

The Lived Experiences of the Independent Oldest Old in Community-Based Programs: Public Policy Implications

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Abstract

This study investigated the experiences of oldest old who live independently and participate in community-based programs. The qualitative research design was based on Heideggerian hermeneutics. The aims were to identify how oldest old urban-dwelling individuals perceive the experience of living independently and engaging in social programs; to analyze their life satisfaction and sense of well-being; to describe how these programs affect their sense of self; and to explore what social support and resources they perceive as important to their continued independence and well-being. The data were gathered in extended, nonstructured interviews and analyzed using ATLAS.ti software. The major findings include a profile of an individual who thrives independently at age 85 and beyond. This individual is committed to maintaining social ties, cares about an active body and mind, is energized by new ideas, and sets and attains short-term goals. Such an individual clearly exhibits resiliency and the ability to adjust. This person has the strength to accept loss and manage change, remains committed to making a meaningful contribution, and is at peace with the world and him- or herself. These findings can guide those influencing social policy and those professionals who work with the oldest old.

Introduction

We live in an ever-changing world. The individual over age 85 in American society today faces very different issues from those that individuals in this age group faced even 10 and 20 years ago. Studies reveal increased longevity, remarkable advances in health and medicine, significant growth in size of the aging population (especially the oldest old), expanded breadth of social programs, and a broader range of opportunities for the elderly on almost every level. Yet, progress has not kept pace with this burgeoning population.

Statistics regarding the increases in the oldest old population are stunning. During the next 40 years, the number of oldest old worldwide will increase more than fivefold, with many countries, including the U.S., having at least 10% of their population among the oldest old. In addition, the oldest old age group in the U.S. has been growing at a rate almost 3 times faster than those aged 65–84 (Grundy 1997). Clearly, the oldest old are a group that neither society in general, nor policymakers in particular should ignore. Unfortunately, until very recently, researchers have made few age distinctions after age 65 or 75. The earliest requests for proposals on the oldest old were first issued by the National Institutes of Health in 1984. By the mid-1990s, findings from large data sets resulted in some broad generalizations about this age group, but few report on the context of their lives.

Bernice Neugarten (1961) initially described the distinction between the young old (65–74) and the old-old (75 years and older). The term “oldest old,” designating individuals 85 years

and older, emerged recently as a convenient but arbitrary label. As Johnson and Barer (1997, 3) explained, the label refers to “those who are two decades beyond age 65, the age when social security begins for a predominately healthy and active group. Even by age 75, many do not qualify for the usual stereotype of inevitable decrepitude” (p. 3). However, those who survive well into their 80s most often have experienced significant disabilities and losses. Thus, while the exact age of entry may be arbitrary, the oldest old are unique in the challenges they face. Dunkle, Roberts, and Haug (2001) remark that the oldest old are somehow fascinating in part because they have outlived their projected lifetimes—they are “statistically dead”; they were born when life expectancy was 47 years, have doubled that expectancy, and have most likely outlived their spouses and often their own children.

As Johnson and Barer (1997, 3) point out, “This unprecedented prolongation of life has far-reaching implications, not only for the aged themselves, but also for their families and society as well.” It is generally accepted that the oldest old are frequent users of health care services (Manton and Soldo, 1992), and several researchers and policy planners have estimated significant increases in the future health care needs of the oldest old (Manton and Soldo; Suzman, Manton, and Willis, 1992).

Functional change in the oldest old is not necessarily accompanied by continuous decreases in all areas. In fact, Perls (1995) suggests that some people in their 90s are healthier and happier than younger old people. Peter Martin’s (2002) research at Iowa State University documented the significant emotional and physical stresses of the oldest old. Yet, he also discovered a strong sense of well-being in these individuals; they coped with resiliency, drawing strength from within to remain optimistic.

Johnson and Barer (1997) also reported little change in the mood of the oldest old, in spite of significant functional declines. “Most survivors continued to express contentment and to perceive their health as good, and were able to sustain their morale and motivations despite increased disability” (p. 77). These counter-intuitive findings (morale seems unaffected by rising disabilities and social losses) warrant further investigation. This study addresses many of those inconsistencies. Johnson and Barer argued that if successful aging hinges upon health and functioning, most are unsuccessful; but by criteria resting upon cognitive and emotional factors, many are effective adaptors. With the exception of Johnson and Barer’s large-scale longitudinal project on the oldest old, few studies have addressed both the *practical* issues of how community

living is sustained and the *theoretical* issues about adaptation at the very end of life. This study explores on both a practical and theoretical level the lived experiences of individuals who are succeeding in sustaining independence while maintaining a strong sense of self and inner peace.

As the population has shifted, and the elderly make up a growing percentage of the population, there are more funds available to provide services for the elderly population at all stages. This study can help to determine whether community-based programs like those provided by the City of Chicago are an efficient use of available dollars. This type of study allows the participants to provide rich descriptions of their lived experiences in the programs. Both society and policy makers need to hear the voices of the oldest old themselves.

As early as 1975, Richard Kalish called for qualitative research in an attempt to understand the role of self-concept in successful aging. Pearlin (1994) continued that call, focusing on the oldest old, arguing, “It makes sense to go directly to the people in whom we are interested and ask them about the relevant features of their own lives and the meanings that are attached to these features” (p. 96). An interpretive study such as this one does just that; it seeks out the voices of these individuals and listens carefully to their messages. The value of this study lies in its contribution to what is known about the oldest old; what can be done to increase their life satisfaction; and how social programs might sustain the well-being of this age group.

Purpose and Research Questions

An overarching purpose of this study is to add to the existing research on the life satisfaction and well-being of the independent oldest old by examining the lived experience of those individuals over age 85 who participate in community-based social programs. A particular focus is a specific social program, the Chicago Life Enrichment Program for seniors, and its impact on the self-perceptions of those participants 85 and over and on their interactions with others.

