning for his travels, his financial security affords him the
opportunity to pursue traveling, which greatly contributes to his happiness. Jeremy's travels directly contribute to his satisfaction level. In Jeremy's opinion, income provides an individual with the ability to pursue their interests, which in turn directly affects their level of satisfaction.

Conclusion

Respondents voiced their belief in a positive correlation between increased amounts of income and increased overall well being; however, respondents expressed that the negative attributes of a limited income could be compensated with other components of successful aging, such as positivity. When discussing the importance of income, respondents specified that financially stability was more important than residing within a high-income group; financial stability contributes to better health outcomes by reducing stress caused by an inability to pay for living expenditures. Additionally, higher income levels afford individuals with increased access to resources, which contributes to better health practices and higher levels of overall satisfaction.

Although low-income individuals experienced negative implications associated with their reduced income, such as increased amounts of stress, reduced resource availability, and decreased levels of satisfaction, low-income individuals within this study still categorized themselves as aging successfully. This self-categorization as “successful” denotes that other criteria, such as positive attitudes and independence, resources that are available to persons of varying socioeconomic statuses, may be greater indicators of successful aging than socioeconomic status.
Conclusion

As outlined in Chapter 1 of this thesis, an enormous amount of contradictory research exists to explain the concept of successful aging; additionally, the dominant theories and conceptual models of successful aging exclude perspectives from elders. Furthermore, I discovered that very little research had previously been conducted to understand the impact of socioeconomic status on aging. Consequently, this research study initially aimed to showcase seniors’ opinions on factors that contribute to successful aging, as well as to examine the impact of said factors, such as socioeconomic status, on successful aging. As previously noted, my initial hypothesis biased me into believing that socioeconomic status would have an enormous impact on an individual’s ability to age successfully. The findings within this study conveyed that although higher amounts of income contribute to indicators of successful aging such as improved health outcomes and increased satisfaction levels, other factors, such as positivity, can compensate for negative
implications associated with limited amounts of income. This study provides a layperson definition of successful aging, while highlighting factors respondents vocalized to be of critical importance to aging well: specifically the ideal of independence, high levels of overall satisfaction level, and the desire for busy schedules.

Respondents produced a layperson definition of successful aging that included four main criteria. Firstly, respondents vocalized the importance of participating in both meaningful and socially just activities. These activities provide elders with a sense of purpose that motivates them to conquer challenges associated with aging. Secondly, respondents stated the importance of possessing a positive attitude. Respondents provided support for Barbara Fredrickson’s broaden-and-build theory of successful aging; this theory claims that positive emotions expand people’s realm of thinking (1998: 45-47). By possessing a positive attitude, individuals are able to view challenges associated with aging as opportunities, which consequently exposes them to more resources to help them age successfully.

Included within respondents’ layperson definition of successful aging was an acceptance of more minor physiological changes that accompany the aging process. Physiological changes were accepted to the threshold of dependency; when individuals become dependent on another for activities of daily living, they are no longer categorized as aging successfully. Respondents immediately categorized individuals with cognitive impairments as aging unsuccessfully.

Within their interviews, respondents highlighted the strong association between independence and successful aging. Respondents defined independence as
the physical and cognitive ability to conduct activities of daily living without requiring assistance. Respondents experienced difficulty conveying their dependency on others; dependence in the form of social, emotional, or financial support was accepted by interviewees within this study, while often not acknowledged as constituting “dependence.”

The majority of respondents vocalized their desire to maintain busy schedules; specified meanings of busy-ness were internalized differently by each respondent. Respondents’ aspiration for busy schedules provides support for the activity theory of successful aging. The activity theory, the dominant theory concerning activity in contemporary gerontology, emphasizes the importance of activity in order to healthily adjust to old age (Havighurst and Albrecht 1953).

