LIVED EXPERIENCE OF THE OLD/OLD:

A GROUNDED THEORY STUDY OF SIX SAN FRANCISCO

BAY AREA RESIDENTS AGE 85 YEARS AND OLDER

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LIVED EXPERIENCE OF THE OLD/OLD:
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A dissertation submitted to
The Sanville Institute
in partial fulfillment of the requirements
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By

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CERTIFICATE OF APPROVAL

I certify that I have read LIVED EXPERIENCE OF THE OLD/OLD: A GROUNDED THEORY STUDY OF SIX SAN FRANCISCO BAY AREA RESIDENTS OVER 85 YEARS by GEOFFREY WILLIAM SHASKAN, and that in my opinion this work meets the criteria for approving a dissertation submitted in partial fulfillment of the requirements for the Doctor of Philosophy in Clinical Social Work at The Sanville Institute.

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ABSTRACT

LIVED EXPERIENCE OF THE OLD/OLD:
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AREA RESIDENTS AGE 85 YEARS AND OLDER

GEOFFREY WILLIAM SHASKAN

What do we actually know and understand about the lived experience of people 85 years and older? What, for example, are the effects of loss and ageism on the elderly? The field of gerontology is currently moving away from its formerly negative view of this population toward a more positive sense of the "old/old." This more positive perspective, called gerotranscendence by many, emphasizes resilience over fragility and decline, and was borne out by my qualitative field research of six interviewees.

Three important conclusions regarding the old/old emerged from this research. First, profound, socio-cultural events, especially those experienced in early life, are intertwined with the personal trajectory of one's life. Second, the subjects showed an amazing resilience that permeated their recollections of life in the past as well as their thoughts about life in the present and future. Third, this resilience allowed subjects to accommodate themselves to the large number of losses experienced by those who outlive nearly all their friends and family members. In short, this dissertation provided encouraging evidence of the possibilities of resilience and effective adaptation in an intensively interviewed group of old/old, diverse in terms of race, gender, socio-economic status, and life style.

DEDICATION

This dissertation is dedicated to my wife:

LOU ANN SWEANEY

And to my parents: the first old/old I knew:

DONALD AND FRANCES SHASKAN

ACKNOWLEDGEMENTS

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CHAPTER ONE: INTRODUCTION

All would be long lived but none would grow old
                    (Benjamin Franklin as cited in Johnson & Barer, 1997, p. vii)

This qualitative research explores the lived experience after one reaches the age of

85, the age now categorized as "old/old" (Cassel & B. Neugarten, 1996), for the purpose

of uncovering the unique experiences of this fast growing age group. Phenomenological

research, a qualitative method, was the lens through which I studied the experiences of

the old/old. "The aim of phenomenological inquiry is to reveal and unravel the structures,

logic, and inter-relationships" (Polkinghorne, 1989, p. 50) of an experience. The

Grounded Theory approach was used to understand the data for this introductory study.

Statement of the Problem and Background

They [the elderly] are palimpsests of past lives [tablets that have been written
upon several times with erased versions still evident] whose relevance to
contemporary affairs is reflexively ignored. (Koch, 2000, p. 3)

The lived experience of the old/old is a multi-dimensional, complex set of life

experiences, both inner and outer, of the individual person that are culturally driven. The

individual phenomenon of aging beyond 85 years includes sociological, biological, and

psychological factors as they affect the particular individual, as well as cultural

phenomena that include meta-sociological, meta-biological, and meta-psychological

factors. Both dimensions affect the experiences of the person 85 years and over.

In the field of gerontology, there are many theories of aging. There are, however,

few theories about, or descriptions of, the experience of reaching and being in such late

stages of aging. Existing theories about the old/old seem to cluster in separate islands,

between which there are few bridges (Achenbaum, 1995). Traditional research has been

concerned more narrowly with the adjustment problems of aging, such as living arrangements or depression, rather than broader issues concerning the experience of aging. Traditional research has created an overabundance of data and has made progress in measurement of the adjustment problems of the old/old. However, the paucity of theory regarding lived experience of the old/old, as well as a lack of research in examining experience and meaning of living beyond 85, has been a detriment to the understanding of the old/old (Marshall, 1986a; Moody, 1988).

People are living longer and facing certain issues that were never a problem in earlier generations. Living longer is mainly due to improvements in health care, especially in the treatment of chronic diseases that formerly were fatal diseases (Jern, 2007; Marshall, 1986a; McCance & Huether, 2002). Life span is also extended due to genetic predisposition, the absence of accidents, and a history of healthy life-styles.

According to statistics from the U.S. Department of Health and Human Services Administration, the old/old are the fastest growing population in terms of percentages in the United States (Hooyman & Kiyak, 2005). In fact, Hooyman and Kiyak report that persons living over 100 years are now the fastest growing population group. It is imperative that the professional community understand the experiences the old/old age group faces, in order to facilitate societal changes that provide support to this increasing and diverse population. In addition, it is highly desirable and useful that the history and wisdom of the old/old be shared with the younger generations (Birren, 1988).

The concept "old/old" currently refers to the last stage of aging. However, as the health and life expectancy of the old/old increases, it is necessary to continue to adapt definitions, re-define theories, and modify or adjust stages. Bernice Neugarten originated

the concept of the old/old in 1974, at which time she set the age at 75 years and above. Within one decade, this threshold had changed to 85 years and above (Cassel & B. Neugarten, 1996). Theories of aging can rapidly become outdated as life expectancies and life styles change. Therefore, the few theories specifically regarding the experience of the old/old, as well as theories of aging, must be adaptable to this lengthening life span and ever-changing life experience that it brings.

In addition to age, the need for adaptability is clearly seen in how the old/old are defined. According to B. Neugarten and D. Neugarten (1996), B. Neugarten initially described the old/old as "that minority of older persons . . . that particularly vulnerable group who often are in need of special support and special care" (p. 73). However, a number of years later she recognized that the old/old were at least as heterogeneous as other age groups. In actual fact, elderly persons are "the most heterogeneous of any age structure with regard to many characteristics" (Dannefer, 1988, p. 360). Another report discussing the work of Perls (1995) suggests that some people in their late nineties are healthier and more robust than younger old people (Johnson & Barer, 1997).

Historical Concepts of Aging

The concept of aging has changed through the centuries. Prior to the late 1800s, the life cycle consisted of three stages: birth, marriage, and death. Aging was viewed in terms of longevity and was seen as a natural process, a special but integral part of life.

In the late 19th century, after Darwin introduced his evolutionary theory, the (mis)perceptions of aging and longevity were seen in terms of "survival of the fittest." With the advent of photography, researchers were able to concretize through historical record how people change over time. Thus, the researchers were able to go beyond the

"distortions of time upon parental memories" (Vaillant, 2002, p. 40). As a result the new developmental stage called childhood was established in the life cycle. Soon after, the aged became a separate division of humankind, another new developmental stage.

At the same time, life was viewed in terms of calculation, division, and hierarchy (Katz, 1995). The new stages of childhood and the aged were seen in hierarchal epistemologies. The hegemony always belonged to the adult division, while childhood was characterized by dependency and need. With the establishment of the pension system in the 1900s, symbolically a double-edged sword, aging also became identified with dependency and need. In 1890, 70% of those persons over the age of 65 were still functioning in the labor force; by 1980, this had been reduced to 19% (Kohle, 1986).

In the 20th century, aging was characterized by decline, weakness, and obsolescence, and there was "hostility towards decay and dependency" (R. Cole as cited in Featherstone & Wernick, 1995, p. 46; see also Hareven, 1995). At the same time, the family became a smaller social unit. There was an economically defined role of the family, i.e., work and child rearing. Older people were gradually marginalized from viable family roles, especially in the middle-class, and over time, responsibility for the aged shifted from the traditional family system to a social system, i.e. social security, nursing homes, and other forms of care outside the home. This shift varied in intensity with socio-economic and cultural groups.

Biological Concepts of Aging

There is no definitive biological theory of aging (Esposito, 1987; Marshall, 1986a; McCance & Huether, 2002). From the biological perspective, there has been an increase in the life expectancy in developed countries in the past 40 plus years. Women,

around the world, outnumber men in life expectancy from four to eight years, although the gender gap is decreasing. Of 15 selected industrialized countries, the United States ranks thirteenth in longevity for white males and eleventh for white females. For non-white males it ranks fifteenth, for non-white females the rank is thirteenth (McCance & Huether, 2002)

It is in one's 70s that specific healthy life-styles are so important to sustain the aging process. From the Alameda County Study, Washburn, Smith, Jette, and Janney (1993) show that certain factors affect the mortality rate of persons in their seventh decade. Some of the positive factors are 30 minutes of daily, vigorous physical activity, including walking; and avoiding smoking and excessive use of alcohol. According to Guralnik and Kaplan's (1989) review of the same study, for those not afflicted with specific diseases, such as high blood pressure, heart disease, arthritis, and cancer, there was a profound difference in one's length of survivorship.

Sociological Concepts of Aging

The family structure has changed slowly, but dramatically, since the late 1800s. The extended family structure that existed prior to the industrial revolution has changed to a nuclear family as America became a fully industrialized nation in the 20th Century. In the multi-generational family, the aged were seen as wise and needed, and were to be consulted. In the multi-generational family there was "more intensive interaction among different age groups within the family and the community" (Hareven, 1995, p. 130).

With the change in family structure, there has been a gradual shift to "a greater segregation between age groups" (Hareven, 1995, p. 131). The elderly are either living alone or in segregated communities. Forty percent of persons over the age of 85 remain

functional and live in their own homes with some kind of assistance, either from family or contracted (Vaillant & Mukamai, 2001). Also, to account for and support the needs of seniors, segregated age-based peer groups and cultural/economic resources have been created: senior centers, planned retirement communities, assisted living facilities, and life care options.

There has been a re-discovery of the aged in the United States. However, identity in the aged has been associated with the condition/appearance of the skin-deep body. The "well-preserved" body is praised while the deteriorated body is shunned in society. An interesting fact is that in a room full of strangers, besides race, age is the quality that is next noticed most (Featherstone & Hepworth, 1995; Featherstone & Wernick, 1995; Hockey & James, 1995).

Cultural or meta-sociological phenomenon, such as perceptions, myths, messages, and social policies affect the experience of aging (Estes, 1986). Various myths have been dispelled about the older population (Johnson & Barer, 1997). For example, the act of socializing was considered to be a factor in the survivorship of aging. In fact, the old/old may have less interaction with family due to the fluidity of American culture, they may have outlived family members, or high level of disabilities prevent them from interacting.

Psychological Development in Aging

The first long term study of human development in the world took place in the 1930s at the Institute of Human Development at the University of California, Berkeley. Initially, studying the development of personality in children, the researchers turned to studying adult development by focusing on their families and the children's subsequent

development into adulthood. In 1940, Erik Erikson became a student at the Institute and began to develop his stage theory, first published in 1950 in *Childhood and Society*.

Prior to Erikson, psychological development was seen as an ascending staircase that reached approximately the age of fifty and then declined into old age and death. In Erikson's theory, adult development was expanded into "an ever widening social radius" (Vaillant, 2002, p. 43), in which the data showed that people became more interested in others than themselves as they aged.

Erik and Joan Erikson continued their study of development into their own old age (E. Erikson, J. Erikson, & Kivnick, 1986). A similar study, the Harvard Study of Adult Development, began in 1938 and continues to this day as a union of three separate studies (Vaillant, 2002).

Because of changes in longevity, there has been a re-conceptualization of the stages of aging that began in the 1980s. Currently the young/aged consists of those in their 60s, 70s, and early 80s, and the old/old are those 85 years and older. In addition, there was recognition of the unique cultural and social changes that impact the experience of aging. These include changes in both the length and style of retirement, consumerism, separation from other family members, and in the old/old an increased percentage of American wealth. The perception of the experience of this stage of life has impact both for the old/old and for younger generations (Katz, 1995; Sawchuk, 1995).

The subjects of my study, 85 years and older, were born somewhere between 1916 and 1922. A lot has happened since then that impacts a person who has reached this age. This cohort was born during World War I or its aftermath. They lived through the "Roaring Twenties" and suffered through the stock market crash of 1929 and the

following Depression. They were adults during World War II, the beginning of the nuclear age, and the subsequent smaller but significant wars in Korea, Vietnam, the Gulf, and today in Iraq and Afghanistan.

There has also been a cultural shift related to life view in the Western World. This shift became more prominent after World War II and more so after the Vietnam War. In the 1700s and 1800s, much of life was defined by the Napoleonic Code, which emphasized the importance of honor. Patriotism, the connection of the individual to the nation, is an example of this perspective. Beginning in the 1900s and continuing to this day, people have been more connected to the concept of dignity, which has resulted in "claims based on individuality" (Kohle, 1986, p. 284). The struggles against racism, gender inequality, and ageism in the last thirty years are examples of this shifting view. The impact of these cultural changes on the self needs to be studied because culture is inextricably linked to personal experience and becomes a part of the personally held self. Thus, the perceptions of those living through all these events and the way in which this experience has affected the old/old were studied.

Rationale of The Study

My study examines, through lived experience, a sample of the cohort of persons who have reached the chronological age of at least 85 years. The purpose of this study is to help social workers, gerontologists, physical therapists, nurses, and families, among others, to become more aware of the complexity of the experience of the very old in our population and to better understand their needs. It also provides information to help professionals and family members relate with the old/old. Hopefully, it provides avenues

for change that will have a positive effect on the quality of life for persons reaching this stage of life.

I expanded on the work of Cecilia Hurwich, whose 1991 dissertation was on vitality in the old/old. The respondents for her research were white, wealthy, healthy (for the most part) women. Hurwich raised the following questions for further research: what would be the results of research that included persons of low income, persons who had poor physical health, who were of the male gender, or who had diverse ethnic identities, educational backgrounds, and/or sexual orientations? Thus, my research was open to other experiences besides vitality and to the variety of people that were not covered in Hurwich's study.

While Hurwich's study was a beginning, new research in this field is blossoming. Various themes have arisen, including the extension and expansion of later life (Featherstone & Wernick, 1995; Johnson & Barer, 1997); the social psychology of aging (Marshall, 1986a; Vaillant, 2002); biological theories of aging (Marshall, 1986a; McCance & Huether, 2002); exercise, experience, and the aging brain (Brach & Simonsick, 2004); philosophical dimensions of aging (Esposito, 1987); and qualitative gerontology (Schoenberg & Rowles, 2002). These are a few of the many new works I investigated to learn how their research informed my work on lived experience.

The Research Question

My research question was *What is the lived experience of persons age 85 years and older?* The ensuing sub-questions explored more specific aspects of what affected people's ongoing experiences at this time in their lives, including how they processed their experience and navigated and guided their life choices. These subsequent topic

areas, listed below, were derived from previous research, the various readings I did, and my own thinking on aging.

1. Health issues

2. Involvement of family/friends

3. Velleity or the non-completion of tasks and the impact on them

4. The effect of failed relationships, for example, divorce, break-up of friendships

5. The role of religious faith

6. The effect of loss: as in the loss of life partners, of important persons, of jobs; as in disabilities, contracting social situations, the ending of careers

7. The impact of physical activity or non-physical activity on their experience

8. Unusual or profound experiences in their lives that continue to affect their ongoing experience

9. The role of cultural attitudes toward the body, the mind, and social relationships and the impact of those attitudes on their lived experience.

Research Design

A Grounded Theory approach guided this research. Data was collected through semi-structured, in-depth interviews with the old/old. The analytic process was guided by the constant comparative method of Grounded Theory (Strauss & Corbin, 1998).

Significance of the Study

The growth in the population of the old/old has affected and will continue to affect American society in an increasing number of ways. Previous research on this group has been focused mainly on specific questions regarding the old/old, e.g., level of depression, relationships currently held, specific issues focusing on individual health and/or health

budgets, issues regarding retirement, living arrangements, family and/or peer structure, and cultural attitudes and beliefs. However, there has been a dearth of research on the subjective aspects of lived experience of persons who have reached the age of 85 (Carey, 2004). My research contributes to the information available on the old/old in two ways:

1. It increases the information on the lived experience of the old/old. As the population ages, this information can be drawn upon by persons to explore their own experience in transitioning to this age. Ageist views in our culture could be countered with new information.

2. It widens the knowledge of researchers in the gerontology field to include lived experience of the old/old. As a result, this research, hopefully, decreases objectification of this age group by researchers and further reduces the condescension and neglect of the old/old by the dominant culture by providing better understanding of the old/old lived experience.

Limitations

This research did not explore the concerns related to neurobiology, neurobehavioral, and/or neurodegenerative disease processes of aging and the nervous system, or pharmacological issues related to aging. Also, issues related to psychotherapy and psychiatric-related illnesses were not explored.