Two principal research questions guide this work:

- What are the common themes that emerge from the lived experiences of those individuals over age 85 who are actively involved in the Life Enrichment Programs for the elderly?
- How do these individuals perceive their own level of well-being?

This study seeks to identify key factors contributing to the life satisfaction of the oldest old. This question is of immediate practical importance because identification of key factors or

themes common to individuals' level of life satisfaction will assist policy makers in the use of dollars allocated to care for the oldest old. Government and nonprofit agencies seek to support the successful aging process partly because they are concerned about the well-being of the oldest old, and partly because it will add to the debate among theorists about the aging process. While early work, including the disengagement theory (Cumming and Henry 1961), suggested that the withdrawal of the individual from society, accepting the inevitability of death, and the severing of relationships results in successful aging, another approach, the activity theory (Lemon, Bengston, and Peterson 1972), argued that maintaining constant levels of activity and engagements during the aging process results in successful aging. One aim of this study is to utilize the emergent ideas on successful aging in the oldest old to address this ongoing debate.

The sample consisted of 10 participants who were interviewed in a familiar and comfortable setting. Interviews were audiotaped, transcribed, and analyzed in the interpretive phenomenological tradition of thematic analysis and pattern description in an attempt to identify common meanings, relational themes across texts, and constitutive patterns expressing relationships between themes. The ATLAS.ti software for visual analysis, management, and model building, developed by Scientific Software Development, was used as an analysis tool.

The conceptual definition of the population for this study was the independent elderly aged 85 and over in Chicago. This population was restricted because of resource limitations and because of the inherent nature of qualitative phenomenological research. The operational population consisted of seniors 85 and older who participate actively in the Life Enrichment Programs of the City of Chicago's Department of Aging. Active involvement was defined as attendance at a Life Enrichment activity at least five times a month. This definition ensured that the participants were able to draw upon a wide range of experiences and had a significant commitment to a high level of social interaction.

The Chicago Department of Aging's Life Enrichment Programs were founded in 1987. Prior to the Life Enrichment Programs, each of the six Regional Senior Centers planned its own program of activities independently. Thus, there was little uniformity in quality, quantity, or public promotion of activities. Life Enrichment Program development included extensive consideration of trends in aging, cultural life, and health promotion. The purpose of the Life Enrichment Programs is to increase the quality of life for older Chicagoans, to foster good health and independence, and to work to prolong the independence of the elderly

Conceptual Orientation

This study is guided by Erikson's life stage model of adult development, including the ninth stage of development suggested by Joan Erikson in the work she co-authored with her husband Erik, *The Life Cycle Completed* (1997). Erikson's original eight-stage life cycle (1982, 1986) offers a full-scale model for studying the dynamics of identity, continuity, and change through the life span. The model lays out a process by which an individual's identity grows and expands through the crises faced and choices made at different stages of development, from infancy to old age: *basic trust versus basic mistrust; autonomy versus shame and doubt; initiative versus guilt; industry versus inferiority, identity versus role confusion; intimacy versus despair; generativity versus stagnation; and ego integrity versus despair.*

According to this model, the last two stages are the major concerns of maturity and old age. The seventh stage involves establishing a sense of *generativity*—in other words, making sense of the relationship with the next generation. Vaillant (2002) builds upon Erikson's model by adding the stage *keeper of the meaning* between Erikson's stage 7 and stage 8. In this stage, Vaillant includes variables such as “volunteering for significant, other-embracing projects” and “expanding social contacts.” He refers to community involvement as going beyond oneself and becoming other-centered, and maintains that this stage precedes Erikson's *ego integrity*. This stage seems to accurately describe many of the young old that this researcher has worked with over the past decade.

The eighth stage, *ego integrity*, involves making sense of the meaning of one's life, realizing it is not possible to relive that life. This is a good point to begin consideration of the oldest old, but it falls short of the expansion, sorting out, and peace that so many over age 85 experience. Joan Erikson (E. H. Erikson and J. M. Erikson 1997) introduced a ninth stage to the original Erikson model. While she does note continued loss of autonomy, control, family, and friends, and she even places the dystonic elements preceding the syntonic (e.g., despair vs. integrity) to emphasize the challenges that the oldest old face, she does state, “I am persuaded that if elders can come to terms with the dystonic elements in their life experiences in the ninth stage, they may make successful headway on this path leading to *gerotranscendence*” (p. 114).

J. Erikson (E. H. Erikson and J. M. Erikson 1997) describes this stage of *gerotranscendence* as a state in which one moves from a materialistic and rational vision to a condition characterized by peace of mind and increased life satisfaction. She notes Jung's (1933)

theory of individuation in which the final stage is a rational process toward maturation and wisdom. During this stage, there may be a redefinition of time, space, death, and self. Clearly, this gerotranscendence applies very specifically to the oldest old. While the old old may still be focusing on generativity or ego integrity, it appears that the oldest old transcend some of those issues and arrive at a point that takes full account of the obligations that old age leaves behind. As J. Erikson states, “This final stage speaks to soul and body and challenges it to rise above the dystonic, clinging aspects of our worldly existence that burden and distract us from true growth and aspiration” (p. 127).

The Erikson research, although broadly conceived, offers substantial direction for this study’s major focus. The data of this study can be viewed through the lens of the model, especially the final stage of *gerotranscendence*. It is hoped that this study might share the voices and experiences of individuals at this final stage of development.

Methodology

The goal of hermeneutic analysis in research, which was utilized in this study, is to discover meaning and achieve understanding by drawing out insightful descriptions of the way individuals experience the world. Thus, the goal of this study was to achieve understanding of the everyday experiences of these independent oldest old and to describe and interpret these meanings to a high degree of depth and richness.