Life satisfaction is an important feature of psychosocial models of successful aging (Havighust and Albrech 1963) and has been used by researchers as an indicator of successful aging (Baltes and Baltes 1990). Respondents within this study supported Erik Erikson’s stages of development theory in which the final stage of old age is focused on reflecting back on life and characterized by either “integrity” (a sense of feeling proud and satisfied with one’s life accomplishments) or “despair” (entailing feelings of regret and bitterness about one’s past life). Respondents who expressed high levels of satisfaction felt at peace with their previous life decisions and accomplishments. Erikson labels this positive resolution within an individual’s final life stage as “integrity.” Conversely, respondents who vocalized feelings of dissatisfaction in their current life stage felt depressive symptoms due to unresolved feelings of regret stemming from earlier life phases;
Erikson categorizes an individual’s failure to resolve their final life stage as “despair” (Erikson 1982).

Respondents expressed that limited income levels negatively impact an individual’s overall health and level of satisfaction. Respondents vocalized the importance of financial stability in order to alleviate stress associated with situations caused by limited amounts of income. Although respondents established a negative association between socioeconomic status and indicators of successful aging, low socioeconomic respondents within this study categorized themselves as aging successfully. These same low-income respondents utilized successful aging criteria, such as possessing a positive attitude, to overcome challenges associated with having a limited income. This positive thinking exposed the low-income individuals within this study to more resources. The subsidized housing facilities in which the low-income respondents within this study live, for example, helps them to maintain their independence, which increases their overall level satisfaction level, and consequently helps them to age successfully. Findings convey that although socioeconomic status has an influence on the aging process, other factors, such as positivity, can compensate for inefficiencies in income.

The number of older persons over the age of 65 is drastically increasing in the United States; representing 12.4% of the population in year 2000, the percentage of seniors is expected to increase to 19% of the population by 2030. The mere fact that nearly one fifth of the population is going to be 65 years of age or older denotes how critical it is to gain a comprehensive understanding of the factors that contribute to successful aging (Aging Statistics).
An understanding of factors that contribute to successful aging will allow for better development of programs and policies that aid elders in the process of aging. For example, respondents expressed the desire to actively engage with their communities; this desire requires that communities provide and continue to develop opportunities and activities in which seniors can engage in meaningful and purposeful experiences. The fact that respondents also highlighted independence as a critical component of successful aging conveys that local, state, and federal governments must provide increased support for social service agencies, organizations, and individuals that help elders to maintain their independence throughout the aging process. Additional support must be provided to encourage further development and use of preventative health services for seniors in order to reduce loss of independence caused by preventable chronic illnesses.

It also important for individuals to have an understanding of factors that will help them to age well. If individuals are aware of and utilize concepts such as the broaden-and-build theory, they will be exposed to more resources and opportunities, which will in turn help them to age successfully. Additionally, if individuals understand that dissatisfaction at the end of life stems from unsettled feelings of regret, individuals can attempt to reduce this feeling by consciously reflecting upon their behaviors in order to find ways to come to terms with their experiences. Knowledge of factors that contribute to successful aging will help more elders to age well.
Interview Guide

Demographic Information
  • Age
  • Education
  • Occupation
  • Income

Describe two people, living or dead, who you would categorize as aging successfully.

Describe two people, living or dead, who you would categorize as aging unsuccessfully.

How would you categorize yourself? (In relation to successful aging)

Ask for a brief description of overall health. What resources do you use to maintain your physical well-being?
  • How do you access these resources?
  • What barriers, if any, exist?

What resources do you use to maintain your cognitive health?

Do you receive social support? If so, what kind? Do you provide social support to others?

What is your desired activity level?
  • How scheduled / structured do you like your day to be?
  • What kinds of activities do you participate in?
  • What motivates you to participate in these activities?

Does faith or religion influence the way you view aging?

Discuss the impact of independence on your life.

Should one discuss death and dying?

How does socioeconomic status influence aging?

On a scale from one to ten, ten being the highest, what is your current level of satisfaction?

Do you have any other commentary that you would like to add to the interview about successful aging?
Works Cited


Nascher, I. L. *Geriatrics; the Diseases of Old Age and Their Treatment, including Physiological Old Age, Home and Institutional Care, and Medico-legal Relations.* Philadelphia: P. Blakiston's Son, 1914. Print.