Focusing on a small population and on those willing to participate in such a study on a voluntary basis limited the scope of the study. This introductory study did not intend to provide a description of the larger population of the old/old but instead explored the qualitative dimensions of experience in a small number of the old/old as a way to begin understanding their subjective experience.

CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

This chapter will examine current research as it applies to the lived experience of the old/old. Although some authors characterize people over 85 as the oldest/old (Carey, 2004) and others say that the oldest/old start at age 90 (Gonyea, 2005), my study will begin with participants that are 85 and older.

Aging and, specifically, the process of aging, has been a concern for individuals and societies throughout history. Accentuating these concerns have been issues related to how the elderly will live; how, for example, they will cope with the effects of physical and sometimes mental decline. From an individual standpoint, there are concerns about resources, such as what monetary support and special living situations will be needed to support living into one's old age. From a broader social standpoint, the concerns are related to the roles the aged will play in the culture and the resources that could be made available to them, as compared with what will actually be provided (e.g., health care).

In the 20th century, the multidisciplinary field of gerontology was developed to study aging and to answer the concerns of individuals and cultures for their aging populations. Within the wide and diversified field of gerontology, I will be reviewing literature that relates primarily to the study of the old/old population as I have defined it above. I will include relevant literature outside the field of gerontology that provides a basis for the study of the old/old.

I will begin this chapter with an overview of four concepts or methods used in studying gerontology: (a) quantitative methods, (b) lived experience, (c) the life course, and (d) qualitative methods. Then I focus on these four concepts or methods, especially

lived experience, by reviewing in depth eight core studies with the old/old. I consider

these core studies central to my research. When analyzing the results of the core studies, I

found that socialization was one of the consistent issues present. Socialization is

represented by the concepts of interdependence, social support or resources, maintaining

a link to social networks and to significant others, being involved in day-to-day activities,

and remaining socially connected. These concepts appear to straddle sociology and

culture and psychology in the next section.

Next, I review the literature that examines the old/old from the perspective of (a)

biology, (b) sociology and culture, and (c) psychology, and/or combinations of these

perspectives. In the following section, emphasizing the psychology of aging, I review the

literature regarding theories of the old/old that reflect the process of aging and the

relevant theories pertaining to individuation and development. At the end of my review of

psychological literature pertaining to the old/old, I focus on two important psychological

issues—namely the degenerating body and mind, and death.

An Overview of Concepts and Methods Used in Gerontology

Gerontology studies aging by examining its biological, social, cultural, and

psychological aspects (Hooyman & Kiyak, 2005). It should, however, be noted that

theory construction in the biology, sociology, and psychology of aging moves "in

different conceptual worlds and the logical relationship of each world to each other world

is not clear" (Moody, 1988, p. 20). Moreover, because scholars in each field are studying

aspects of aging from these disparate fields, their studies tend to be rich in specific data

but poor in terms of an overarching theory that would deepen our understanding of the

lives of people over the age of 85. (Achenbaum, 1995; Bass, 2006; Birren, 1988;

Featherstone & Wernick, 1995; Marshall, 1986a; Moody, 1988). Though studies in the social/cultural realm avoid general theorizing, they do make meaning of their data. An example includes the work of Guralnik and Kaplan (1989), who undertook a quantitative study on the meaning of the Alameda County Study of Aging. Similarly, Baltes and Mayer (1999), in another quantitative study, discuss the meaning of the Berlin Aging Study of persons between the ages of 70-100. Finally, Plank (2001), combining a quantitative and a qualitative study in her dissertation, discussed the effects of psychological variables in successful aging.

Quantitative Studies

Quantitative studies, the most common method of research in gerontology, usually focus on one or two key issues concerning the old/old. For example, Antonucci, Fuhrer, and Dartigues (1997) used a questionnaire to study the relationship between social support (social networks) and depression in the lives of 5000 persons over the age of 80 living in France. In contrast, I will be using qualitative methods that rely on a significantly smaller sample, but are more in depth than quantitative methods allow.

Lived Experience

A core issue in the research of lived experience is the presentation of the nature of being in relation to the experience of aging. According to Schoenberg and Rowles (2002), this presentation has to be done with as little inductive or deductive reasoning as possible. In other words, pre-conceived notions about what an aging person experiences are harmful. The process of positivistic research, i.e., the use of tests, graphs, etc., frequently skews the researcher's view of aging into a negative one. The meaning of the lived experience of aging needs to be presented in a more complex and comprehensive

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manner that includes an expansion of "the black and white view which represents the controlled, predictive side of scholarship into the more brilliant, colorful version, view" (Schoenberg & Rowles, 2002, p. 7).

In summation, Schoenberg and Rowles (2002) advocate the acceptance of findings that may be unusual (outliers) as well as the inconsistencies encountered in lived experience research. They express a passion for caring and a commitment to change by the creation of "a vibrant, highly variegated, and ever-involving collage of ways of coming to know about the process of growing old" (p. 14).

In the seminal book, *Emergent Theories of Aging* (Birren & Bengston, 1988), chapters by Moody, Birren, and Bengston describe theories relating to lived experience with regard to the aged. While these writers, initially, do not talk specifically about the old/old, their theories dispute the accepted theory of disengagement, prominent since the 1960s, in which the aged supposedly withdraw from society as a means of preparing for death (Cumming & Henry, 1961).

In terms of methodology, Moody (1988) warns researchers that the social sciences tend to describe "a pre-interpreted world of inter-subjective meanings" (p. 32). To counteract what he considers this ageist tendency, he encourages social scientists to consider the experience of both the researcher and the subjects and "to make explicit and conscious the sources of contradictions in lived experience, above all the experience of time, whether historical time or individual time" (p. 30). In addition, Moody is one of several authors who comment negatively on the use of myopic standards set by young and middle-aged researchers to describe the process of aging.

Kenyon (1988) is a proponent of studying aging through lived experience, and Birren and Bengston (1988) tell us that Riegal is another proponent of that approach. Both Kenyon and Riegal criticized earlier theories of aging that based cognitive decline upon standardized intelligence tests that were created to measure the functioning of the mind at younger ages. Kenyon, especially, felt that language and its use of signifiers increased the older person's ability to place meaning on things and be relational. It is now known that as one grows older, there is an increasing ability of the mind to synthesize knowledge. Thus, a new kind of wisdom, one harder to measure quantitatively, develops (Baltes, Reuter-Lorenz, & Rosler, 2006; Siegel, 2006).

Life Course

The life course research perspective is a process of learning about growing old by using life stories and narratives. According to Kenyon (2002), life stories make use of three important features: facticity; possibility; and time. Facticity is the process of putting together the facts that make up a person's history. It is possible a person may change the meaning of his/her life history overtime by changing the order of these facts as his/her own life changes. Thus, the life course narrative structure expresses the ongoing relationship between the person and his/her life story. Carr notes: "There is nothing below this narrative structure, at least nothing experienceable by us or comprehensible in experiential terms" (as cited by Kenyon, 2002, p. 38). By below, Carr means that man's experience is limited by the temporal structure he uses to convey that experience.

The life course perspective uses the parameters "of time, maturation, cultural definitions, and age norms" (Fry, 1988, p. 468). The life course perspective in aging studies and research has been important to my study for three reasons: First, the

researcher concentrates on the life transitions of the person; second, the researcher notes the shaping of experience by cohort historical factors (in other words, by factors that happened to persons of the same generation over time); finally, the researcher notes the involvement of biological, psychological, and sociological factors in determining the experience of aging (Hagestead & B. Neugarten as cited by Passuth & Bengston, 1988). In other words, the life course perspective combines "the concepts of intra-individual change, inter-individual variability, and historical, social, and cultural contexts or environments" (Hooyman & Kiyak, 2005, p. 295).

Qualitative Gerontology

Qualitative gerontology derives its roots from qualitative sociological theory (Glaser & Strauss, 1967), making it an investigation of the internal factors in aging. Schroots and Birren (2002) underline this fact by discussing how scholars in the field of gerontology are beginning to recognize that not only the "inside view of life has been neglected, but also that an understanding of this view is crucial to comprehending the human experience" (p. 51). By "inside view" Schroots and Birren mean the subjective experience of aging.

Some points made by authors I reviewed struck me as particularly relevant for my study. Several authors commented on the heterogeneous and unique nature of the old/old. Johnson and Barer (1997) stated: "In contradiction to common, taken-for-granted views among gerontologists, some processes may be unique to late life" (p. 220). For example, twenty to thirty percent of the old/old are childless and may be the last surviving members of their multi-generational families (Dunkle, Roberts, & Haug, 2001). Of those persons with a family, only twenty-five percent have a child as a caregiver (Carey, 2004).

Also, the old/olds' sense of optimism is the direct opposite of the pessimism that would be predicted by a poll of the general public (Seccombe & Ishii-Kuntz, 1991). And, finally, the old/olds' need to accept some dependency, with a resultant loss of control and their detachment and aloofness from the social environment, while it may cause resistance, especially at first, does not appear to cause a loss in well-being over the long term (Dunkle et al., 2001; Johnson & Barer, 1997).

Eight Core Studies

Of the eight relevant studies listed in this literature search, a dissertation (Carey, 2004) from the Sociology Department at the University of Chicago, confirms my own conclusion that research on the lived experience of the old/old has been sparse. It has been important to build on the research described in these eight studies in order to understand and communicate the experiences of this particular cohort. I used the information gained from these studies to increase my knowledge and understanding for my own research. Although the two earliest studies in this group were conducted when the old/old were defined as 80 years and older, five years younger than the current definition, they provide a useful description of the lived experience of the participants and their age structure.

The eight studies are listed and reviewed in chronological order. Each focuses on particular themes relevant to the old/old. Wondolowski and Davis (1988) study meaning for the elderly and their struggle to affirm the self. Hurwich (1991) focuses on questions of vitality. Johnson and Barer (1997) focus on the experience of survivorship—that is, outliving one's friends and family. Dunkle, Roberts, and Haug (2001) study health, physical functioning, worries, goals, social support, and morbidity. Ruth and Oberg

(2002) explore life histories. Hinck (2004) researches the lived experience of the old/old in rural settings. Carey (2004) studies the lived experiences of the oldest old who are living independently and attending community-based programs in Chicago. And, Borglin, Edberg, and Hallberg (2005) consider the quality of life for persons over the age of 85.

Meaning and Affirming Self

The Wondolowski and Davis (1988) study, *The Lived Experience of Aging in the Oldest-Old: A Phenomenological Study,* looked at 100 persons living in large metropolitan communities. Eighty-three percent were ages 80-89, the rest between 90 and 101. Data was gathered by asking participants to respond orally or in writing to this shortened version of their prompts: "Tell me about a situation in which you experienced aging through thoughts, perceptions, and feelings" (p. 262). If the response was collected orally it was tape recorded and then transcribed for analysis.

To analyze their data, the authors used "the six operations of scientific explication of phenomenological analysis" (p. 265), a method originally conceived by van Kamm in 1969 (as cited by Wondolowski & Davis, 1988). In describing the six operations, the authors first searched for "eliciting descriptions." There were 675 of these "descriptive expressions of the phenomenon" (p. 265) that were found by describing, analyzing, and studying the information given by the subjects. Second, the authors were able to identify shared elements of experience by studying common elements of the subjects' meaning of aging. Third, the authors reduced certain elements in the study by excluding all phenomenon unrelated to the subject of aging. Fourth, the authors formulated a hypothetical definition of the phenomenon by combining "the specific common elements and descriptive expressions" (p. 265). Fifth, by taking the hypothetical definition and

applying it to the original descriptions of the 100 subjects, the authors identified the structural definition (the sixth operation). I will describe the authors' structural definition, but first I want to make some general comments regarding the study.

Wondolowski and Davis (1988) share the assumption that aging is not determined by social norms, but that it emerges and changes as a person structures meaning in both personal and social situations. Thus, the authors' concept of aging includes the experience of changing with events over time and is "concomitant with the view of Man as an unfolding mystery" (p. 263). In other words, aging is no different from any other stage in one's attempt to gain meaning from life through one's experience and the expression of that experience. Moreover, one finds ways of gaining meaning from life through a continuous struggle to affirm oneself within the framework of the opportunities and limitations that present in one's life.

More specifically the authors' formed a structural definition of the aging process that they describe as finding ways to gain meaning that can be identified by three common elements: The first is "unfolding euphony . . . [the] process by which positive language feedback values the self and increases self-worth" (Wondolowski & Davis, 1988, p. 267). This process operates through the "dynamics of affirming self by self and others" (p. 267). Examples include being told you have a good mind, hearing your grandchildren talk to you positively, or feeling secure within yourself.

The second, "creative transfiguring," is the "paradoxical rhythm in the unfolding of life" (Wondolowski & Davis, 1988, p. 267). According to the authors, persons of all ages share this paradoxical rhythm in the struggle between life and death. Thus, in aging,

one can chart the movement between basic frailty and vitality, the rhythm in which keeping active, competing, and having relationships adds to one's self worth.

The third, "transcendent voyaging," is the "process of giving up on reality orientation and doing things, remembering, and/or deliberately pretending" (Wondolowski & Davis, 1988, p. 268). For example, one can pretend that one is climbing mountains one never climbed (or remembering the mountains that one climbed in the past), or engage in other similar imaginative exercises that rekindle feelings of vitality. Thus, through "transcendent voyaging" one is able to remember earlier experiences of vitality and use those memories of vitality (whether real or unreal) to affirm oneself.

Wondolowski and Davis' (1988) study combines meaning and affirming the self in a metaphysical manner. By the process of affirming oneself, the older person, like persons of other ages, derives a sense of him/herself; that is, a sense of him/herself as existing in the world in a meaningful way. Whether or not a particular affirmation is reality based is not important to them. Wondolowski and Davis emphasize that people's lives gain meaning from the opportunities and limitations that present themselves, a metaphysical theme to which I returned in my study. Their theory was important to my research because of the assumption that the aging person's outlook is not only determined by social norms but also is affected by many experiences where the respective person structures meaning in both the personal and social sphere.

Vital Involvement

Hurwich (1991) explored the concept of vitality in women over the age of 80. Her study provided the initial inspiration for my own research. Three out of the six women she studied were under the age of 85 (80, 81, and 84). Hurwich chose six

successful woman who were the survivors of her earlier study in 1981). These participants were middle class and above and were perceived by their peers and families to have maintained their vitality into old age. Her object was to study the components associated with vitality. Hurwich had arrived at seven assumptions that were similar to the research that I found in the other seven studies. While Hurwich's research included instruments (tests) developed by Reker and Wong (1988) to "evaluate well-being and optimism in older adults" (Hurwich, 1991, p. 50), the author also conducted non-structured one hour interviews she recorded and analyzed using the Grounded Theory method to gain some of her data.

Hurwich's (1991) seven assumptions, listed below, appear to have been borne out by her findings.

1. Attitude can affect physical and psychological health. . . .
2. An older person's source of self-esteem is not exclusively dependent on present physical abilities. . . .
3. Wisdom and generativity deepen as one ages. . . .
4. Adaptation in later life often involves "responsible renunciation;" i.e.:, a relinquishing of certain physical, social, and mental activities and roles. . . .
5. Believing that one has choices in one's life is important to satisfaction and well-being in old age. . . .
6. The interdependence of older persons with family and friends of all ages becomes more salient as the years progress. . . .
7. A feeling that life has been and continues to be worth living gives a sense of meaning in life. (pp. 127-131)

As for findings, the women in Hurwich's study held "positive attitudes," they had "optimism concerning the future" and they lived "very much in the present" (p. 132). As a result, Hurwich maintains these women were more "prepared for death." "Friendship with people of all ages" gave added meaning to their lives. "Touching, cuddling, and hugging" remained an enjoyable experience (p. 133). While they took "an active stance toward maintaining their health," they also had "trust" of others to take care of them if

their health failed. Although the participants continued "to adapt to the aging process," they dreaded the possibility of "the loss of mental acuity;" instead of waiting for fate to take its toll, they "actively created their lives to make them meaningful;" and they relinquished those activities they could no longer perform without dwelling "on what is lost" (p. 134). Hurwich also documents their "highly developed sense of individuality." Apparently they were more interested "in discovering what is important . . . than [in] living up to the expectations of others" (p. 135). They had a "developed sense of social consciousness" (p. 135) in that the women were concerned about the other people in their lives, and about society in general, themes that I addressed.

The themes in Hurwich's (1991) study that were important to my study followed Hurwich's seven assumptions: attitude affects health; self-esteem and health are not directly correlated; wisdom deepens as one ages; there is a process of relinquishment; having choices is important; connections with family and friends is important; and, finding meaning leads to satisfaction with life (and vice-versa).