Heideggerian phenomenology (1962) is a descriptive methodology because it is attentive to how things appear, and it allows individuals to speak for themselves. The individuals in this study shared their own stories and through these stories the patterns emerged. .

The participants of this study have a mean age of 87.1 years. Dunkle and colleagues (2001, 76) added, “There is something fascinating about people who have outlived their projected lifetime, people who are statistically dead.” These people were born near the turn of the twentieth century, when life expectancy was 47 years. Few anticipated living to an age that would nearly double this expectancy, longer than their spouses in most instances, and more remarkably, their own children. The individuals interviewed represent solid members of that group.

The body of literature substantiates increasing numbers of individuals in the oldest old age group; their growing desire to extend their active, independent lives; and the distinct possibility that extended services for this group will be needed in the future. This situation led to

the investigation of what it is like for those who do survive and live independently. This study answers the call to address the needs of the “survivors”—the independent oldest old who continue to contribute to society. What is known about these individuals? This study adds to existing research on the well-being of the oldest old. No other purely interpretive studies on this topic were found.

The data were gathered in extended, nonstructured interviews using an adaptation of the seven-step method of analysis (Diekelmann, Allen, and Tanner 1989). During the process, the researcher frequently conferred with other researchers and the participants themselves in an effort to identify questions and discrepancies. The analysis was further validated through persons who were not participating in the study but were familiar with the content and the research method. This dialogue increases the reliability of the study.

The analysis included extensive representative excerpts and references to related literature to allow for validation by the reader. These excerpts attempt to capture the reality of the inner lives of these oldest old, while the references represent an attempt to integrate these references with existing knowledge.

Findings

Through analysis of the texts, 10 themes emerged. These themes were held as first order approximations of future constitutive patterns in order to avoid premature closure. A theme responds to the question, “What constitutes the nature of this lived experience?” These themes, sharing the same underlying perceptions involved in each of the participant’s experiences, is described below.

Using Strategies to Manage Life

Statements within this category reflected references to individuals’ ability to cope with change, especially in terms of compensating for ones’ loss of ability to accomplish things in the same way as in the past. Key to this development is a total sense of personal power. The individual feels in complete control of the strategies he or she has developed and now utilizes. Often, these adjustments take the form of becoming less tied to old habits and more open to experimenting with alternative approaches to accomplishing the same goal. These individuals dispense with rigidity and begin to explore new avenues. Most participants seem unaware or

unconcerned about the courage revealed in their behavior. Making personal adjustments is not a problem since participants do not tend to feel threatened by strange or new circumstances.

Feeling Special

This theme reflected pride in being a survivor, a living, breathing member of the oldest old who can take care of him- or herself (“thank you very much”). Excerpts revealed that these individuals view their continued survival as a rewarding confirmation of their specialness. There was a sense that, for some reason, the participants had been granted an opportunity that others missed out on. They seem to glow with the recognition of their “chosen” status. Participants roundly shared a willingness and eagerness to identify themselves as members of the oldest-old age group. Whether by chance, by genetics, or by careful habits, they feel that somehow they won “the lottery of life.”

Remaining Socially Connected

Each participant revealed that he or she places great importance on current interpersonal relationships. This focus goes well beyond the family circle and long-term friendships from the past. The individuals continue to meet their needs for sociability or connecting with others through interaction with those who live around them and, most especially, with those involved with the Life Enrichment programs. Helping others is often an important part of their interpersonal connection. Participants are often sought out by others for a variety of reasons. These individuals listen to and touch people and care deeply about their ability to do so. Their relationships include activities that range from teaching their peers to dance, to driving friends to various events, to making sure neighbors are getting adequate nutrition.

Accepting Loss of Control

The theme of accepting a certain amount of dependency with grace and dignity appears across texts. In spite of strong self-concepts, optimistic outlooks, and steely determination, the participants consistently admit to an ever-increasing need to rely on others for a variety of things they formerly handled themselves. Even though they may have fought valiantly to retain control, each of these individuals reflected on their personal process of “giving over” responsibility for certain tasks. While none of the participants relished this increased dependency, they consistently handled it with equanimity.

Being Resilient

Woven into each text was the self-perception of these individuals that they could withstand any adversity and overcome any obstacles that might come their way. There was an overriding sense of “near invincibility.” Reflective of this stance was the opinion that if you lacked this quality, you were not likely to survive. Also present was a sense that life really had not dealt them anything they could not handle. Clearly, they acknowledged several tragedies and tough breaks. However, they believed that their confidence and will to survive got them through.

Having a Sense of Purpose

Participants placed high value on having a sense of purpose to their lives. They maintained that they still had important goals in their lives and that somehow, if they were unable to accomplish these things, the world would lose something important. The participants continue to see themselves as productive members of society, integral even to the fast-paced contemporary world in which they now exist.

Staying Mentally and Physically Active

Another theme present across texts involves the participants’ commitment to maintaining the health of their bodies and their minds. These individuals continue to seek and find intellectual stimulation from their peers and others involved in the Life Enrichment Programs (LEP). In addition, they seek to preserve their physical health as much as possible through activity and exercise. Their LEP experiences have been positive and account for a significant part of the overall satisfaction with their current lives. Discussion of this commitment revealed a deep passion for lifelong learning and a sense of self-actualization.

Feeling at Peace

The participants’ overall contentment with their life experiences resounded throughout the texts. Individuals reflected a feeling of inner peace that defined their lives and themselves at this point. Their satisfaction had not lessened through the years and even appeared to be increasing. Instead of pining over what “used to be,” they revealed an energy for the present and the future. An important part of this contentment appeared to involve detaching from bothersome situations and stressful relationships. The participants spoke of a process of making sense of the past, present, and future. Key to this experience of peace was the perception of old age as a period of growth and completion.