Survivorship

Johnson and Barer's (1997) research defined the properties of long-term survivorship for those persons over the age of 85. The study began with 150 respondents whom the researchers followed for six years with five interviews at 14 to 16-month intervals. The study took place in San Francisco where 80% of the respondents were found by checking the voting records for persons over 85; the other twenty percent of the respondents were referred by those initial contacts, i.e., the original 80%. Initially, all of the respondents were living in the community. They were of Caucasian heritage, approximately 75% were female and 25% were male. If, during the study, the

respondents entered institutions and were still able to be interviewed, their progress was followed.

Johnson and Barer (1997) collected a comparative second sample of 100 persons aged 70-84 years old. The authors found that the persons in the second sample were less disabled, more likely to be married, more active physically, and, in fact, were more like middle-age persons in terms of their stage of life.

To obtain data for their qualitative and quantitative study, the authors used four parameters for their inquiry. First, they used a moderate sample size that allowed them to continue their research over the six years, and they had open-ended interviews using "ordinary conversations" (Johnson & Barer, 1997, p. 19). Second, in the sample they controlled for ethnicity and race by having only Caucasian respondents. The authors felt that a sample that included more than Caucasian respondents, for example African-Americans, Latinos, and Asians among others, in order to make the sample statistically significant would unduly increase their sample size. However, they did not control for socio-economic status. Third, they conducted the five interviews over a period of six years, which allowed the authors to "generate hypotheses at one contact to be tested more systematically in later contacts" (p. 20). Fourth, the authors attempted to use structured instruments. However, they found that because of vision problems, hearing problems, and their participants' difficulty in understanding abstraction, many of the psychological tests that were developed at the time of the study were not helpful.

The first sample decreased in number over the six years from 150 to 48. Of this decline in the number of participants, death took 16% before the second interview, and by the fifth interview 38% had passed away. In the same timeframe of the second through

fifth interviews, 6% through 19% became physically and/or mentally incapacitated; and 4% through 10% of the respondents fell out of touch with the interviewers, for example, some "moved out of state with family" (Johnson & Barer, 1997, p. 25). The mean age increased from 88.9 to 92.9; those married decreased from 20% to 13%; those living alone slightly decreased from 58 to 56%. Economically, the respondents who reported no monetary problems decreased from 61 to 52% over the six years. In terms of health, respondents reported that their health had significantly deteriorated over the six years. The number of respondents who said their "health was a major concern" (p. 23) increased from 27% to 36%.

The results of Johnson and Barer's (1997) six-year study on survivorship showed that in some manner, persons over the age of 85 have learned to sustain well-being, despite seemingly insurmountable odds. Survivorship as a process, changes the way(s) the elderly think and feel about themselves, their conceptions of their social relationships, their self concept, their orientation towards time, and the meaning for them of life and death. Their lives have been changed by a multitude of events: a brush with death, a loss of contemporary partners, a loss of independence (including living with disabilities), a possible relocation, and/or the increasing awareness of the inability to change important things in one's life.

Adaptation is found to be a key element in long-term survivorship, as defined in the Johnson and Barer (1997) study by the ability "to balance the individual's capacities, objective and subjective resources and the demands posed by their survival into late, late life" (p. 8). Through adaptation, a person learns to manage the physical environment to meet physical needs (particularly after a hospitalization). If disabled, the person obtains

help from others to satisfy social needs. In the psychological sense, adaptation is used to maintain motivation and a sense of stability. Therefore, successful adaptation guarantees the maintenance of a positive outlook, despite the challenges of a variety of problems facing the old/old. With this skill, the older adult maintains a link to his/her social networks and his physical, sensory, and cognitive connections to the environment.

Johnson and Barer (1997) conclude that, despite insurmountable odds, people had an increased sense of well-being. The authors discussed several reasons for the increase. Presumably because the participants had "transcended themselves" (p. 221) from usual worries like family and finances, they did not worry about "mastery and self-control" as much; they felt they had less emotional problems; and, because others were less demanding of their time and energy, the old/old felt they had more freedom to pursue their own lives. Johnson and Barer explore the idea that survivorship is strongly influenced by the old/olds' capability/capacity to adapt. I found this correlated with my study and the experiences of the participants I interviewed.

Health Issues and Physical and Psychological Functioning

Dunkle, Roberts, and Haug (2001) initially conceived their study on the oldest/old as a means of gathering information on the effect of stress on the physical functioning of those over the age of eighty-five. Their study took place in the Cleveland Metropolitan Area and consisted of 147 women and 46 men who were aged 84 to 99 at the start of the study. There were five data collections, the first four were within 18 months of the beginning of the study and the last was seven years after the fourth, that is, nine years from the beginning of the study. One-third of the participants had a significant disability.

At the end of the longitudinal study only 23 participants were still alive or able to participate.

At the beginning of the study, 21% of the participants were married and 71% were widowed; 17% of the total number of participants were African-American. The increase in the number of African-Americans in the study may be explained in part by the predominance of African-Americans living in the Cleveland Metro Area. However, since the time this study was conducted, African-Americans living in the U. S. have been assuming a faster growing proportion of the oldest/old. Dunkle et al. (2001) report that according to the U. S. Census in 2000, among the 85 and older population, African-Americans had increased sevenfold since 1990.

Furthermore, 60% of all those studied had no more than a high school education, bearing in mind that this cohort was born in 1916 or earlier, an era in which education was not stressed. In this study, as in the U. S. population as a whole, there were five women for every two men over the age of 85. Thirty-five percent reported that their health was either very good or excellent. In this study, although health conditions listed as acute, such as heart attacks, did not increase, with the exception of cancer, the prevalence of chronic health conditions rose with age. Alzheimer's disease reportedly affected 5% of men and 7% of women at age 80, increasing to 35% of men and 41% of women at age 95.

Results from the study showed that the people who engaged in exercise, even in rudimentary forms of exercise, were healthier than people who were sedentary. This pattern was also confirmed by Guralnik and Kaplan's Alameda County Study of 70-year-olds (1989). While the Dunkle et al. (2001) study discovered some diminished quality of

life attributable to disparities between males and females, it also found that 40% of the oldest/old lived independently while requiring some support for their day-to-day activities, that is for their Activities of Daily Living, or ADLs. An example would be help with shopping. If the elder was involved in day-to-day activities with other people, he/she tended to have higher levels of life satisfaction.

The study also found that mental health was positively related to longevity in survivors. When looking at self-perceptions, the participants who were able to keep setting goals as they aged over the nine years remained feeling positive about their lives. As the person aged, however, their goals tended to be shorter-term, for example, making sure that day-to-day social activities and tasks were performed. Citing the work of Laperre, Bourrand, Bube, Labelle, and Bustin in 2001, Carey (2004) confirms this finding by Dunkle et al. (2001) and further postulates that there is a direct or positive correlation between goals and well-being. Thus, there is a sense of satisfaction from setting and obtaining goals that leads to a self-perpetuating increase in goal-setting.

Another factor that increased feelings of well-being were the positive comparisons participants made between their lives and the lives of their peers. Typically, the respondents used these comparisons between themselves and people of the same general age to create a context for describing their own health in positive terms. Dunkle et al. (2001) cited Chipperfield who reported that his study of the oldest/old showed that there was a relationship between self-rated health and survival. If a person over-estimates his/her health, he/she tends to live longer than a person who reports his/her health condition as being poor. That these results exist independent of actual health conditions

as documented by physicians speaks to the power of subjective knowing and self-suggestion.

While asserting the positive benefits of setting goals, the Dunkle et al. (2001) study also emphasized that participants who worried about their own lives and the lives of those around them were more likely to survive. The most frequent worry, concern about the health of a family member, plagued 40% of their target population. Other common worries pertained to the participant's own health and factors that impaired mobility and the ability to perform ADLs. Interestingly, factors such as well-being and social and personal resources played no part in decreasing the risk of death among these participants.

The relevance of this study correlated to my research results in its discovery that having goals and significant worries about one's life are two important conditions for living over the age of 85. I also investigated three other points made by Dunkle et al. (2001): (a) the participants' common claims of specialness, (b) their feeling that they are busier then ever, and (c) the relationship between exercise and health. An interesting theme that appears in my research is the relationship between self-rated health and survival.

Life History

In a 1995 study Ruth and Oberg (2002) documented the life histories of a group of men and women living in Helsinki, Finland. Originally interested in studying aggression as manifested by single elderly women from the generation (cohort) born between 1905 and 1915, the authors selected volunteers from the same generation, which they characterized as "the generation of the wars and the Depression" (p.135). To find

their research participants, the authors advertised in the local paper for persons born between 1905 and 1915 who were willing to report about their lives.

The data, analyzed using Grounded Theory, was culled from interviewing 37 persons (23 women and 14 men) and showed distinct differences (described below) between the men and the women. Two interviews took place in the respondent's respective homes. The average length of each interview was seven hours and 40 minutes. On each side of the average time, the extremes (outliers) of the interviews took 4 hours and 16 hours, respectively. The authors described their data collection "as the interviews being written *in extensio*" (Ruth & Oberg, 2002. p. 135).

In their study Ruth and Oberg (2002) define life histories as "life analysis without defined descriptions of reality being made in advance" (p. 134). In addition to personal narratives, their participants' histories included age, nationality, ethnicity, heredity, social affiliation, and gender. In this narration of life histories—that is, reconstructing lives through narration— Ruth and Oberg initially used the life stage Erikson named "Integrity versus Despair" (Erikson, 1982), which enabled their respondents to give retrospective meaning to their lives.

In analyzing their data, Ruth and Oberg (2002) turned to the new concept of gerotranscendence that was introduced by Lars Tornstam in 1989 (see Tornstam, 2005). This concept was used by Joan Erikson (E. Erikson & J. Erikson, 1997) when she added it as a ninth stage to Erikson's familiar eight by naming this stage "gerotranscendence," meaning a state of mind in which an elderly person achieves peacefulness and satisfaction by transcending the rationalism and the materialism of adult life. Ruth and Oberg quote Jung who understood this period in a person's life as a time of integration in

which change takes place from "an inner-directed ego perspective" (p. 143). The terms now used to describe this stage of an older person's life reflect a shift in our understanding of what it means to grow old. Formerly thought of as a static stage, having "Integrity versus Despair" in the face of bodily decline and approaching death, gerotranscendence requires the continued growth of individuals into old age and beyond.

In their research, Ruth and Oberg (2002) categorize their life histories by dividing them into "six types" (p. 135) of narration, each of which expresses a particular attitude toward life. They are: (a) "A bitter life": The authors found that this category was dominated by single, unmarried women. (b) "A sweet life": The people from this category were mainly persons who grew up in a middle-class or upper middle-class life-style. (c) "Life as a hurdle race": These people were directly impacted by the various wars and other violent events in their lives. (d) "Life as a trapping pit": These people, mostly women, were successful in the business world but were discriminated against because they were women. (e) "The arduous working life": The people from this category were mainly men who described the trials and tribulations of their chosen careers. (f) "A devoted, silenced life"; these people were able to manage their needs and lower their aspirations and by accomplishing control over their lives, they were able to achieve integration and consequently, a satisfaction in old age.

As the examples suggest, the adaptation of these women and men was primarily determined by their social status, the degree of control they exercised over their lives, their finances, and their particular social situations. "Reflections of class differences were noticeable in the life stories" (Ruth & Oberg, 2002, p. 144). For example, the authors tell us the working class person was more directed towards how to cope with conditions and

values attributable to his/her own background, whereas, the middle class person was more interested in the *Yin/Yang* nature of the self and its inner and outer aspects.

A significant theme in Ruth and Oberg's (2002) study that did not appear to be borne out in my research, indicated that female participant's histories tended to be more contradictory than men's. The authors speculated that the female participant's histories were from an era that taught women not to think for themselves and to see their lives through the lives of others, while male subject's histories were likely to have a career-oriented outlook and report independently made decisions.

Another important theme that I also observed in my research was the issue of gerotranscendence or gero-transcendency as described above. Ruth and Oberg (2002) no longer saw aging in terms of a stasis but rather as another stage of growth and learning.

Lived Experience in Rural Settings

Hinck (2004) elicited the lived experience of 19 elderly white adults living alone in the rural Midwest. Two-thirds of these subjects were women, ranging in age from 85-98 years. Hinck audio-taped and transcribed 59 in-depth interviews from an interpretive phenomenological perspective. She used thematic analysis, interpretation of paradigm cases, and interpretation of exemplars.

In describing their everyday activities, their concerns, and ways of adapting to living at home in a rural setting, the participants described what was meaningful to them and how their lives had been shaped by history, culture, and the environment. Without exception, each related that he/she was one illness or accident away from institutionalization. The findings were confirmed by other studies, in both rural and urban settings. See Guralnik and Kaplan's (1989) description of the findings from the Alameda

County Study and Baltes and Mayer's (1999) description of their Berlin Aging Study of 70-100-year-old persons. Both studies showed that satisfactory old age depended upon staying active within one's physical and mobile capabilities, staying engaged in meaningful relationships, and having a personal reason for existing each day.

The themes that emerged in Hinck's (2004) research focused on how the old/old found ways to continue to live in their own homes. To this end, the participants in Hinck's study focused on issues that supported this objective, that is, the experience of remaining able to live in their own homes. In addition to this primary theme, Hinck's subjects focused on four other issues that were important to them:

> perceptions of their health and [the] presence of acute or chronic illnesses . . . how they modified daily patterns of living to accommodate physical discomfort, restricted mobility, and varying energy resources and demands . . . describing the trade-off between being physically safe and staying in their own homes . . . [and exploring] what social support or resources they perceived as necessary for them to remain living at home. (pp. 785-789)

These themes were helpful in my research as five out of six of my subjects were living in their own homes, and concerned about their ability to remain there.

Lived Experience of Independent Urban Dwellers

In her dissertation, Carey (2004) studied ten persons, six females and four males, over the age of 85 who lived independently and attended a community center in Chicago. Carey interviewed each for approximately one hour. She audio-taped the interviews and transcribed them verbatim. The participants were actively involved in one of the "Chicago Department of Aging's Life Enrichment Programs" (p. 9) held at the community center, attending the program at least five times per month.

In terms of methodology, Carey (2004) interpreted the data within the phenomenological tradition using thematic analysis. She contextualized her analysis by

using a concept employed by the philosopher Martin Heidegger. Carey states: "The goal of [this] hermeneutic analysis is to discover meaning and achieve understanding by drawing out . . . the everyday experiences of these oldest/old individuals and to describe and interpret these meanings to a high degree of depth and richness" (p. 8).

Carey (2004) also used computer-generated analytic tool software to complete her seven-step process for interpreting the data. Following the hermeneutic tradition, she asked some of the participants to review ten initial themes she had developed from the analysis to receive confirmation of her interpretation of the data. Carey described the ten detailed themes that emerged from this research as follows: (a) "Using Strategies to Manage Life" (p. 78); (b) "Feeling Special" (p. 79); (c) "Remaining Socially Connected" (p. 79); (d) "Accepting loss of control" (p. 80); (e) "Being Resilient" (p. 80); (f) "Having a Sense of Purpose" (p. 81); (g) "Staying Mentally and Physically Active" (p. 81); (h) "Feeling at Peace" (p. 81); (i) "Shifting Standards of Judgment" (p. 82); and, (j) "Using Positive Social Comparison" (p. 82). Carey was able to consolidate these ten themes that emerged from the transcripts into six constitutive patterns that reflect the lived experience of being over 85. They included:

1. "Being Flexible/Accommodating Change" (p. 84). This pattern is about accepting the multitude of losses that a person over 85 faces (or has faced) and learning to cope with these losses in new and innovative ways. Even though there may be a reduction in resources, Carey's participants developed new strategies to accommodate these changes. To support her claim, Carey points to Johnson and Barer's 1997 study in which the authors describe "successful adaptors who devise . . . simplify . . . ritualize and develop a greater

acceptance of dependence and surrender of control over certain areas of their lives" (p. 77).

2. "Maintaining a Positive Self-Concept" (p. 91). This pattern furthers the theme of specialness or uniqueness held by the participants. The specialness fosters a feeling of pride in their ability to function. In some cases, the pride stems from a feeling of rareness; for example, of looking younger than one's age, or of being complimented. In most cases, the participants reported "an increasingly positive sense of self" (p. 93). Secondarily, this sense of self allowed them to get more involved in activities. In fact, the participants were critical of those of their contemporaries who failed to be involved. Social comparison is a strong factor in maintaining a positive self-concept (Dunkle et al., 2001; Johnson & Barer, 1997; Pearlin, 1994; & Schulz & Heckhausen, 1996).