Shifting Standards of Judgment

Another theme that cuts across all texts involves the individuals' choice to gradually judge themselves on different scales from in the past and to adjust their goals and schedule accordingly. Individuals came to set their own standards of excellence and felt satisfied even though these represented lower levels of accomplishment. Meeting current goals signifies a successful productive existence at this point. The past is just that—"the past.". The present is satisfying and meaningful as measured by the new standards.

Using Positive Social Comparison

Each participant placed significant value on being respected and faring much better than most of their own cohort. They possess a strong inner sense that others have not been as lucky, as healthy, as determined, or as strong as they have been. Most frequently, they reflected on the qualities and position of their peers with sincere empathy and concern. However, the participants could not seem to help noting their own relative strengths in comparison. By focusing on their own better health and range of opportunities, these individuals spoke of feeling happy with themselves and optimistic about their future.

These 10 themes describe the shared experiences of the phenomenon of living independently as a member of the oldest-old age group. The next step in hermeneutic analysis is to discover patterns that allow one to present a holistic picture or the essence of the experience for these individuals. The themes were logically grouped into constitutive patterns that express the relationship among the themes and are reflected in all texts. These patterns present a holistic picture of the common experiences of the participants.

Constitutive Patterns among Texts

As the themes described above were reviewed and further analyzed, six constitutive patterns emerged. It is important to remember that while a researcher using content analysis specifies beforehand what he or she wants to know from a text, hermeneutic analysis is discovery-oriented and examines the data by looking for what something means or how it is experienced. Van Manen (1990, 79) states that the process of identifying essential patterns "is not a rule-bound process but a free act of *seeing* meaning. Ultimately the concept of theme and pattern is rather irrelevant and may be considered simply as a means to get at the notion we are addressing." The process of moving from themes to constitutive patterns involves a method of free imaginative variation in order to verify the relation of themes. The six constitutive patterns are described below.

Pattern I – Being Flexible/Accommodating Change

One strong pattern within the texts of the interviews was the flexibility revealed by each of the participants and their active commitment to continued interests and hobbies as well as meeting their social needs by making necessary adjustments in their lives. These individuals shared the experience of increasing disabilities, but they coped in clever and often valiant ways rather than feeling threatened or sorry for themselves. They felt they controlled the manner in which they compensated for loss and addressed change.

Ms. C., an 86-year-old African American woman, described her own experiences coping with change on various levels:

And it's gone be certain things you can't do as good, like they say, the mind is able, is ready, but the body just ain't able. I think just always do our best. Like me now, I used to could walk a lot, but now I can't walk too good. Not too much, you know. I have asthma and my breathing gets, when I go to walking, it kind of cuts my breath, and I gotta stop and take that deep breathing, but then I just keep on trotting like I'm going on to walk I might not go a mile, I might go further than a mile, but I'm gone get out there and try. That's the main thing, get out there and try. Do what you can do.

The individuals in this study share the experience of loss of ability, yet reveal their ability to cope with those losses in clever and often valiant ways. As Ms. J., an 85-year-old Hispanic woman says, “Yea, because that's the way you learn. You learn to develop yourself one way or the other, you know it's just one change to another and then I make another change. So that's the way life is.” This statement reveals her ability to create and utilize new strategies. Jopp's (2003) study examining the interactive role of resources and life management strategies over time found that even those who experienced reduced resources were able to maintain stable resources on many levels if they used these life-management strategies. The participants maintained an extraordinary sense of well-being.

These individuals work hard to maintain their optimum level of activity and then figure out strategies to increase their level of experience even more. Mr. I. states:

When people look at me they want to know why I live by myself, because I can still handle myself. I get a little assistance from my family when I need it. For example, since I quit driving the first of the year now, when I want to go shopping one of my grandchildren picks me up and takes me. And that's once a month.

The three-tier framework of adaptation proposed by Johnson and Barer (1997) reflects the manner in which these participants have handled loss. Johnson identified: managing the

physical environment so that basic needs are met; mobilizing help from others and determining the level of social integration needed; and sustaining motivation and a sense of well-being. Mr. I. maintains his independence by continuing to shop for himself; he mobilizes his family in order to obtain transportation; and he maintains his strong self-concept by continuing the valued activities independently. However, all participants appeared to recognize that not everyone in their age group shared their ability to cope with change and to compensate for losses. As one stated:

And I just go down and I will ask somebody, can I sit with you, or I find somebody I know. I think you have to know how to do that, and I think a lot of people never learned that, because they were always housewives, maybe. Or always working or whatever held them back, I don't know.

Pattern II – Maintaining a Positive Self Concept

The participants of this study consistently revealed in their status as special survivors and were eager to identify themselves as members of the “oldest old” group. While they expressed empathy and concern for their “less fortunate” peers, they consistently utilize positive social comparison to sustain their positive self-concepts and strong sense of well-being. Whether by chance, genetics, careful habits, or “the grace of God,” they feel they have won the “lottery of life.” Ms. M. shared her feelings about herself and about surviving well into her late 80s:

I think I am quite proud of myself. Well, sometimes I'll go out for supper or go out to a show in the evening or something, and if I come in late and there's nobody in the lobby and everybody's gone to bed, I think, “Oh, good for me!” (laughing). You know it's kind of fun to think you're still in the world.

All participants are especially proud that they are still able to take care of themselves. This sense of pride contributes significantly to their strong positive self-concepts. The participants' comments mirrored findings in the longitudinal study of the self-perceptions of the oldest old by Dunkle and colleagues (2001). The study results showed that the respondents maintained and often increased their positive sense of self as they moved into their 90s, in spite of loss of friends and family and declining functional abilities. “These people believe they are rare, that it is unusual and special that they have lived so long, and have found ways to feel fortunate without focusing on loss, which is more universal as people moved into their 90's” (p. 51). As one Life Enrichment participant stated, “You know the more years I get and I have, it just seems like I feel happier. I feel proud and happy for what I am and I feel that, uh, it gets me more, more to do, I think.”