3. "Commitment to Exercising Body and Mind/Lifelong Learning" (p. 99). This pattern reflects the participants' involvement in keeping healthy and growing, mentally and physically, as opposed to letting the natural forces of aging contribute to their decline. An important secondary effect of exercise and lifelong learning is socialization, although, as Carey points out, social environments are sought "that minimize potential for negative affect" (p. 104). Carey also studies self-esteem and well-being in detail, stating that: "older adults with multiple roles experienced less depression, higher life satisfaction and greater self-efficiency than those with fewer roles" (Adelmann, as cited in Carey, p. 31). Carey further links self-efficiency and a sense of control to self-confidence, which in turn relates to the health and well-being of the elderly.

4. "Coming to Terms with Life" (p. 105). This pattern reflects the participants' sense of inner peace and satisfaction with themselves and the world. According to the 1991 study by Ryff and Essex, there are six functions that help with coming to terms with life: "self acceptance; positive relations with others; autonomy; environmental mastery; purpose in life; and personal growth" (as cited in Carey, p. 106).

5. "Having what it takes/Grit" (p.114). This pattern reflects the participants' inner strength and confidence regarding adversities that they have encountered in life. This attitude appeared to have been introduced early in the participants' lives and may also be considered the result of a cultural value practiced during the early twentieth century. Other researchers have come to the same conclusion: the old/old are fighters who are self-reliant and resilient, having an inner strength that produces optimism (Baltes & Mayer, 1999; Martin, 2002)

6. "Importance of Remaining a Productive Member of Society" (p. 119). This pattern reflects the participants' willingness to help others and to be future-oriented. Helping others maintain a positive sense of self connects the person to the world, producing in him/her a sense of being a productive member of society. As we have seen, the importance of having and keeping goals was one of the major findings of the research by Dunkle et al. (2001) who found that not having goals increased depression, especially in people who previously had goals.

Carey's (2004) study was relevant to my research for several reasons. It was a recent phenomenological study, it investigated lived experience, and the participants studied were of different ethnic identities and came from various economic and social classes. Carey's study also confirmed earlier research that defined multiple themes that appeared to be helpful in the old/old living a meaningful life past 85.

Quality of Life

Academic or scientific knowledge about the experience of quality of life and meaning is sparse. A few studies, however, investigate the quality of the life experience of the oldest/old or explore the actual meaning of the quality of life for this population. A Swedish study by Borglin, Edberg, and Hallberg (2005), also used in-depth interviews to study quality of life in 6 women and 5 men living in their own homes. Like Carey (2004), Borglin et al. used an interpretive hermeneutic phenomenological method of analysis to interpret their research material. They concluded that the older person's view of quality of life was found to be more complex than that which is commonly described in typical health indices and most quantitative studies.

In their analysis, Borglin et al. (2005) noted four themes and the qualities associated with them that are also relevant to my study:

1. Anchorage to life . . . living in the present, living at the end of life, accepting and adjusting to life, and reminiscing . . .
2. Satisfied body and mind . . . participation in life, a sense of enjoyment, giving meaning to the day, maintaining independence, an awareness of the inevitable, and, finally, maintaining control over the body and/or the mind . . .
3. Access to significant relatives . . . the importance of staying connected to significant others rather than losing those which have really become a part of the person's self . . . being involved, not left out . . .
4. Management of life conditions . . . a sense of freedom rather than limitations and having a home which is an integrated part of self. (p. 208)

Borglin et al. cited three other quality-of-life studies that reached essentially the same conclusions as they did. Farquhar in 1995 and Browne, O'Boyle, and McGee in 1994 regarded such factors as health, independence, family relations, social contacts, material wealth, mobility, social activities, home milieu, and spare time as important quality-of-life issues. Nilsson, Ekman, and Savimaki conducted qualitative interviews in 1998 of thirty seniors aged 82-92 years, that revealed six dimensions that affected their quality of life: social relationships, social activities, health, philosophy of life, the person's past, present and future, and, finally, expectations.

Summary

These eight qualitative studies were able to discuss the complexity of the process of aging in terms of themes common to the old/old. Each of the eight informed my thinking regarding the old/old and had themes that were relevant to my study. Wondolowski and Davis' (1988) study showed that affirming oneself leads to existing in the world in a meaningful way; Hurwich (1991) developed seven assumptions: attitude affects health; self-esteem and health are not directly correlated; wisdom deepens as one ages; there is a process of relinquishment; having choices is important; connections with family and friends is important; and, finding meaning leads to satisfaction with life (and vice-versa).

Johnson and Barer (1997) explored the theme that survivorship is strongly influenced by the old/olds' capacity to adapt. By the act of "transcending themselves" (p. 221) from various issues, the old/old gained an increased sense of well-being. Similarly, Dunkle, Roberts, and Haug (2001) found that the old/old had an increased longevity due to setting goals—daily and somewhat long-term, having a sense of specialness, and

believing in their own health and their relationship to significant others. Ruth and Oberg (2002) use the term "gerotranscendence" to discuss how the old/old ascend in growth and learning.

Hinck's (2004) research focused on how the rural old/old attempt to maintain their independence and live in their own homes, knowing that they are one illness away from losing that independence. Carey's (2004) research was focused on the urban old/old and was consolidated into six constitutive patterns: flexibility, positive self-concept, exercise and lifelong learning, coming to terms with life, grit, and remaining productive. And finally, Borglin, Edberg, and Hallberg (2005) researched quality-of-life issues: accepting and adapting; staying satisfied and participating; staying connected to relatives; and, keeping some independence. In addition, Borglin et al. cited three studies that offered further issues regarding quality of life: having material wealth; mobility; having spare time; the old/old person's particular philosophy of life; and expectations the person held. Thus, the complexity of themes informed my own research regarding the old/old.

Biological, Sociological and Cultural, and Psychological Theories of Aging

Overview

Although I review each group of these theories separately, it is important to note that recent research concerning the brain and its functions has created a combination of these different fields. The combined nature of the theory has been noted by Baltes, Reuter-Lorenz, and Rosler (2006) as a "metatheoretical paradigm" they called *"developmental biocultural co-constructivism"* (p. 3). This paradigm describes aging from the moment of birth to the time of death as the interplay between the biological/neurological aspects of life (the brain) and the cultural/psychological aspects.

In the words of Baltes et al. (2006): "the brain and culture are in a continuous, interdependent, co-productive transaction and reciprocal determination" (p. 3). They cite various authors around the world who have come to the same conclusion: biological evolution, cultural evolution, and ontogenetic development is the result of the joining of "the action of genes, brain, material environment, culture, and behavior" (p. 5). With regard to aging, the implications of this biocultural co-constructivism are multi-faceted.

Current research finds that the aging mind and brain are affected by plasticity, that is, by the brain's ability to manufacture new brain cells. In their book, *Lifespan Development and the Brain,* Baltes et al. (2006) describe the process of plasticity in detail. According to these authors, plasticity is delineated by the cognitive improvement that comes with physical exercise through compensatory brain activity patterns and adult neurogenesis: the generation of new nerve cells within the brain. More specifically, neurogenesis is a process of developing new circuitry that allows for memory retention, which in turn creates the possibility of task completion, which would otherwise have been hindered by a declining biological system (Kempermann, 2006).

Through brain imaging, researchers are now able to distinguish differences in the aging brain between individuals and, more generally, between different age groups. For example, researchers can see the consequences of biological aging as it relates to the "results of past experiential and cultural learning" (Reuter-Lorenz & Mikels, 2006, p. 271). Further, they report: "[The consequences] include the enduring plastic effects of the mind and brain as these systems adapt, reorganize, select, prioritize, and compensate in response to biological aging and environmental pressures" (p. 271). Although the aging brain requires more support than the younger brain would in order to perform cognitive

functions, Reuter-Lorenz and Mikels advise that physical fitness and good diet reduce the need for compensatory changes.

In fact, if a pathological process has reached the exact same point in two persons, i.e., if their white matter cells are the same, the person who exercises and stays more active would be seen as less affected by aging "as assessed by observations, neuropsychological tests, and reports by relatives" (Nyberg & Backman, 2006, p. 248). As a result of this knowledge, Nyberg and Blackman advocate increased leisure and social activities to decrease cognitive decline.

Biological Theories

Biological theories of aging are divided into five categories that describe the various causal theories of aging (Esposito, 1987; Hooyman & Kiyak, 2005; McCance & Huether, 2002). Following is a summary of the categories taken from the works of these authors:

1. *Wear and Tear:* The theory applied to this category compares the human body to a machine that wears out with use. It includes accumulative, systematic, and deteriorating components as opposed to total body aging theories.

2. *Autoimmune:* The theory applied to this category describes a change in the various autoimmune systems of the body in which antibodies are produced that operate against the body rather than in its defense.

3. *Cross-Linkage:* The theory applied to this category focuses on the protein collagen, which constitutes approximately one third of all proteins in the human body. Collagen is an important connective link in body organs. When

the skin loses elasticity, it wrinkles; wounds heal more poorly; and blood vessels and organs become rigid.

4. *Free Radicals:* Free radicals are molecules that break off in cells and possess an unpaired electron. These molecules can damage connective tissue, DNA, and proteins. Antioxidants like vitamins E and C are said to combine with free radicals to prevent further damage to the cells.

5. *Cellular Aging:* The theory applied to this category includes evolutionary and genetic theory. According to these theories, our biological clocks program our cells, which are only allowed a finite number of divisions, with a consequent decrease in absolute DNA and subsequent RNA production.

Given that these divergent explanations underlie the absence of a definitive biological theory of aging (Esposito, 1987; Hooyman & Kiyak, 2005; Marshall, 1986a; McCance & Huether, 2002), in the past 40 years there has been a significant increase in life expectancy. According to McCance and Huether this increase has been mainly due to a decrease in cardiovascular disease.

Esposito (1987) characterizes the biological process of aging as one of a system under progressive decay. In general, this process is described in one of two ways: (a) aging as the result of an accumulated series of injurious events, the most serious being hypoxia or the lack of oxygen to the cells; or (b) aging as the result of a genetically controlled developmental program (Esposito, 1987; McCance & Huether, 2002).

McCance and Huether (2002) identify three major components in the mechanics of aging. The first is *apotosis*, or programmed cell death where changes and decay are produced by genetic, environmental, and behavioral factors. Secondly, there is change in

the cellular regulatory system, or control mechanisms, especially in the cells of the neuroendocrine, immune, and central nervous systems. Finally, there are degenerative extra-cellular and vascular alterations, such as cancers and cardiovascular diseases.

Hooyman and Kiyak (2005) report that in the normal aging process, the amount of oxygen one takes into the body decreases. Thus, the respiratory system, in general, becomes one of the most easily damaged by the environment. They further state that the body's lowered ability to take in and use oxygen makes it more likely that a person over 85 will have trouble with sustained physical activity, which is itself a social consequence of a biological limitation.

Hooyman and Kiyak (2005) also report that women over 90 are twice as likely as women in their 70s to need assistance with Activities of Daily Living (ADLs), while men do not need as much assistance. However, within male groups, black and hispanic men over the age of 85 have 20% more chronic health problems than do white men. Meanwhile, disability rates for everyone have decreased overall in the past twenty years (Hooyman & Kiyak). Active aging, including cardiovascular fitness in combination with good diet, reduces disability and death (Nyberg & Backman, 2006; Reuter-Lorenz & Mikels, 2006).

Socio-Cultural Theories

Generally speaking, socio-cultural theories portray the phenomenon of aging as complex and multidimensional (Birren, 1988; Chaney, 1995; Featherstone & Hepworth, 1995; Hooyman & Kiyak, 2005; Kenyon, 1988; Moody, 1988; Plank, 2001). Aging, from a socio-cultural perspective, stresses the interaction of multiple factors including social, psychological, cultural, and historical. There are differences, however, between

researchers who approach socio-gerontology in terms of micro levels, which involve the psycho-social disciplines, and those that focus on blending larger political, cultural, and economic factors (Bass, 2006). Whereas some older, static sociological approaches to aging focus on social dynamics, especially those interactions that demonstrate the ways in which decreased abilities, knowledge, and skills lead to obsolescence (Cumming & Henry, 1961; Esposito, 1987) others utilize age stage theories to link specific characteristics with specific phases of development (e.g., Erickson, 1950).

To broaden their understanding of the aging process, contemporary socio-gerontologists study social interactions, social structure, and social, cultural, and historical dynamics. Bass (2006) in particular attempts to bridge gaps between old and new by offering an integrated/unified theory which takes into account all of the complex factors that affect aging, The importance of Bass' work to my study lies in its four underlying principles.

First, for a socio-gerontological study to be effective, the researcher must locate and integrate the experience of the individual participants within their respective cultures. According to Bass (2006), an individual is affected by his/her social status, by cohort or age related factors, as well as by economic factors such as poverty. Second, the relational aspects between the culture and the individual and vice versa must be taken into account. As Bass' study shows, there is a mutual dependency between the individual, groups, and social forces that are dynamic, fluid, and capable of influencing each other. Third, we must embrace the general complexity of our post-industrial society. To more thoroughly understand the experience of the old/old as they age, one must take into account all of the factors that affect an individual's experience, including physiology and psychology,

family, social relationships, and monetary factors. In addition, aging is affected by factors that operate on a large scale.

A fourth concept, also discussed by Bass (2006), affected my understanding of the socio-cultural aspects of aging, although this concept was discussed only minimally by my subjects. The concept had to do with changes taking place in society at the macro level, including policy, regulations, economic factors, as well as globalization, that have caused resources and economies to move beyond the reach of government regulation—thereby risking the livelihoods of future members of the old/old population. In the United States, for example, the future of social security has been in doubt. Also, since corporations are no longer taking responsibility for pension systems and are, in some cases, abandoning previously guaranteed pensions, they, too, have contributed to the actual and anticipated economic instability of the elderly and soon-to-be elderly population. Now and in the future, macro-level changes, such as these, may well threaten the livelihoods of the old/old, possibly diminishing their quality of life.

Passuth and Bengston (1988) identify five general sociological perspectives with respect to aging, the first three of which I found particularly relevant to my research: Symbolic Interactionism, Social Phenomenology and Social Construction, and Structural Functionalism. The remaining two perspectives they identified, Marxism and Exchange Theory, were less relevant.

The Socio-Cultural Concepts of Symbolic Interactionism and Social Phenomenology and Social Construction

Passuth and Bengston's (1988) Symbolic Interactionism and Social Phenomenology and Social Construction approaches are the main socio-gerontological

theories that I used in my research. They enabled me to recognize how gender, race, class, sexual orientation, degrees of disability, and abilities affected the experience of the individuals I interviewed. More importantly, these theories turned out to discuss one of my more interesting and unexpected findings, that the personal lives of my subjects were intertwined with the social/cultural events of their lives.

Symbolic Interactionism theories "emphasize the dynamics and meaningful processes of social interaction" (Passuth & Bengston, 1988, p. 341). In other words, the theories focus on the interaction between the person and his/her environment to give both the individual and the society a chance to change over time (Hooyman & Kiyak, 2005). In general, these theories discuss how the activities, the sub-culture, and the social competence of the elderly can lead to a redefining of their role in society.

Symbolic Interactionism data (Passuth & Bengston, 1988; Hooyman & Kiyak, 2005) shows that the old/old have a high level of disability, which may prevent them from active social engagement. Also, a significant number of the old/old are childless or have survived their close relatives (Kovar & Stone, 1992). In Carey's (2004) study, as well as those of Johnson and Barer (1997) and Koch (2000), we learn that even though there are significant decreased numbers of close relatives, the self-esteem of the old/old is not diminished. Johnson and Barer report that: "Most survivors continued to express contentment and to perceive their health as good. They were able to sustain their morale and motivation despite increased disability" (p. 77). Many of the authors I have reviewed feel that social companionship and the resulting feeling that the old/old person is a special person is a strong factor in maintaining a positive self-concept.

Another example of Symbolic Interactionism can be found in the work of Campbell and O'Rand (1988) who view the development of the old/old as a product of the interaction between an individual and the social structure across socio-historical lines. They postulate a theory of multi-dimensionality that combines a concept specific to the individual, "Duration Dependence" (the length of life), with a cultural concept of "Developmental Contextualism." Duration Dependence refers to the rate of change for a given individual. For example, "The probability for change or transition at any given time depends on how long the individual has been in the state" (p. 63). Similarly, the experience of widowhood is affected by how long ago the spouse died; by the living spouse's age when the spouse died; by the type of death, whether a sudden and traumatic death or a lingering illness; and whether the survivor was left in poverty. For Campbell and O'Rand, time (process) and context are intertwined. As we have seen, Baltes et al. (2006) pose a similar approach.

Other questions raised by theories of Symbolic Interactionism relate to the issue of identity and how identity is affected by physical and socio-cultural changes (Chaney, 1995). Plank's work (2001) focuses on the person's individual aging process through seven constructs: "length of life, biological health, mental health, cognitive efficacy, social competence and productivity, personal control, and, life satisfaction" (p. 91). All of these constructs were relevant to my study.

Because Social Phenomenological and Social Construction theories are concerned "with the use of language and knowledge as constitutive elements in everyday realities" (Passuth & Bengston, 1988, p. 345) they are meaningful tools for examining "the emergent, situational and constitutive features of the aging experience" (p. 345). What is

most important is that these concepts emphasize that social reality changes over time "reflecting the differing life situations and social roles that occur with maturation" (Hooyman & Kiyak, 2005, p. 296). These ideas of change over time are useful in discussing lived experience because they examine how a person's view of their lived experience changes over time coincident with the change over time in the contemporary cultural perspective on the process of aging (Cole & Achenbaum as cited by Katz, 1995; Featherstone & Hepworth, 1995). Another reason social phenomenology and construction were useful for my research was that the practitioners of these theories gravitated toward qualitative methods while concentrating their research on individual interactions and experience (Schroots & Birren, 2002; Hooyman & Kiyak; Schoenberg & Rowles, 2002).

Structural Functionalism

Structural Functionalism is a sociological paradigm that addresses social roles, norms, and behavior in relation to the structure of society. Three socio-cultural theories of aging fall under the rubric of Structural Functionalism: Disengagement Theory, Modernization, and Age Stratification.

Disengagement Theory maintains that a person disengages from his regular role(s) in society by entering into retirement. The individual increasingly disengages until the final social withdrawal: death (Cumming & Henry, 1961; Passuth & Bengston, 1988). According to Passuth and Bengston, Henry later changed his thinking and argued against Disengagement Theory, maintaining as one aged, disengagement was a sign of disturbance rather than part of the natural sequence of change in motivation and function.

The theory of Modernization holds that in a modern technological society, the status of the older person has an inverse relation to the development of the technological society. The idea that rapid social change means that the aged cannot keep up was not borne out by my research into the old/olds' (presumed, and possibly erroneous) loss of status in terms of identity and function (Hooyman & Kiyak, 2005).

The third theory, Age Stratification, proposes a developmental model in which people belonging to a cohort of the same generation can be followed throughout the life span of the many individuals. Similarities in their experience would not be found in the lives of people from different cohorts. However, because this theory did not allow for variability within the same cohort, it was not as useful for my study.

Other Socio-Cultural Concepts

In the sociology of aging, three additional concepts are especially meaningful to my study of the old/old. The first addresses the question of how the losses of the old/old are reflected in the social networks some studies deem necessary for their survival. Marshall (1986a) asks: How important are these networks to the aged? Answering his own question, Marshall hypothesizes that social relationships and friendships "increase in salience" (p. 26) with aging as people lose spouses and other kin relationships. Caldwell and Reinhart stated in 1985 that the oldest old "experience many personal and social losses that reduce their access to supportive networks" (as cited in Carey, 2004, p. 43). Dunkle et al. (2001) report that approximately 40% of their respondents had lost friends and were attending a decreased number of religious and family activities. Carey also cites sources describing the impact on the old/old of the loss of many relatives and friends. These losses, in effect, reduce the size of the social support network that is available to

them. However, the important issue in determining social support appears to be who is available, in frequent interactions, with the people in question (Field & Minkler, 1988).

Field and Minkler (1988) reported on interviews they conducted in 1969 and 1983 as part of the Berkeley Older Generation Study. They reviewed intensive, rated, and structured interviews of 27 participants between the ages of 85 and 93. The authors found that the old/old were people who stayed in contact with their children, if possible. However, between 1969 and 1983 the participants' contact with their grandchildren decreased (relationships they continued to value as they grew older). On the other hand, their contacts with organizations such as churches and clubs continued although the participants reported a decreased involvement and commitment to those organizations. Thus, in the lives of the old/old, traditional ties of kinship may not exist or they may be reduced. For this reason, a way of understanding social networks was a category in my research.

The second concept is Esposito's (1987) definition of the Social Clock. He sees this Clock as determined by the level of differentiation operating within a society. The more differentiated the society, in terms of class, race, gender, age, and ethnicity, the more differentiated the life roles between cohorts. Carey (2004), J. Erikson (E. Erikson & J. Erikson, 1997), and Stierli (1993) discuss the difficulties older persons face in American society as a result of role differentiation. Joan Erikson further states: "aged individuals are no longer seen as bearers of wisdom but as embodiments of shame" (p. 123). The United States is a multi-cultural population making it a strongly differentiated society. However, in my study, role differentiation did not affect the social relevance of the subjects. In fact, they appeared to lead lives that were relevant to their social world.

Yet another socio-cultural concept is the Life Course theory of experience. Uhlenberg (1988) in particular reminds us that aging is viewed culturally in terms of the Life Course. He draws on the work of Fry and Keith who state that depending on the age stratum, and "varying in degree of structuredness, a culturally charted life course always exists to guide individuals as they journey from birth to death" (as cited by Uhlenberg, p. 409). Despite these culturally driven models, in the United States we are encouraged to seek a multiplicity of paths in the trajectory of our individual life course (Fry, 1988). The results of my study showed that the cultural and individual models were intertwined, instead of a cultural or individual model being more applicable to our society.

Psychological Theories

> A human being would certainly not grow to be 70 or 80 years old if this longevity had no meaning for the species to which he belonged. The afternoon of human life must also have significance of its own and cannot be merely a pitiful appendage to life's morning. (Jung, 1933, p. 109)

At the start of the 20th century, researchers and theorists began to define aging in terms of dependence and deterioration, terms connected to industrialization. Disengagement theory, developed in 1961 by Cumming and Henry, was an advanced way of maintaining that as a person reached a certain stage in the process of aging, coincident with the natural deterioration of the body and in preparation for death, he/she began to disengage from the world and its demands. Psychologically, the older person was experiencing a loss of center to his/her self and was just worn out (Esposito, 1987).

The concept of decline may be valid from the biological perspective; however, from the psychological and social perspectives, there appear to be multi-causal and multi-directional systems at work (Perlmutter, 1988). The newness of the stratum of the old/old, and more recently the oldest/old, those over 90, makes this particular segment of the life

course, as previously defined by Uhlenberg (1988), hard to conceptualize. There is a tendency to focus on decline, the defining characteristic common to each new stage of aging. Yet, it is important to recognize that even among the oldest of the old, there is developmental maintenance or improvement of some functions.

Perlmutter (1988) recognizes the concept(s) of developmental maintenance or the improvement of some functions in aging, especially in terms of cognition. He states: "Cognition is the psychological ability that accounts for all mental life, including the conception of experience, perception, memory, intelligence, reasoning, judgment, and decision making" (p. 250). To study the development of cognition, Perlmutter proposed four approaches: the construction of knowledge within biologic restraints, the reaction to the environment, the "reciprocal or bi-directional process between organism and context" (p. 250), and, the psychometric or statistical approach made available through psychological studies. Undoubtedly, most of the generalized knowledge of psychological aging comes from the psychometric approach.

According to Runyan (1984) there are several levels through which one can view psychology: through individuals, groups, and the generalized view—the universality of all human beings. Gordon Allport felt "that psychology had defined itself too exclusively as a generalizing discipline" (as cited in Runyan, p. 166). In other words, psychology had assumed a statistical view rather than looking at "the individual and their particularities" (p. 166). However, some authors correctly view the psychological aspects of aging from a worldly, generalized view. I will discuss five theories, with examples, that have taken a generalized approach to evaluating the individual's experience of aging, and show that in

four of these theories, decline in the individual is not the predictive pattern. The fifth theory is how individuals are affected by the movement of time.

Generalized Psychological Theory

Intelligence.

From the results of several longitudinal studies, Schaie claimed that intelligence neither decreases nor declines with aging as previously theorized, for example, in Disengagement Theory. Rather, intelligence depends upon changes made by the individual and on "life course ability patterns" (Shaie as cited in Carey, 2004, p. 150). While I will not be measuring intelligence per se, I listened to the individual's experience of biological decline.

Cultural differences.

Stierli (1993) studied cultural differences as manifested in the experience of aging. In her dissertation, Stierli used empirical research to compare 70 American-born women to 65 European-born women using questionnaires and scales to evaluate introversion, self concept, depression, attitudes towards aging, and values of life satisfaction. Rodeheurer and Stohs (as cited by Stierli) felt that American society pressured women to stay young, which pressure resulted in body disassociation among older women. These older women retained images of their bodies similar to those they held in middle-age. Body image did not prove to be an issue in my research.

Functional ability.

Camacho, Strawbridge, Cohen, and Kaplan (1993) completed a follow up to the Alameda County Study of the 1970s, using 995 participants who had reached the age of

85 or older. They found that the quality of functional ability in the old/old in a positive manner correlated with physical activity, the absence of depression, education, and marital status. Although the numbers used in this study were vastly lower than in the original Alameda County Study, which used over 6000 subjects of 60 and 70 years of age, the results were similar. My research did not confirm these results for marital status and education; however, my subjects all were physically active and did not appear to be depressed, and they all appeared to be functional.

Cognitive and functional status.

Corey-Bloom, Wilderholt, Edelstein, Salmon, Cahn, and Barrett-Connor (1996) studied the cognitive and functional status of the old/old. They compared 52 subjects who were 85 years and older to 191 subjects who were 65-84 years old. They found that the old/old (in cognitive testing situations) "performed significantly less well on verbal/nonverbal memory tests, psychomotor tests, and executive tasks" (p. 671). However, the old/old had no significant difference in actual functional impairment. For example, they were able to gather the knowledge of how to obtain transport from their home to a senior center. In my research the similar results led me to theorize that opinions regarding functional impairment may well be a prejudiced attitude regarding the old/old.

Individual's sense of time and meaning.

Birren (1988) discusses the psychological view of aging more generally. He believes that as one ages and develops, one is also affected by time moving forward. Events happen. The individual's response to the event is determined by the actual time in reality, the individual's own sense of time, and the meaning of the event. The combined

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experiences of time and event will in turn determine how (s)he reacts to the event psychologically as well as how (s)he reorganizes her/his behavior.[1]

Individuation and Development

One other important way of describing the psychological theories of aging falls under the heading of individuation. Individuation refers to the process of an individual's psychological development from infancy through adulthood that derives from his/her individual experience rather than from the general flow of a cohort or group through the life cycle. In this literature review, I will be focusing on the theories of individuation that are prominent in connection to the old/old.

Studies following the thinking of C. G. Jung.

In their studies, Carey (2004), Hearn (1995), and Reker and Wong (1988) all rely on Jung's (1933) discussion of aging in terms of the second half of life and individuation. Jung felt that in the second half of life, persons prepared for old age and death through an emphasis on spiritual/transcendent values. Reker & Wong note that in 1971 B. Neugarten felt that the Kansas City Studies of Adult Life bore out Jung's conceptualizations regarding individuation. Psychologically, the old/old are adjusting to losses, both of persons, events, and time and to their own physical decline. Carey identifies Jung's final stage of individuation as a movement towards "maturation and wisdom" (p. 48). This process is thought by Carey to be of help when "addressing the issues and experiences of the oldest old" (p. 48).

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[1] According to Social Clock theory, the culture's idea of Time is established and set by each succeeding generation according to standards of work performance, i.e., its units of work. Each generation complains how things used to be so much slower (Esposito, 1987).

Reker and Wong (1988) take the position that personal meaning is the important psychological construct in individuation. They postulate that personal meaning is developed through the interaction of the affective component, the cognitive component, and the motivational component. They call this the interpretive perspective:

> Aging may be viewed as a process of change in personal constructions over time, resulting from the reciprocal interplay between the biological and psychological process of the organism and the social, cultural, and historical contexts in which the individual is embedded. (pp. 216-217)

Butler supports the individuation theory of Reker and Wong, as do Baltes et al. (2006). Butler, who coined the term "ageism" in the 1960s (Dreifus, 2006), feels that in older persons there are greater differences than in younger persons. He said: "it is clear that there are great differences in the rates of physiological, psychological, and social aging within the person and from person to person" (as cited by Esposito, 1987, p. 141) as they age. Thus, ageism is the result of the culture accepting theories of development and socialization based on the emphasis on normativity (Dannefer, 1988).

Studies following the thinking of Erik Erikson.

Erikson's (1982) developmental stages leading to Integrity versus Despair map out a lifelong process of individuation. According to Vaillant (2002), Erikson's theory of adult development expands into "an ever widening social radius" (p. 43). Erikson's data showed that older people became more interested in others than in themselves alone. Carey (2004) described a similar finding in that her participants gained self-esteem through helping others complete tasks.

Vaillant (2002) is one of the scholars who continue the work of Erikson through the Harvard Study of Adult Development, which began in 1938 and continues to this day. The Harvard study follows three cohorts, charting their progress throughout the

remainder of their lives. The first cohort consisted of 268 Harvard sophomores. The

second was comprised of 456 men from the inner city who were initially the non-

delinquent controls of another study. The third group consisted of 90 women from

California all of whom had IQs over 140.

After joining the Harvard cohort study in 1967, Vaillant began re-interviewing the

inner city males. In addition, in 1987, he was able to re-interview about half of the gifted

women. From the information gained, Vaillant built upon Erikson's theories, in part by

changing Erikson's stages to tasks. He believed that these tasks did not have to be done in

a sequential manner.

Vaillant (2002) also added two new tasks to Erikson's stages of human

development. The first task he called "Career Consolidation" (p. 47), the task of

becoming competent, contented and committed to one's career and as a result, receiving

higher compensation for one's life's work. The first task falls between Erikson's stages of

"Intimacy and Generativity" (pp. 46-47) and may be important to this dissertation from

the point of view of understanding people who feel that they were not able to master this

task.

The second task, "Keeper of the Meaning," focuses on "conservation and

preservation of the collective products of mankind" (Vaillant, 2002, p. 49). This task falls

between Erikson's stages seven and eight, "Generativity vs. Stagnation and Integrity vs.

Despair" (pp. 47-49). For the "Keeper of the Meaning" Vaillant postulates both a social

function—the way organizations, including countries, preserve their own traditions—and

an individual function—for example, a father writing a memoir of his experiences in life.

Vaillant feels that the role of the grandparent is to make connections between

grandparents and grandchildren so that the social architecture of a particular society retains a sense of its own continuity.

Joan Erikson's theory (E. Erikson & J. Erikson, 1997) makes the strongest connection to the old/old in Erik Erikson's system, by expanding her husband's eight stages to a ninth stage, "gerotranscendence" (p. 114), in which "one moves from a materialistic and rational vision to a condition characterized by peace of mind and an increase in life satisfaction" (Carey, 2004, p. 53). Advancing Joan Erikson's theory, Carey further discusses gerotranscendence, especially as it relates to the old/old, as shifting one's focus inward and leaving behind the worldly cares of previous times. Some might question if this is a more modern version of disengagement theory. However, Carey recognizes the positive advantages of the old/old philosophically changing their views and roles in relation to society. Overall, however, stage theory, due to its linear descriptions and its use of chronological age as the constant, fails to adequately describe aging and its multi-dimensional concepts.

Chreode theory.

The psychological theory that best explores and explains lived experience of the old/old is the Chreode Theory of individuation and aging developed by Waddington in 1957 (Schroots,1988). Schroots and others (e.g., Chappell & Orbach, 1986; Kenyon, 2002; Schroots & Birren, 2002), use this theory to explain development. A chreode is a "canalized pathway of change" (Schroots, p. 302). As one passes through life, the figurative pathways form, producing a valley in one's "epigenetic landscape." Aging develops these valleys but in a non-linear way. The pathway or river channel grows deeper with use and re-use; still, change can take place, especially when a significant

event alters the course of the pathway or, in the metaphor of the river, overflows, thereby creating a new pathway or course. Significant events include genetics, e.g., strokes; chance events, e.g., the loss of a spouse; social/cultural events, e.g., the Holocaust; and particular choices acted on by the individual, e.g., continuing one's life's work. Aging develops these valleys but in a non-linear way.

Thus, Schroots (1988) theorizes that individuation comes about as a result of a combination of genetic make-up, chance events during and throughout development, the social and cultural environment, and particular choices made by the individual over his/her lifespan. Using the rich metaphoric system of the tree of life or a river with its branching and diversification, Schroots states: "Development is the process of differentiation or formative change of an organism towards increasing complexity" (p. 305).

Schroots (1988) uses General Systems Theory as a contrast to Chreode Theory. In General Systems Theory the process is linear, advancing towards entropy (disorganization) and death (otherwise known as the second law of thermodynamics). Schroots and Birren (2002) postulate that, when considering the human situation, it appears that instead of disorganization leading to death there can be reorganization. Reorganization is possible because the human condition is an open system in which new information can result from the positive feedback loop that exists between inter- and intra-personal events.