Social support has been identified as a coping resource effective in reducing the effects of stress and increasing well-being in the oldest old (Antonucci, Fuhrer, and Dartigues 1997). However, it has been noted that since many friends and family of the oldest old have died, the size of their social network is often significantly reduced. Roberts, Dunkle, and Haug (1994) maintained that the individual who interacts frequently with a small network may have significantly more support than a person with a larger social network. The participants of this study clearly utilize the Senior Centers to provide a tight social network and, it appears, this leads to increased well-being.

Each participant utilized positive social comparison as a means to affirm their own good health or fortunate circumstances. These reflections supported and often increased their strong self-concepts and their feeling of being special. As Ms. B., age 91, says:

I see how my neighbor next door, she's a dear person, but she's 'bout five years younger than I am and she hates to go out by herself, and I see that she won't go out by herself. I was taking her out for some walks, you know, when the weather was nice, but she has to hold on to somebody.

Pearlin (1994, 95) refers to this aspect of social comparison when he says;

They have climbed the walls and hurdled the barriers and now, with some satisfaction, they can sit back and watch the rest of the world prove itself. Although it must certainly be painful to see one's friends and loved ones give way to death or severe impairment, it may result in a view of one's self as being a rather special person made out of the right stuff .

Pearlin's statement supports the research that reveals that the elderly compare themselves to others who are worse off in order to protect well-being. Campbell, Converse, and Rodgers (1976) found that older people manipulated or moderated the differences between their ideal and current selves to create a revised ideal self. This modification created a sense of well-being and was identified as one mechanism for the relative satisfaction of the elderly. Again, the participants of this study directly reflect this modification.

Pattern III – Commitment to Exercising Body and Mind/Lifelong Learning

Participants focused on keeping their bodies and their minds active in an unbroken cycle of growth. They believe that these activities are essential to their continued relative good health. Each individual revealed a deep passion for lifelong learning and a sense of self-actualization at

this stage of life. They not only pursue past interests, but actively seek new challenges and opportunities for growth. Ms. C's comment reflects this commitment to learning on both levels:

I like to come to the exercise classes, the line dancing, workshops, nurses' presentations, and also go on the trips. And one thing about it is keep yourself active. That's the main thing, but I say, I ain't gone get in no rocking chair and just rock and knit and sit here and wait for death to come get me because, you know, what I like to say, like seniors now they just have so much that's offered to them, they ain't gotta stay up in the house and sit up in a rocking chair or sit there and look at four or five walls, you know. An' you might be living by yourself, but seniors can get out and do.

Ms. C's descriptions of the range of activities available to seniors relates to the early research of Kalish (1975). He added to Buhler's (1961) four patterns of aging with a fifth, in terms of individuals' finding meaningful activities that compensate for changes in old age. Thus, keeping body and mind functioning through the range of activities offered at Senior Centers may represent new directions for many individuals, and if they meet present and future needs, these activities become valuable. Through their openness to these new directions, the participants of this study move along a positive path in aging successfully.

The words of the participants also confirm findings of an earlier study of well-being among the very old (Hilleras et al. 1991). As part of the Kungsholmen project on functioning 90-and-over individuals, these researchers examined three components of well-being: life satisfaction, positive and negative affect, and activity patterns. While personality emerged as the major determinant of well-being, the study suggested ways to enhance levels of life satisfaction and positive affect with reading groups, support groups, and other social activities.

The participants are willing to take risks and so they do not fear the unknown. New experiences and new information are viewed as opportunities for growth. Yet, they are keenly aware that some of their peers do not share this openness:

Several people at the Center here will just sit and watch other people. They say, "I just could enjoy sitting looking at you, because you know, you try it for yourself. You get your legs up girl." I say, "You can too, if you try."

These comments represent a group of individuals who care about maintaining the health of their bodies and their minds. They continue to seek and find intellectual stimulation in new and lifelong interests and to preserve their physical health as much as possible. Discussion revealed a deep passion for lifelong learning and a sense of self-actualization.

Pattern IV – Coming to Terms with Life

Participants expressed a strong sense of inner peace in perhaps the strongest and most prevalent pattern within the texts of the interviews. Each revealed energy for the present and the future and has come to terms with the past. The present is satisfying and meaningful as measured by new standards. Participants now detach themselves from bothersome or stressful situations. Key to this inner peace was the perception of old age as a period of growth and completion, a gift to be treasured. One participant stated:

Well, it's OK with me. I'm satisfied with my life you know, because I learned to enjoy life. I enjoy my old age. I don't look at it as a hinder or nothing like that, you know. Well, my philosophy of life like I always like to treat people right. I treat them the way I like to be treated, you know, I like to help people. I like to talk with them, you know, try to tell them, you know, don't look on like as something that because you done got old, well, you now just be thankful. I be thanking God that he let me live this long and with pretty good health.

Like the other participants, this individual reveals energy for the present and the future. Their statements relate to the work of Ryff and Essex (1991), which identified six dimensions of well-being in terms of Erikson's life stages and Jahoda's theory of positive mental health as it relates to aging, including self-acceptance; positive relations with others; autonomy; environmental mastery; purpose in life; and personal growth. The interview texts of this study resound with testimony of these dimensions.

None of these participants was pining away for the past. When they do look back, they appreciate the good things that have happened and are quite philosophical about the negatives and even the tragedies of their lives. The manner in which participants have come to terms with their lives is described by Gatz and Zarit (1999), who proposed that mental health in old age entails putting one's life in context so that one can realize contentment, congruence, self-acceptance, sense of purpose, and emotional regulation.