By emphasizing its positive feedback aspects, Chreode Theory creates the possibility of making changes in later life. Schroots (1988) states that when one or more events reach a critical level, the "preexisting form or pattern of organization" (p. 313) can

be shattered. This event, called "the bifurcation point" or "branching," can result in chaos and disorganization, or, through "self organization," a re-ordering of the previous structure. Thus, the individual moves to a higher or lower level of functioning. Schroots explains: "By implication this means that in terms of non-equilibrium theory, aging is a process of formative change or a series of transformations toward an increasing disorderly and orderly form, pattern, or structure" (p. 314). According to Schroots, it can be postulated that each of these events represents a potential for further development of the uniqueness of the individual.

Chappell and Orbach (1986) and Perlmutter (1988) come to the same conclusion that there is no standing still in old life. There can be decline of functions, maintenance, or improvement. Chappell and Orbach see individuation as a dialectical situation between "the individual's search for continuity" (p. 91) and change or the process of individuation. In continuity, experiences of the past are reconstructed to become habitual responses of the present. Individuation, on the other hand, is a response to a new event in which the person reconstructs the past and constructs a new future. In Chreode Theory the self does not alter as a whole; it changes partially. In other words, throughout the aging process, there is continuity and change. My study will examine themes of continuity and change in the old/old.

Psychological issues of the degenerating body and mind and death.

When reviewing the literature of the old/old, two major psychological issues, death and the degenerating body and mind, call for further discussion. In the United States, the preserved body is praised while the deteriorated body is shunned (Carey, 2004; Hockey & James, 1995; Stierli, 1993). The experience of the old/old and the

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process of degeneration of the body and the mind are connected. The old/old are consciously aware of the irreversibility of the body and the Humpty Dumpty syndrome (Esposito, 1987).

Zaner argues that humans are more accurately described as:

Embodied selves, selves with a particular spatial orientation and with continual shifting subject-object orientation towards our body. . . . The body is a vehicle of self-expression that sometimes fails the self. . . . The more desperate our situation the happier we would be to jettison our diseased body for a new, healthy one. We are after consciousness and feeling, not embodiment. (as cited in Esposito, 1987, pp. 60-61)

Chaney (1995) states that the successful old/old are able to deal with these generalized anxieties created by the deteriorating body by engaging in actions where their sense of community is reinforced. Examples include trips to the opera, playing cards, and attending clubs composed of people from the same college. If they do not partake in these communal activities, there becomes the likelihood of isolation, the "other of this discourse" (p. 220). Esposito views the aging process as one in which depersonalization can easily take command through the psychological experience of isolation or withdrawal.

Kenyon (2002) and Marshall (1986b) also have a more positive outlook on the issue of the degenerating body. Kenyon feels that there is "strength in diminishment" (p. 45). When reviewing our own suffering we always find new meaning. In the process of reviewing our life story we gain understanding and acceptance through personal insight and release from guilt or blame. Through the process of lifting the veil of denial, we have improved our lives. The effect on our experience is that we gain courage to continue the journey. Marshall (1986b) feels the same way about the experience of the process of the degeneration of the body as he does about the experience of death.

According to Koch (2000): "The signal fear of the narrators [the old/old] is not death but dependence" (p. 160). Dependency and deterioration are the fears raised by the effects of the degeneration of the body and the mind (B. Neugarten, 1996). As for the mind, even senility may be considered a social phenomenon, insofar as a senile person is someone whose rationality is out of step with other social views (Chappell & Orbach, 1986).

Martin Kohle (1986) discussed profound changes in the concept of death. In the 19th century only seven percent of the population reached the age of eighty; now that percentage has increased to over fifty percent. Death, to a large extent, has left early and middle adulthood and is now only arising as a social reality for many in the population when they reach their late fifties and early sixties. Esposito (1987) feels that in the extreme, medicine may find the fountain of youth (consider the excitement today surrounding stem-cell research).

The issue of death casts a dark shadow over aging by threatening our "awareness of the sheer delight of conscious life" (Esposito, 1987, p. 63). Questions arise as to how the old/old experience death. Is it as an imminent possibility or as a destiny? Those who think of it as a destiny portray death as a closing up, a graying of sensation and desire, in a sense, the death of the soul, the self. In contrast, in the world view of imminent possibility, the older person views death as a separate force and at the end puts up a terrific fight to stay. Today, this view, the medical model approach, appears to be more prevalent. Death is seen as a biologic failure to keep one alive. The cost of this view for the elderly is demoralization and a prejudicial attitude on the part of the young seeing elders as the victims/the losers.

Another world view of death is that it is "an ebb and flow throughout the living organism, dynamic within it but not identified with it" (Esposito, 1987, p. 67) This view accepts death as an imminent possibility and describes the elderly as the purveyors of the psychological future—"They are a dying breed, the remainder of a dwindling cohort, the representatives of a specific period of history and a world view that is dying with them" (p. 69). B. Neugarten (1996) reminds us that accepting death itself may be difficult for all of us; however, the older person's concern may be how it happens rather than if it is going to happen.

Marshall's (1986b) positive outlook on the experience of death agrees with Erikson's (1950) stage of Integrity. Marshall feels that the old/old can go through a process of life review, an autobiography of sorts. The older person, initially, gives up a future orientation and focuses on the past. Marshall notes that if they have gone through the following three steps, the person will have acquired a positive outlook: First, the person must have reached a point of thinking that they have between five-ten years left in their life. Second, the person must accept the inevitability of death, and, by working through the process, come to a sense of integrity whereby they return, if they live long enough, to a sense of the future. And third, this process is conceptualized when the person can share it with others, such that it has a social function.

The cultural response to death is different. Marshall (1986b) says: "Another way to minimize the impact of death and dying on the society level" (p. 133) is to decrease, and by doing so marginalize, the importance of what is happening. Joseph Campbell describes this experience as being in "the waiting room" (as cited by Gonyea, 2005, p. 702).

An interesting piece of research about attitudes towards death done by Marshall (1986b) reveals that we all have psychological markers determined by when our parents died. In the studies, Marshall found that 75% of people who had not reached the age of the death of a parent gave themselves ten or more years to continue living, even if they were over eighty. On the other hand, if the person had reached the age of parental death, 75% gave themselves only five years to live.

CHAPTER THREE: METHODS

Introduction

This chapter on methods will articulate the qualitative processes I used in collecting my data and the procedures I used for analyzing it. Grounded Theory (Glaser & Strauss, 1967) was used as a general approach to this qualitative research and for the analysis of the data. Phenomenological psychology, the study of experience in its totality, guided my understanding of the material that emerged from in-depth interviews.

Parker (1985) discusses phenomenological psychology in terms of lived experience, maintaining that a research participant does not experience the world in a constant stream of perceptions or sensations. Rather, each participant experiences his own individual reaction. Framed in psychological terms: the experience of the ego is "to objects, whether they be of the external world or of the mind, and in each reaction the whole ego, the whole personality, is reflected" (p. 60). However, because the researcher must use data that results from a static, cross-sectional perspective, it is necessary to remain aware that lived experience is experienced within the constant of time. Thus, phenomenological psychology approaches "the nucleus of experience [through] a dynamic formulation" (p. 63).

Methodological Approach

This research addressed the following question: What is the lived experience of persons over the age of 85? Components of the question explored a number of themes that affected the person's ongoing experience in their aging, particularly how the elderly process their experience, navigate, and guide their life choices. As stated in Chapter One, the themes I expected to emerge concerned issues of health, involvement with family,

velleity, losses and failures in relationships, faith, loss, physical activity, lingering

psychological experiences, and cultural attitudes.

Phenomenological Psychology

As stated above, phenomenological psychology was used as my guide to

understanding the material/data resulting from the interviews I conducted. In this

section I will discuss how phenomenological psychology related to important subjects

in this dissertation: consciousness and lived experience.

Phenomenological psychology derives its assumptions from phenomenological

philosophy, a form of inquiry developed by Edmund Husserl (1859-1938) and

somewhat altered by Husserl's student, Martin Heidegger (1889-1976), which

ultimately became an important influence upon existentialism and the modern

tradition of hermeneutics (Ricoeur, 1974).

Phenomenological and existential philosophy investigates the nature of meaning

and being. One of Husserl's basic tenets was that intentionality was the main

characteristic of consciousness. Every mental act is being directed at a

physical/psychical or mental object. Heidegger concluded that phenomenology was the

method in which the study of being (ontology) could take place.

The current investigation focused on acts of consciousness as data, using an intuitive

and reflective examination of consciousness. Collecting respondent's first-person points-

of-view rather than their conceptual elaboration was my primary objective. I began this

dissertation with the belief that a major precondition would be to eliminate, particularly

from the interviews, cultural presuppositions and prejudices about the old/old—including

those on the part of the researcher. As will be seen in Chapters Four and Five, I was not

able to eliminate my own cultural presuppositions regarding the interviewing of the old/old.

Phenomenology holds that experiences derive not only from our perception of an event but also from our memory, imagination, and feelings of that event (Parker, 1985; Ryff, 1986). Polkinghorne (1989), focusing on phenomenology as a research tool, concludes that experience is "the fundamental locus of knowledge" (p. 43). Dilthy goes further by offering a definition of the human sciences as the study of persons "who have 'consciousness' and who act purposely in and on the world by creating objects of meaning" (as cited in Carey, 2004, p. 59) that justifies how the person lives in the world. In addition, Mishler (1986) offers us the view that central to human actions are contextually grounded meanings. Thus, by using the tenets of phenomenological psychology in a research context I was able to understand the participants' data regarding experience and meaning simply as it related to the consciousness and lived experience of the old/old.

Consciousness

According to Polkinghorne (1989), consciousness presents "to us as a complex of interacting strata–levels of abstraction, awareness and control" (p. 45). It is affected by the reflections of the self and of others and by cultural aspects in the world. Yet, there is no structure possible for persons to view the world apart from the person's own consciousness and thus, their experience therein. The purpose, therefore, of phenomenological psychology as a research tool is first to gain the person's descriptive understanding of the experience through interviews that elicit and record natural language. The researcher then extracts meaning from the language contained in the

interview data. Neither consciousness nor experience is purely represented in the world because they are filtered through language or semiotics. It is therefore the responsibility of the researcher to decode the experience by studying the common meanings to be found in the natural language of their participants.

Lived Experience

Language is important to this inquiry because of its focus on the process of lived experience. One of the primary ways we have of capturing the process of lived experience is through individual speech; in other words, through listening to a person's language. Along with choice of words, turns of phrase, tones of voice, body movements, and individual ways of characterizing feelings, speech captures the process of lived experience by miming it. If, for example, a person speaks about a life filled with the loss of loved ones in short, matter-of-fact sentences that reveal no apparent affect, that might suggest that this person's lived experience of grief consists of getting by emotionally by keeping his feelings to himself.

In her study of the urban old/old Carey (2004) discusses how lived experience involves our essential experience of consciousness that is prior to self-reflection or awareness of itself. Lived experience is "to the soul what breath is to the body, it is the breathing of meaning" (Dilthy as cited by Carey, p. 59). In general, the researcher's ability to reflect on him/herself and/or the material while remaining neutral optimizes the researcher's opportunities for learning deeper meanings from the subtexts of his participant's interviews.

In order to gain knowledge regarding lived experience, the researcher must gather qualitative data in the form of unique linguistic expressions. By means of these

expressive narratives the individuals describe their lives and experiences in a uniquely personal manner. Such stories present the researcher with narrative means to obtain the "reasoned knowing" that Polkinghorne (1995) regards as a legitimate way the researcher can know about the world.

Structure of the Participant's Experience

Structure is represented by narrative or in the case of this research, by a meaningful story that represents the human attempt to find coherence through connecting life's experiences (Mishler, 1986; Polkinghorne, 1995). Polkinghorne (1989) states that "experience is not indistinct and unstructured chaos but appears to have a primary and basic common structure" (p. 51). By unraveling "the structures, logic, and interrelationships" (p. 50) inherent in the participants' narration of their lived experience, using the grounded theory method as articulated by Strauss and Corbin (1998), I aimed to discover the essential structure of their experience through identifying constituents or themes and categories that emerged from my participants' descriptions.

The individual's experience, as reported in stories obtained during interviews, is not presented in a manner that easily falls into themes or categories. A person describes his/her life experience in a logical, chronological manner of event by event. By framing events into larger structures, or stories with plots, people can bring broader understanding to their lives. Thus, within the totality of experience, there is both the particular event that happens in actuality and the meaning that a person attaches to the experience of this event. This meaning and the memory of the experience can be revised with knowledge of other events over time (Polkinghorne, 1995).

Nature of the Sample and Participants

This study describes the lived experience of six individuals over 85 years of age. The focus of my qualitative research was to obtain a depth of information from each participant (Carey, 2004). My inquiry accessed what Carey refers to, quoting Chomsky and Geertz respectively, as "the deep structures" or "thick descriptions" (p. 62) of the meanings contained in their accounts as members of the old/old cohort. Thus, the purpose of this inquiry was to describe the structure of experience of this group or cohort.

Recruitment

I recruited participants for this study from a variety of lifestyles: working class, middle and upper middle class, persons of color, urban, suburban, rural, at home, and in an Assisted Living environment. The participants were within a population of old/old living in the San Francisco Bay Area. I received referrals of potential participants through my extensive personal and professional contacts in the Bay Area. I contacted the potential participants by letter (Appendix A) and/or by telephone, using the contents of the letter in Appendix A to describe the research study. I included a consent form (Appendix B) for the potential participant to review. I, then, phoned the selected participants to arrange for a time and place for the interview. I did not find it necessary to send a letter advising people they were not selected for the study, as I did not have anyone who responded but who was not selected.

Criteria for Selection of Participants

Polkinghorne (1989) quotes Colaizzi in the selection of the participant: "Experience with the investigated topic and articulateness suffice as criteria for selecting subjects" (p. 48). My selection of participants was, by virtue of the topic, based on having

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the experience of being over 85. I also needed participants who could articulate their lived experience. However, determining the degree of articulateness is not so clear. By this, I mean one person's definition of being articulate is not necessarily another's definition. I drew as my bottom line for participation a person who was able to hold a conversation without forgetting the subject being discussed. Thus, people with moderate dementia were not included.

My objective in interviewing the participant was for he/she to relate his/her story and not to analyze his/her respective experiences. The participants were encouraged by the interviewer, through verbal and non verbal cues, to stay on the topic of lived experience (Carey, 2004).

I maximized the variety of participants by not controlling for variables such as ethnicity, gender, rural versus urban living environments, sexual orientation, or by disabilities. By chance, I was able to interview a person who had immigrated to this county at an early age. By maximizing width in my selection of participants, I obtained a rich variation of descriptions of lived experience.

<div align="center">Data Collection</div>

Data for this study was gathered through open-ended, semi-structured interviews that were audio-recorded and lasted between one and one-and-a-half hours. A jointly constructed discourse between the participant and the researcher (Mishler, 1986), the interview was "theme-oriented, not person oriented" (Polkinghorne, 1989, p. 49). As a researcher I was attempting to understand the meaning of lived experience for the old/old.

During the course of the interview, the interviewer collaborates with the interviewee to create and to construct stories that recapitulate the interviewee's

experiences. Geertz describes the tension in interviewing as "a scientific worry about being insufficiently detached and the humanistic worry about being insufficiently engaged" (as cited by Schoenberg & Rowles, 2002, p. 15). Thus, each interview is a unique event where the interviewee's life experiences are told in storied form (Nunkoosing, 2005).

There is some concern regarding the power relationship in the research interview context. Nunkoosing (2005) questions even the possibility of creating and maintaining an equal balance of power within the interview. This is especially true when interviewing older women who may feel that they have to take care of or show deference to the male investigator. Interestingly, the same may be true for interviews with older men and male investigators. Nunkoosing quotes Schwalbe and Wolkomir who describe the interview as a place in which "masculinity is both displayed and under threat" (as cited in Nunkoosing, p. 700). I did not find these concerns to be true in my research.

I interviewed each of the participants in a mutually acceptable setting. An interview guide was developed (see Appendix C) to assist me in remembering the topics to be covered. However, the guide was not given or shown to the participants, nor did it dictate the scope of the interview relative to content or order of questions. At the beginning of each interview, I reviewed with the participant the purpose of the study and the determinants of confidentiality.

The topics covered in the Interview Guide were developed from my own experience working with the old/old, the research concerns and issues raised by the literature review in Chapter Two, and the nine themes I anticipated as relevant as summarized in this chapter. Within the over-arching topic of the lived experience of

persons over the age of 85 years, I wanted to understand how my specific cohort of participants experienced their lives within the parameters of the past and the present, and to understand their considerations for their future.

By definition, the participants in this study have lived through multiple events—personal, psychological, and cultural. The following topics describe a way of viewing these multiple experiences. I used probe questions related to each theme if participants did not spontaneously cover the material. The list of themes was used only when relevant within the process of the interview discourse to refocus participants. Several probe questions are discussed below to provide examples of the questions and the reasoning behind them.

The Effect of Health or Disability on Your Experience of Life

Since reaching 85 years old, do you have any limitations of mind/body and if so, how does that impact your experience of living now or in the future? This topic area focused on issues of the health or disability of the participants and their specific experiences as they related to these issues. Again, by definition, each of the participants is a survivor. Dunkle et al. (2001) explain that there is a relationship between self-rated health and survival. Also, participants who worried about their own lives and the lives of those around them were more likely to survive (Dunkle et al.). Considerations to be included in this topic might include a description of past and present experiences regarding illnesses; regarding their ability to continue to exercise; regarding fears of future illnesses for both themselves and their significant others; regarding the physical deterioration of the body and/or the mind; and the concept of a willingness to turn in (or exchange) the body (and its parts) for a chance to continue to live (or not).

How Present Cultural Attitudes Affect Your Lived Experience

How do your family, friends, and community respond to you? Is it different than when you were younger? I was interested in the elderly person's perceptions of how (s)he was treated by others, including relatives, friends, and society, in the general social sense. Was (s)he considered to be expendable, of little value, not only in the general culture but also within their social relationships? What was the perception of those individuals whose social world contracted due to their diminished living situation, poor health, and/or ability to sustain their energy, especially in the wake of the loss of close friends and family members on whom they had depended for help in daily living and for emotional and/or financial support?

The process of gerotranscendence, introduced earlier by Ruth and Oberg (2002), discusses how the old/old change the way they view the world, especially in relationship to cultural norms, including the expectations of family, friends and society. Tornstam (2005) reports a process of becoming more connected to the continuity of life (both in the past and future generations) while at the same time becoming less interested in needless social interactions. The older person becomes more flexible, better able to accommodate him/herself to changes in his person and/or his environment, and therefore more able to accept the challenges of a variety of problems facing him in old age. By being resilient to changes, the old/old feel more positive about the different expectations society holds for them (Carey, 2004). In addition, the role of faith could be listed as a cultural experience/category, notably, the relationship between the person's religious beliefs and

meaning in this stage of life. In the negative/obsolete view of the old/old, the effects of culture are described in terms of disengagement, of being discarded by society.

Your Psychological Experience of Life (and Loss)

Is life sweet, sad, or a combination of the two? Given your present state of mind what strengths do you feel that you possess that help you adapt to losses in your life? Were there certain hobbies, tasks that you expected to do but never found the time, or motivation to do? What is your psychological experience of being older, are you stronger, do you have a sense of well being, do you have goals, a purpose? What do you think about your body?

This topic area concerned itself with the psychological health of the individual and how it affected his/her experience. Hurwich (1991) reports a sense of well-being in the old/old. Successful adaptation guarantees the maintenance of a positive outlook. Through the process of self-affirmation through participation, through enjoyment, through giving meaning to the day by setting goals, through developing strategies to manage their lives, and, especially through the process of feeling special about surviving, the older person develops a sense of being powerful in his/her day-to-day life. Other experiences may include: feeling powerful (is this only reserved for the middle and upper classes?); the involvement of families and friends; the effect of loss(es) on the participant, especially losing a partner and outliving children or other family members; having certain hobbies or tasks that were expected to be accomplished but not achieved, or motivation; and, the psychological experience of being older, feeling stronger or weaker, and a sense

of well-being, or feeling life is troublesome. One woman from Jamaica I knew was 103. She said that all she had was her third cousin and her Queen (Victoria).

Data Analysis

The interviews (the data) were transcribed and analyzed using the "constant comparative method" of Grounded Theory as described by Strauss and Corbin (1998). Mishler (1986) states: "The central problem in the interpretation of interviews [is] the relationship between discourse and meaning . . . [and] context" (pp. 12, 27). Through systematic analysis of storied discourse, meaning emerges as the way that individuals make sense of their experiences. Mishler draws from the work of Labov and Fanshel in his discussion as to the next step in expanding the original statement of the participant through the use of the researcher's "best understanding." This is accomplished by the researcher having a shared knowledge of the participant, guided by a general knowledge of the world, factual knowledge, and by the use of other material that is available.

Following the procedures of the "constant comparative" approach to analysis, I wrote notes after each interview regarding that participant's discussion of his or her experiences and listened immediately to the tape recording of the interview and again made notes. I used my original notes to help guide me to an understanding of the meaning the participant was conveying in the narrative, in conjunction with each of the transcribed interviews so that they could be reviewed in depth. I then began listing categories that emerged and continued with the interviewing process until no new categories emerged. This indicated that the categories were saturated.

Constant comparative analysis begins with the process of "open coding" (Strauss & Corbin, 1998), which involves going over the transcripts line-by-line and identifying

themes and meanings, first through each individual transcript, and then by comparing the transcripts. I developed categories and sub-categories and noted both common themes and variations among the participants/transcripts.

Using the method of "axial coding" (Strauss & Corbin, 1998) I began to put the data back together. Axial coding is the process whereby specific connections or relationships between categories can be made. This process involves creating subcategories that identify the properties and boundaries of primary themes in the participants' narratives. Axial coding leads to "selective coding" (Strauss & Corbin). This is the final process of integrating the data into core themes. When the core theme or unifying concept is identified, other categories can be aligned with the core theme and the interpretive analysis will be revealed.

Reliability and Validity

Reliability is the accuracy of the procedure, and validity is the intended measure of whether or not the findings can be generalized. Thus, reliability refers to the precision of the measurement, where validity is defined as the extent to which the researcher is measuring what he/she intended to measure (Roscoe, 1975). In qualitative research validity is related to the care and quality of the research process (Mishler, 1986).

Polkinghorne (1989) discusses validity and asks three questions of the researcher:

A. Did the interviewer influence the contents of the subject's descriptions in such a way that the descriptions do not truly reflect the subjects' actual experience?
B. Is the transcription accurate, and does it convey the meaning of the oral presentation in the interview?
C. Can conclusions other than those offered by the researcher be drawn from an analysis of transcriptions? (p. 57)

Polkinghorne (1989) also warns the researcher that because, ultimately, he can only know his own consciousness, inappropriately interpreting the participant's description of the experience leads to biased conclusions. On the other hand, because the person describing his/her experience will be giving a reflective description of a meaningful event, the data collected will be several instances removed from the interviewee's actual experience.

Mishler (1986) is concerned with the issue of validity being a fixed value and believes that the modifier "approximately" should be used "when referring to validity, since one can never know what is true. At best one can know what has not yet been ruled out as false" (p. 112). Mishler is concerned with researchers inappropriately interpreting the participant's description. Paying attention to what the participant says, how the participant gives meaning to what is said, and how the researcher interprets the material all act as important ways to validate results. I agree with Carey's (2004) suggestion that having a joint review of the transcripts by both the researcher and a few of the participants brings more validity to the work, and I asked three of my subjects to review the original transcriptions. In conclusion, Carey argues against the idea that the social world is fixed and unchanging. Her view is that a research project can never fully be duplicated because of changing circumstances.

Presentation and Discussion of Findings

The findings are presented in Chapter Four. Chapter Five consists of a discussion and interpretation of the findings as related to the research question(s). New theoretical propositions that emerged from the data are examined as well as any variations or deviations in the data. I compare and contrast the existing literature and theoretical concepts regarding the lived experience of the old/old, with the findings of my research. I

indicate suggestions that I have regarding further research and discuss further the

limitations of my research.

CHAPTER FOUR: FINDINGS

Introduction and Overview

In this qualitative introductory study, six persons were interviewed for the purpose of gathering data on the experience of living to be 85 years and older. The subjects included one female, 86 years old; two females and one male, all 88 years old; one male, 90 years old; and one male who was 92 years old. The six persons were referred to me from various sources: friends, a professional working in the field of aging. a person who had contact with a formal group of retired persons. and a colleague. In the group were one African-American, one Asian, and four Caucasians. One person lived in an apartment in a Seniors Residence and the other five lived in their own homes. Of the six interviewees, only one person still had a living spouse.

The subjects all lived in the San Francisco Bay Area in three different counties. One lived in the heart of the city, four lived in the suburbs, and one lived in a rural area. Five of the interviews took place in the person's home environment and one in an office room of a church. One of the interviews that took place in the person's home included, for a brief time, the spouse who had been partially disabled by a stroke. The interviewee introduced me to his wife by saying: "I'd like to have you meet my new friend." I conducted semi-structured audio-taped interviews at least one hour long, the average lasted for approximately one hour and fifteen minutes and the longest for one-and-a-half hours.

I used my prepared Interview Guide towards the end of the interview to check my participant's dialogue and determine if certain experiences had not been discussed. For example, I was interested in hearing if anyone had any thoughts about velleity, defined as

the experience of not completing a task in their lives that they had strongly desired to accomplish. I asked this question in every interview. I transcribed three of the interviews and three were sent to a professional transcriber.

All of my interviewees had been married. One of the persons was married for only a short time in the WWII era, and never remarried. He appeared to have a gay-oriented life style, but never directly stated this in our discussion. Three of the remaining interviewees were married to one spouse; the other two had been married three times. One of the interviewee's third marriage was late in life, and occurred after the death of both partners' respective spouses.

All of the subjects were retired. One had been a dockworker; another had been a national intelligence analyst; there was also a radio engineer, a teacher, a social worker, and a bank clerk. One of the persons was still working in a small tax-preparing practice that had been a part of her deceased spouse's profession. Four of the interviewees were volunteering their time in various ways in their community, including peer counseling, museum research, and knitting for bazaars. Two participants were actively attending a community center several times a week. Three of the persons were attending church sponsored activities more than once a week.

Following the qualitative research method of the Grounded Theory approach, I initially made notes after I had left each interview. In addition, I listened to each of the interviews on the tape recorder to further gather the tone and memories of the interview. After the transcription, I read the interviews several times. Each interview was color coded so I was able to identify each interviewee. I then marked each interaction that I considered to be a description of an experience, cut the description out of the text, and

placed a page number on it. I then began categorizing the descriptions by placing them in separate envelopes. By the end of the six interviews, I had 21 separate categories. After I completed the cutting and sorting, it was clear that certain categories, such as History, had more references than other categories. I then discussed the categories with my dissertation team and began to group the categories into seven major themes. I proceeded to take the major themes and reviewed the individual descriptions, re-sorting them when necessary to ensure that each theme included the correct categories.

I had started each interview with a paragraph from the Interview Guide regarding the purpose of the research project to explore the experience of life 85 years and older. The experiences first described invariably spanned early life experiences to youth and young adult life. With few exceptions, the experiences described then fast-forwarded through the middle years, to retirement, and on to present day description of experiences.

One way to visualize the data is in the form of a wide-brimmed, stemmed glass: the widest area of the glass contains six major themes, the base contains a seventh theme, and the stem relates to the interviewer. The first of the six major themes is the meta-social and cultural experiences of twentieth-century America, especially the first half of the century, in relationship to the subject's lived experience. This theme gives structure to the five remaining major themes of experiences: resilience, health, loss, community, and acceptance and mortality. At the narrow base of the glass is a seventh theme, made up of unique experiences of the interviewees concerning age and the subjects' experience of age, both their own and that of significant others; experiences regarding sexuality; the use, or not, of alcohol and tobacco; and, their relationship to animals. The last

experience/category I will describe, relating to the narrowest portion or stem of the glass,

represents the subjects' experience of me as the interviewer.

The Six Major Themes in the Wide Brim of the Glass

Each of the major themes that emerged from the data are summarized here with

their respective categories and then discussed below.

1. Twentieth century social and cultural experiences: large social and cultural

   phenomena that structured and influenced personal experiences

2. Resilience: survival strategies—those more recent and those experienced when

   younger, along with creativity, and velleity

3. Health: physical issues and problems, psychological issues and thoughts about

   mind, and exercise

4. Loss: loss of people, loss of community, loss of objects, and loss of dreams

5. Community and sources of social support: family, religion, and other persons—

   for example, friends

6. Acceptance: mortality. Or Mortality: acceptance.

Twentieth Century Social and Cultural Experiences

The interviewees described social and cultural movements that took place during

their lifetimes, which have spanned most of the twentieth century; the oldest participant

was born in 1916, and the youngest was born in 1922. Each interviewee experienced

different conditions due to his/her cultural background and historical perspective. The

finding that struck me was the significant social/cultural history each interviewee carried

throughout his/her life. While I will discuss this observation in more detail in Chapter

Five, I want to emphasize to the reader how each of these individuals carries the personal

message of his/her own cultural/historical context of experiences. This information is now fading from our contemporary cultural knowledge and into our distant historical past, preserved only by experiences that have been captured in literature, film, and art.

The African-American subject was born in the deep south. He experienced its concurrent racial prejudices and Jim Crow laws, and described the life of poverty and struggle to survive. At age 14, never having gone beyond the first grade, he became a caddy on a golf course restricted to white members only. "Well, one thing I always loved was to play golf myself," he told me. (He has continued to play the game until the recent past):

> Back there during the time I could have been trained to play golf they didn't allow you, white people didn't allow you to play golf. They didn't allow you to hit no golf balls, no way. If they caught you just hitting the ball one time they would terminate you from the golf course for two weeks. Because I didn't have nothing, no other job to go to, I wasn't going to hit no golf balls.

In his later teens, as the Great Depression hit the country, he began "riding the rails" back and forth to Chicago, and eventually settled in the Bay Area. Here, he was employed in the burgeoning ship-building industry spawned by WWII. After he received his first paycheck, he sent for his wife to join him; she was an American Indian of unknown tribe. He remembers that the cost of a train ticket across three quarters of the United States was seven dollars! He is now the patriarch of an extended six-generation family.

Another interviewee described the "Okie Experience." This subject's mother had died when she was five years old. Later, at age twelve, she lost her paternal grandmother who had helped raise her. After the grandmother's sudden death, her father was unable to pay the estate taxes on the grandmother's farm. He then worked for only one dollar a day. Her brother, who had already left home and was in a Civilian Conservation Corps Camp,

brought the father and the future interviewee to Oklahoma. Unable to find work, the father traveled with his 14-year-old daughter to the Central Valley in California where he found work on a cotton farm. However, her father died six months later, of pneumonia, leaving the interviewee an orphan at 14.

She spoke poignantly of her efforts to stay alive and attend school, attending eight different schools in the next two years. Family and church members wanted to help, but no one had the extra money to take care of an orphaned child. Through wile and resilience, she eventually became a teacher at a cotton camp, made up mostly of "Okies." During World War II, she met her future husband through a friend who said to her "Won't you have one date with him before he gets shipped out" and goes "overseas and gets killed?"

Another interviewee describes the experience of growing up in Southern California. He told me of his memories of Memorial Day: "They trot these old guys out in their uniforms and the old medals, and they talked about the old days—Geez these old guys, (from) the Civil War, when was that? Now I go to the local high school and I'm the veteran (WWII)." The participants in general, and this person specifically, talk about the changes WWII brought: "I went back to Washington D.C. That sort of broke up our family. It was never the same after the war, we would see each other just for visits."

Another spoke about the foreign immigrant's experience. She talked about World History and America's emergence as a world power:

> Well, at the time of the Japanese-Russian War. Well, President Theodore Roosevelt mediated the settlement. And he agreed that Japan would have, I don't know what the term was, but they occupied Korea. Later the Korean people were encouraged by President Wilson's position for independence for small countries. (A peaceful demonstration was planned). On March 1, 1919 was the day of the demonstration and when it happened it had been so secretly planned that the

Japanese had not been aware of it until all the people had gathered in churches mostly, and as they came out they were machine gunned down. The organizers fled, some to Shanghai and some to the Soviet Union. Kim Jong Il, who is now the so-called dictator of North Korea, his father fled to the Soviet Union. He was raised as a communist.

This participant imparts, on a personal level, the strong symbolism of the interplay between culture and one's life. The symbol that carries all the way down to present day, is one of closed doors. The symbol originates with village life where the household is arranged in a horseshoe shape with the multi-generational family and the woman's life being in the center of the horseshoe, where cooking and child-care take place. The man's life, on the other hand, faces the village from the outside perimeter of the shoe, where one might find a shop.

In a recent poem, the participant writes:

> Nightmares remind me of closed doors,
> But I remember also the gathering of childhood friends,
> At the makeshift neighborhood playground,
> For that last game of tag, or hide-and-go-seek,
> Until darkness sends us home.