This contentment with life and positive perception of old age as a period of growth and completion can be heard in Ms E's (age 92) comments:

I don't know. I am happy I'm living. I got a wonderful family. I have lovely children. I love them, they're so good. And I'm very satisfied, um, I came from a nice clean home. So that was one thing that was good.

The peace of mind described by the participants relates directly to the concept of *gerotranscendence*, the ninth and final stage added to the original Erikson life stage model by J.

Erikson (1997). Having noted the continued loss of autonomy, control, family, and friends, she claimed that if the oldest old come to terms with the dystonic elements in their lives, they move onto a path of *gerotranscendence* from a materialistic and rational vision to a condition characterized by peace of mind and an increase in life satisfaction.. The individuals in this study all revealed evidence of this experience of growth and satisfaction.

Part of the peace of mind that the participants of this study experienced is related to their ability to “give over: responsibility for certain tasks and activities. This position is reflected by one participant who stated:

I don't let things just pile on me. I learned it the hard way, you know, like when I was young I married young and I had a lot of problems. Like I hit rock bottom and ain't nowhere to go but up, right? So I learned just to throw things off, let it go. Lode I learned, when you have a lot of problems and you just keep dwelling on it, it will make you sick. And then you're feeling bad, you have a headache and the problem is still there. So, you know, just go on with it and do the best you can.

This letting go related directly with Jung's (1933) final stage involving a redefinition of time, space, life, death, and self. The participants' comments that fall into Pattern IV provide clear evidence of this type of movement toward wisdom. At times, they almost seem to have the urge to share their formula for a good and happy life.

Pattern V – Having What It Takes/Grit

The individuals in this study possess a resiliency that has helped them throughout their lives and continues to allow them to withstand any adversity and overcome any obstacles that may lie ahead. Without this grit, they feel one stands no chance of making it this far in life or of surviving the considerable challenges of the oldest old age. They have always met life head-on and continue to do so – whether this means fighting for someone else or protecting themselves. One participant, a 92 year-old female who has been widowed twice, revealed her inner strength quite clearly when she said;

Oh well, I'm still independent. Nobody can tell me what to do. I shoot my mouth off. I don't owe anybody anything. Why should I take somebody's crap? I'm not going to do that, and I've been working since I'm 14. I've worked all my life. Well, I don't like to take anybody's crap. I'll tell you that, I stick up for myself. One day here, if I can tell you about it, I fell on the floor. My foot caught and I fell down and I got up and I was fine.

Each participant possessed this almost “invincible attitude.” Several studies have explored the impact of this attitude, which is found in each participant's comments. The studies focus on the

individual's sense of competence in terms of maintaining subjective well-being. This self-schema of confidence (self-efficacy, sense of control) has been directly linked to health and well-being in the elderly (Ross and Wu 1995; Rowe and Kahn 1987; Herzog et al. 1998). All participants viewed their response to life's challenges and their life records as public statements of their 'grit.' Pearlman (1994, 95) comments on this inner strength, stating;

The observer of the oldest old is not left with a sense that this age group experiences much joyousness; but it is possible to detect a certain grittiness, a kind of determination to tough it out, no matter how difficult life is. Their continued survival is about a rewarding confirmation of their specialness and a reinforcement of their determination.

The participants' comments support Martin's (2002) research that was part of a multinational project on oldest old populations. Martin documented significant emotional and physical stresses on the oldest old. However, he discovered that people in this age group coped with resiliency, drawing strength from within to remain optimistic. The successful survivors were described as possessing robust personalities, equipped with effective coping behaviors. In addition, they were efficient and down-to-earth. These descriptors fit the participants of this study well.

Pattern VI – Importance of Remaining a Productive Member of Society

Participants placed high value on having a sense of purpose in their lives. They maintained that they still had important goals, and that somehow, if they were unable to accomplish these things, the world would lose something important. These individuals see themselves as productive members of society, integral even to the fast-paced contemporary world in which they now exist. Ms. M., age 85, put it this way:

I usually have something I want to get better at, or want to complete, or want to do. Now, this spring I'm going to hope that I'll do more sketching. And, I hope that I'll do more walking, because during the winter I really let go of the ability to walk for exercise and then I had, oh, my heel was very sore, and I couldn't walk much. And so, now I find that I'm not walking as far as I want, or as well as I want. So that's the goal, and I think I only feel good when I'm reaching for something.

In a portion of the Berlin Aging Study, Baltes and Mayer (1999) found that most older people do have goals, including hopes, fears, activities, and interests. The oldest old revealed "a future orientation that covers a broad range of goals, with the most prominent hopes and fears involving personal characteristics and health. Goals of self-acceptance, autonomy, and positive relations with others were the most prevalent" (p. 121). These participants set goals of serving others,

learning more, and continuing to contribute to society. The satisfaction they experience weaves throughout the texts.

The ability to do something meaningful for another person seems to confirm these individuals' reason for being alive and their positive sense of self. They continue to see themselves as productive members of society and believe that they are important even in this fast-paced world. One participant shared his thoughts about feeling good and having an impact on the world;

People that are too concerned with themselves can't be happy. You can't be happy. If you sit in that corner there and all you think about is yourself – “What I can do, what I can get, what I can get for myself,” you're miserable. Because it's more out in the world and there, it's more in the world for you to do than it is to be sitting in that corner thinking, “What can I do for myself?” You got to help other people. You really have.

The participants repeatedly referred to the importance of the Senior Centers in providing a wide range of opportunities for remaining productive. Whether stuffing envelopes, teaching dance, or counseling others, these individuals extend themselves to others and feel valued for their efforts. One participant stated:

I like the different programs that they invite you to, like I said, to learn something not only to help me, but in case somebody wants to know something and I know of it, I can help them. Anything I can be involved with that I can learn from to help somebody else, it makes me feel good. Because I'm giving of myself to somebody else.

Each of these individuals continues to lead purposeful lives through exploring ideas and participating in activities that continue to interest and excite them. In addition, they realize that they possess something special within themselves and desire to, and even need to, extend this feeling to others.

Summary of Findings

A profile of one type of individual who survives to age 85 and continues to thrive and live independently emerges from the lived experiences of the participants of this study. The picture is one of a highly vital human being, committed to maintaining social ties, who cares about an active body and mind and continues to be energized by new ideas, who still views life as full of possibilities, and who sets and attains short-term goals. The individual has absolutely no regrets and continues to experience high levels of satisfaction with interpersonal relationships

and with daily activities. Resiliency is a key personality characteristic and the ability to adjust one's standard of judgment is clearly exhibited.

The individual has the strength of character necessary to accept loss and manage change, and remains committed to making a meaningful contribution to society. This picture of an exciting and energetic person living fully in the present, open to the future, yet at peace with the world and with him- or herself is a fitting description of the experiences shared in this study.

Conclusion

The insights provided through this study include recognition that the experiences of the participants do confirm the literature that indicates that the oldest old can and often do maintain vitality and a positive sense of well-being. Johnson and Barer (1997) discovered that the survivors not only maintain a sense of well-being but are likely to improve their self-ratings, apparently transcending factors that undermine well-being, and attribute their positive feelings to coming to terms with the realities of late life. For those participants who fit the positive description included in the study's findings, there are no barriers to continuing to seek and find the fulfillment they described in their interviews. They continue to overcome any obstacle or barrier they encounter.

These findings also highlight the fact that most of the problems of the oldest old are the difficulties of getting through each day and responding with small scale interventions. These findings also point out the need to move beyond the health care system in terms of providing support for the oldest old. As Johnson and Barer (1997, 227) noted, this situation "stands in marked contrast to the emphasis in the literature, where much of the national surveys and policy decisions have become strongly medicalized in their emphasis." Clearly, affordability of social services and provision of minimal help is a major concern.

This study has drawn a picture of a burgeoning population that will continue an independent lifestyle well beyond age 85. As lifelong learners, they will continue to seek intellectual stimulation and social interaction. Yet, they will definitely need assistance from society to cope with their increasing disabilities and to provide a wide array of programs, including meals and transportation.

There exists a large body of oldest old that is growing in number and is able to enjoy life and share their spirit, energy, and wisdom with those around them. The individuals of this study continue to experience a high level of fulfillment and satisfaction in their lives. The large

numbers of individuals who will enter this life stage should be encouraged by the experiences and testimony of these individuals.

Several recommendations can be made based upon this research. Some take the form of new or altered public policies, while others suggest future areas of research. One of the most powerful messages coming out of the findings of this study is the need to focus more attention and funds toward independent individuals in all “old” categories. While health care needs will always remain, the future will include increasingly large numbers of individuals who, like the participants in this study, need the support of small interventions that allow them to continue to keep their bodies and their minds active and enable them to attend and participate in a wide range of activities. Several participants mentioned the difficulties and challenges in transportation to and from various events. We must eliminate the incidents of these oldest old struggling to take two or even three buses to participate in any program.

Researchers should begin to study closely the strategies that these oldest old are already incorporating into their daily lives in order to remain vital and active. The results of those studies could provide information that can be used to design and sustain programs that will allow those large cohorts of future oldest old to deal with the challenges of the latest stages of life. While these participants have devised plans creatively and often reveal great imagination and resourcefulness, not all individuals have these same skills. It is important to share the ingenuity of the current oldest old population in order to prepare for a future society where the numbers of oldest old will be so much larger.

A central goal of future research must focus on developing initiatives to support the efforts of the oldest old to remain independent. While several housing options now exist and others continue to be developed, most individuals still prefer to live independently. Programs that support this objective provide significant benefits to future generations. The participants of this study and their peers who share their drive and outlook should serve as models for the future. As the interview texts revealed, these individuals feel they still have a purpose in life. Researchers must share the message of these individuals with government and not-for-profit agencies. Then, we must devise and implement the programs to sustain this independent population.

Several new research projects emerge from results of this study. First, hermeneutic research into the stories of those oldest old who see themselves as disillusioned or who report a low sense of well-being is suggested. These individuals would provide a deeper understanding of

the experiences and habits of those individuals who lose vitality and cease to value life. Extended utilization of adult development literature would enrich this investigation. Who are these individuals? What is the nature of their experience? From what seeds does this disillusionment grow?

Secondly, further hermeneutic research into the experiences of the oldest old who live in nursing homes, retirement villages, and rural settings could provide insight into the oldest-old experience in each type of setting. Since the experience is unique to each type of setting, a comparison could be drawn based upon the variety of constitutive patterns discovered. This research would deepen general understanding of the differences in environment and would allow individuals to reflect upon their own experiences.

It is essential to continue systematic qualitative research studies as an important adjunct to large-scale surveys. It has been noted that much of the happiness in the lives of the oldest old can be found in the emotional and cognitive domains. These interior processes are best tapped by an open-ended interview process rather than a few forced choice items on a survey” (Pearlin, 1994, 97).

The words of Joan Erikson (E. H. Erikson and J. M. Erikson 1997) regarding *gerotranscendence* as a ninth stage of human development reflect in part this research and the experience of these oldest old participants:

Transcendence need not be limited solely to experiences of withdrawal. In touching, we make contact with one another and with our planet. Transcendence may be a regaining of lost skills, including play, activity, joy and song, and, above all, a major leap above and beyond the fear of death. It provides an opening forward into the unknown with a trusting leap (p. 127).

Centuries ago, Benjamin Franklin said, “All would be long lived, but none would grow old.” But perhaps Ms. C., a participant in this study, spoke even more eloquently when she stated, “If you want to live, you gonna get older. Now if you don’t want to live—like most people want to live a long time, but they don’t want to get older. But facts is, if you live, you gone get older.

References

Antonucci, T. C., R. Fuhrer, and J. Dartigues. 1997. Social relations and depressive symptomatology in a sample of community-dwelling French older adults. *Psychology and Aging* 12:189–195.

Forum on Public Policy

- Baltes, P. B. and K. U. Mayer, eds. 1999. *The Berlin aging study [BASE]: Aging from 70–100*. Cambridge: Cambridge University Press.
- Buhler, C. M. 1961. Meaningful living in the mature years. In *Aging and leisure*, ed. R. W. Kleemeier, 171-192. New York: Oxford University Press.
- Campbell, A., P. E. Converse, and W. L. Rodgers. 1976. *The quality of American life: Perceptions, evaluations, and satisfactions*. New York: Russell Sage.
- Cumming, E., and W. Henry. 1961. *Growing old: The process of disengagement*. New York: Basic Books.
- Diekelmann, N., D. Allen, and C. Tanner. (1989). *The NLN criteria for appraisal of baccalaureate programs: A critical hermeneutic analysis*. New York: National League for Nursing.
- Dunkle, R., B. Roberts, and M. Haug. 2001. *The oldest old in everyday life*. New York: Springer.
- Erikson, E. H., ed. 1978. *Adulthood*. New York: Norton.
- Erikson, E. H. 1982. *The life cycle completed*. New York: Norton.
- Erikson, E. H., and J. M. Erikson. 1997. *The life cycle completed: A review*. New York: W. W. Norton.
- Erikson, E. H., J. M. Erikson, and H. Kivnick. 1986. *Vital involvement in old age; The experience of old age in our time*. New York: Norton.
- Gatz, M. and S. H. Zarit. 1999. A good old age: Paradox or possibility. In *Handbook of theories of aging*, eds. V. Bengtson and K. W. Schaie, 396–416. New York: Springer.
- Grundy, E. 1997. Demography and gerontology; Mortality trends among the oldest old. *Ageing and Society* 17:713–725.
- Heidegger, M. 1962. *Being and time*. Trans. J. Macquarrie and F. P. Pabonson. New York: Harper & Row. (Original work published in 1927).
- Herzog A. R., M. N. Franks, H. R. Markus, H. R., and D. Holmberg. 1998. Activities and well-being in older age; Effects of self-concept and educational attainment. *Psychology and Aging* 13:179–185.
- Hilleras, P., A. Herlitz, A. Jorm, K. Ericsson, B. Winbald, J. Medway, and P. Pollit. 1991. Well-being among the very old: A survey on a sample age 90 years and above. Retrieved from http://www.aldrecentrum.se/ger_e.html.
- Jahoda, M. (1958). *Current concepts of positive mental health*. New York: Basic Books.
- Johnson, C. L., and B. M. Barer. 1997. *Life beyond 85 years: The aura of survivorship*. New York: Springer.
- Jopp, D. 2003. *Erfolgreiches Altern: Zum funktionalen Zusammenspiel von personalen Ressourcen und adaptiven Strategien des Lebensmanagements*. Doctoral dissertation, Free University of Berlin. Available online at www.dissfu-berlin.de/2003/50.
- Jung, C. G. 1933. *Modern man in search of a soul*. New York: Harcourt, Brace & World.
- Kalish, R. 1975. *Late adulthood: Perspectives on human development*. Monterey, CA: Brooks/Cole.
- Lemon, B. W., V. L. Bengtson, and J. A. Peterson. 1972. An exploration of the activity theory of aging: Activity types and life satisfaction among in-movers to retirement community. *Journal of Gerontology* 27:511–523.
- Manton, K. G., and B. J. Soldo. 1992. Disability and mortality among the oldest old. In *The oldest old*, eds. R. Suzman, D. Willis, and K. G. Manton, 99-114. New York: Oxford University Press.
- Martin, P. 2002. Individual and social resources predicting well-being and functioning in later years: Conceptual models, research and practice. *Aging International* 27:3–29.
- Neugarten, B. L., R. J. Havinghurst, and S. Tobin. 1961. The measurement of life satisfaction. *Journal of Gerontology* 16:134–143.
- Pearlin, L. 1994. The study of the oldest old: Some promises and puzzles. *International Journal of Aging and Human Development* 38 (1): 91–99.
- Perls, T. T. 1995. The oldest old. *Scientific American* (Jan.): 50–56.
- Ross, C. E., and C. Wu, C. (1995). The links between education and health. *American Sociological Review* 60:719–745.
- Rowe, J. W., and R. L. Kahn. 1987. Human aging: Usual and successful. *Science* 237:143–149.
- Ryff, C. D., and M. J. Essex. 1991. Psychological well-being in adulthood and old age: Descriptive markers and explanatory process. *Annual Review of Gerontology and Geriatrics* 11:144–171.

Forum on Public Policy

- Suzman, R., K. Manton, and D. Willis. 1992. Introducing the oldest old. In *The oldest old*, eds. R. Suzman, K. Manton, and D. Willis, 3–14. New York: Oxford University Press.
- Vaillant, G. 2002. *Aging well: Surprising guideposts to a happier life from the landmark Harvard study of adult development*. Boston: Little, Brown.
- Van Manen, M. 1990. *Researching lived experience: Human science for an action sensitive pedagogy*. Ontario, Canada: University of Western Ontario Press.

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