One can imagine that old age and the end of life are surely being talked about here.

Another subject discussed the effects of the Great Depression on small town rural life: "We were very poor and so I had to go to work early during the depression. I would have liked to have a pastry shop or a teaching job—I didn't graduate from high school."

Another subject described his family history:

> My father's people are all from Kentucky—mean bastards, bootleggers and feuding and everything. From the Cumberland Mountains, the Cumberland Gap [Ed. Note: Where Daniel Boone first crossed from Virginia into Kentucky]. They still make their own booze, which they've done for 200 years.

This interviewee also described the connection between the current financial troubles and those of the past:

This is the very same thing we did in the end of the 1920s when Hoover was president. I remember when there was an election and Roosevelt won. And the first thing, he wasn't in the White House three days then he shut the banks down. And that stopped all the money speculators and greed.

In response to a question about today's financial troubles, one subject said:

I can see what's going on. It looks pretty bad. It looks like this thing coming up, the way it looks by the T.V. and stuff; you can see that. Yeah it's a high cost depression because everything when I was coming up was reasonable.

Returning to the topic of WWII, another shared how the war provided him an education as a radio operator. After returning from overseas, he went to work for a large corporation, RCA. He worked on the inland waterways, helping to control the large barges with radios, an effect of the technology developed during WWII:

All of the river shipping was put on short wave, which was a blessing to the river traffic so they would know where each other was. A tow, an average tow—they call them tow boats, but actually they push the barges and each one of those barges holds 75 boxcar loads of cargo.

RCA sent him to San Francisco in 1969:

I didn't realize the change in San Francisco until I started running around in the night life. I thought, "It's pretty wild." It was, God yes. I came in and it was the first of the flower children. From then on out, it just got worse, or better depending on your view. In 1982 I retired, old General Sarnoff had died and David couldn't hold the company and they offered me a big bonus to get out so I took it.

RCA was bought by G.E. and disappeared.

Resilience

If there is one experience that stands out as common to the interviewees, it would be their resilience—from earlier in life to present day experiences. One participant related being orphaned at age 14, bouncing around from relatives to church members until someone told her, "My mother would love to have you but she can't afford you." After the local welfare department rejected her for orphan's aid, "You have no rights in the

State of California, because minors don't establish residency," the subject told me of her

reaction to this barrier:

> So, I went to the library, read that the probate judge had to do with problems with juvenile delinquents and went to the probate judge's office and told the receptionist I was going to be a juvenile delinquent. I told the probate judge my story, and he phoned the welfare department and told them to place me and they placed me with the lady who wanted me. So my senior year I was in a stable home as a foster child and was valedictorian of my class. I was 17 when I graduated, so the $20/ month the state was paying kept coming in, so I went to college for a year.

Another addressed aging and resiliency:

> It's something that happens and when it happens you make the most of it. I don't sit around and say, "Oh darn, why did I get old?" That's ridiculous—I enjoy every day. I don't know what the hell's going to happen next but I always wanted to stick around and see. I just try to remember to take my pills and when I get to feeling bad—I can feel my heart problems and worry about that—I think, "What the hell can I do about it?" You take your medicine and if you feel too bad you call the doctor.

A third subject responded to the issue of health with an answer I categorized as resilient:

> No, that doesn't depress me. If I can't do it why should I feel bad? I love to raise a garden, a big garden out back there—its time now to plant the Fall garden. And when I get tired, I got three or four chairs back there, and sometimes there'd be three or four of us out there. And, I'd be doing the working; and when I work a bit, and I get tired, and I'd sit down, and then I talk some more.

A fourth subject, in response to my comment about being positive, said, "I haven't

consciously thought about it, but I was like this most of my life. I had a few setbacks

when the children were growing up, but I don't think so" (that life was difficult). To a

question about health problems, the interviewee made a similar statement, "It doesn't

stop me at all. I do all my mundane chores. Then, I do the breakfast which I really enjoy."

A fifth, in response to the question about worry said, "There's not much point in

worrying, not a lot if there isn't anything you can do about it—if there is I'll try to figure

it out." And a sixth talks directly about resilience, "I think I'm pretty resilient and pretty

well grounded in myself. I responded as the needs came. I'm strong, I'm practical, and I don't tend to follow whims."

Survival Strategies

Survival strategies are a part of the theme of resilience. One person summed it up by saying, "I don't really worry about myself—whatever will be, will be." Volunteering is seen as a way to cope: "I became a senior peer counselor about a year after my husband died. I volunteer also at the history museum twice a month." "I do a lot of work for the museum, projects I have to complete. These are goals but I don't have any esoteric or important goals—just to survive and keep my spouse surviving." Not taking their situation too seriously was another survival strategy: "If I get depressed I go look in the mirror and I say, "Stop feeling sorry for yourself." Or I just look in the mirror and start laughing—it helps!" Another subject who lives in a rural community stated, "I keep a small place in the city, I go in quite often and I love going." And lastly, "I was a person that believes in supporting myself. I didn't believe in handouts." It is getting dark in the home during this interview and I discover that this person has all the light switches hooked to a hand-held remote control—a strategy he uses so he doesn't fall turning on the various lights in his living area.

Creativity

Creativity can also be viewed as another form of the interviewee's resilience. All of the subjects had found ways to use their particular talents in a creative fashion. One had been "a math genius ever since I was 10." The subject used her talent to continue preparing taxes in the present. Another was enthralled with music:

I used to sing all the time. I started in Junior High and was always in a chorus. And I eventually taught poetry at an adult school. I was never a really good poet but I still meet with some of those people on a fortnightly basis because we have a salon.

And another, "I started writing after my husband died. I'm in a memoir writing class and I also started writing poetry. She illustrated her creativity by sharing a poem about the loss of her husband:

> Grief and mourning come without an invitation,
>   Nor did they knock before entering my consciousness.

Velleity

To some of the interviewees, velleity, a task that one always wanted to finish but never found the time to complete was connected to their creativity. The singer wanted to learn to play a string instrument, "the viola," in order to play the likes of "Mozart, Hayden, Brahms." The participant who collects art—"I let somebody else do it, and then I admire it, and I acquire it," is another example, of wanting to be an artist. "I didn't stay with it. I was working a job that required me working late at night." To others, velleity is missed opportunities: "I never graduated from high school (because of having to go to work during the Depression). I would have liked to have a pastry shop or a teaching job." Another said, " I never did as much hiking as I would have liked to have done and now I can't hike."

Health

Health consists of three categories: physical health, psychological health and the mind, and exercise. By definition all of the interviewees have fair-to-good health because they are not in the hospital or in a nursing home. However, they are all well aware of being one illness, one step or fall away from serious health issues.

Physical Health

The category of physical health is divided into two sub-categories: past health issues and present health issues.

Past health issues.

Only one subject related having physical health problems as a youngster: "I had pneumonia when I was a baby and again when I was 12." This was prior to antibiotics, and there was a higher incidence of mortality at that time with diseases like pneumonia. The other interviewees spoke of health issues that had impacted them as adults: "That's the only hospital I've ever been in" after "I had a car accident" in middle age. Another subject stated that 30 years ago she had something similar to Legionnaire's Disease: "I was mostly unconscious. I had no idea how sick I was."

Subjects discussed other physical health problems they experienced in their 60s and 70s: "I had a couple of heart attacks. They were relatively minor, I didn't have a stent." Or, "I've had a heart attack. I had bypass surgery—my heart isn't as strong as it used to be." Or, "I have had macular degeneration. [That affects my life because] I can no longer read. I never did drive so that didn't bother me." She seemed more affected by the fact that she could not distinguish features in the pictures of her grand-children, especially the ones that didn't live as close by as the others.

Present physical illnesses.

Present physical issues affected all of the interviewees. The greatest fear affecting all the interviewees was the prospect of falling and breaking a hip, or suffering severe injury, or declining health such that they would no longer be able to take care of themselves. Two of the participant's comments are poignant in regard to these fears:

I'm going to stay here as long as I possibly can. And when I can't and my people's can't see after me, I'd like to be in a nice home. . . . What arrangements could I make now before I go completely down to live in a home because I can't make it here?

And:

Of course I worry about (my spouse) falling because it would be another terrible blow. We have, both of us, fallen and had to call 911. Fortunately, I haven't broken any bones but we both live in dread of breaking a hip or something—that would be a crushing blow.

Another was in a bad car accident a couple of years ago that almost killed her and

required learning to walk again:

I walk very slowly. I have two problems: one of my lungs got punctured when I had the seven broken ribs. And I have a hiatal hernia that's so big when I eat my stomach presses on my lungs. [So] if I'm going to walk anywhere, I eat after I get back.

Or another said:

Well, my health ain't the best. I don't know, my legs is weak. And I don't have good balance. Sometimes I hurt all over and I don't know what all it is that hurts. It could be my lungs. We had a lot of dust in those ships, you know, down there. [This man had been a dock worker.] Inhaling all that asbestos and things we used to load and unload. I'm short-winded. I tell you that half the time I can't walk to the kitchen and I'll be out of breath. My wind will let me know right there, the shortness of wind.

Or another subject (after a fall) said: "They told me in the hospital that it'll take a long

time (to heal). I didn't break anything but there isn't anything they can do for a badly

damaged back." Another complained:

With this back-ache my body is falling apart. For at least six months or maybe more I've had this nagging back problem—I couldn't walk anymore. I practically stopped doing walking (going on walks). I had my first acupuncture treatment that has been very successful.

Yet another expressed some denial:

I think it's grand, wonderful to be in such good health. Well, I have heart problems. The cardiologist said that I have a very serious problem with my heart

and he said that the only thing that could fix it was for me to have surgery, but I turned it down. My heart doesn't bother me, I just take lots of pills. My medication keeps me going. And I did have a stroke about two months ago. I all of a sudden couldn't talk and that worried me a bit so I thought about it, and I decided I should call 911. They decided I should go to the hospital, and I learned I had a TIA. They may have given me some other kind of medication—I take a whole lot of medications.

And lastly, a subject related:

I've had minor back problems and this minor knee surgery. It's just my mobility is what's impaired, so getting around with walkers is a restriction that I would be happy to do without. In the great scheme of things it could be a lot worse.

None of the subjects currently felt that he/she needed to have surgery, except for those with cataracts, or to get a new part, or to turn their whole body in for a new one. The only participant with a living spouse related how the spouse had had a stroke nine years previously and that the spouse would like those parts of the body affected by the stroke to be made whole again. This couple also expressed to me that they felt their happiest time in their life was when they were in their mid-fifties.

Exercise

All six subjects exercised on a regular basis, but no one said they exercised to live longer as a result. One summarized this point by saying:

I don't do these exercises in order to help me live longer. I do them because they make me feel better. I used to walk out there—it's an hour's walk to make a circle. I loved it—at least four times a week. [She then hurt her back.] I do other things [now]. I do exercise classes.

This interviewee related that she had four different exercise classes each week.

Another subject stated, "The only exercise I get is kind of pulling weeds, that type of thing." Another said, "I've got a slip that Kaiser gives me. I exercise mostly in the bed and then I do a little walking around the house. I exercise with my arms and legs, no weights. But I don't exercise as much as I used to." Another confessed, "I used to walk

and I loved it. My eyesight has gotten worse so I am afraid to walk. I walk around the house."[She describes her routine]. Another replied, "Unfortunately yes. I hate to, but I do have to do that. I have a daily routine of exercises with just four pound weights. [Also,] walking's a part of that. Maybe I'll work back to a mile; that will be ideal." Another admitted, "Yeah I do. I walk a bit. I used to have a regular routine—all kinds of exercise. But then you get old and you slow down. I do all right."

Psychological Issues and Thoughts About the Mind and the Body

Psychological issues (both positive and negative) pervade throughout the other themes: through acceptance and mortality; loss; community (and family and other relationships); and resilience. With regards to health, psychological issues are really about the ways the subjects keep their minds and bodies healthy. As we have seen, the subjects in my study remain feeling pretty good about their bodies and the way their bodies are currently functioning. I will discuss my thoughts about psychological issues in Chapter Five, in relation to both the literature from Chapter Two and the fact that the interviewees did not really identify psychological issues as an experience they had.

All of the subjects have devised many ways to keep their minds active and intact: One of the interviewees is still preparing income taxes, including her own. Another states positively:

> I don't think that my mind has really deteriorated. My daughter fixes me with lists [several of which she shows me] of letters that I have to unscramble. That keeps me busy. I have to unscramble them (shows me the list: gmlnead). For instance, this is mangled. My daughter subscribes to a magazine of scrabble-words—I think of it as brain fodder. I do Books on Tape which I really, really enjoy. It's such a wonderful program through the Library of Congress.

Another, who recognizes that his memory has become worse, relates how difficult it is to comment on one's own deterioration:

It's awfully hard to tell. When you talk to somebody my age, it seems so unpredictable, and so many factors that would go into [knowing] how to make sense of the human mind. I read a lot—a couple of news magazines, *Scientific American*, a few things like that and Books on Tape.

A fourth subject discusses how her mind has changed: "I think so, I'm forgetful, I don't think as fast." However, she concludes with: "Line dancing is wonderful for coordinating physical activities with the mind."

Loss

Loss is a theme that is ubiquitous to the six subjects, as it probably is for all persons in this age group. My over-all theme of loss is divided into categories of loss of people, loss of community and sources of social support, loss of objects, and loss of dreams. The order of the categories is probably how each subject relates to the theme of loss. Loss is probably the biggest negative psychological experience for the subjects.

Loss of Significant Others

Loss of spouses.

All of the six subjects had experienced the loss of a spouse. One of the six had remarried after the death of his second spouse and this new marriage has lasted longer than that second marriage. The other five subjects' descriptions of the loss ranged, on a continuum, from a matter of fact—"My wife and I were married 19 months and she died," (at the beginning of WWII)—to a present day grief reaction as described by another subject:

> I found him. He had collapsed in the bathroom. By the time I got to him he had died. About five years ago, he was 85 and I was 83. Well imagine, I never, I mean, I had no preparation for his death—and then to find him with my not having, no opportunity. I had no opportunity to say good-bye or anything. It was a real shock, it took me a long time to get over it. The way I dealt with it, I watched

a movie day and night, all I did. I went to Hospice, a group but I couldn't stand it—I couldn't listen to others' grief; it didn't help me at all, so I quit going. I don't think I've done it [said good-bye] yet. I don't think I've come to terms with it yet. We were married for over 60 years. I miss his presence: his humor and he had tremendous insight, he was very sensitive to my condition. I have moved on, but I have—it's lonely in the evening. That's when I miss him the most, after dinner. He cared about me, he did, yeah. My husband was a wonderful artist, and it was always a new insight. You can't explain these things, at least I can't but yes they were [very important].

Another woman reported on the shock of loss:

He died of a heart attack, 21 years ago. I guess you could consider that pretty young. It was devastating. I was in shock. It took me a long while to get over. I kept saying to myself, "He's too young, too young." I kept his clothes in the closets for over a year. I couldn't bear to part with them. The kids were supportive of me: "Take your time: you don't need to decide anything; you don't need to do anything."

Another reported: "I'd say about seven or eight years ago, that's what I, that's my guessing. It was a big loss. She, all of her people died of cancer, 12 brothers and sisters and her mother and father. They all passed with cancer."

And lastly, a subject, reporting matter-of-factly, said: "My husband died 12 years ago, of the three P's—Parkinson's disease, prostate trouble, and polycythemia." She went on to tell the story of driving the casket to another state because that's where they had burial plots: "I took the casket to the cemetery in my van. I couldn't get the casket out because the van door was stuck so I had to drive *to* a garage to have them open my back door." [Laughter ensued.]

Loss of children.

Two of the participants had lost children and one had lost a grandson in a car accident. One said: "My oldest boy from the first marriage died of a heart attack. He was 60. He was very, very young, especially in this day and age. He was considered very young." When I asked her about heart disease in her family (her husband, her son, and

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she had heart disease), she said, "I never considered that. My doctor has never told me that."

Another of the subjects had lost a grandson in a car accident that he described in detail. He also said, "My daughter and my son passed. I have to think now, just a minute, my son died before my daughter and my grandchild died before they did." Interestingly, this person also talked about the impending death of another grandson: "He gives me problems. He used to come in here and break in and take that stuff [the subject was a hunter and fisherman]. I didn't fool with him and so he's just about gone now. He has two to three weeks to live or something." It appeared to me that this grandchild had become addicted to heroin.

Loss of relatives.

All of the subjects, by virtue of their age, had outlived all their siblings: "Well they're all gone; my brothers, two died in the war; my sisters are dead; my mother, hell they're all gone." Another reported: "My oldest brother died when he was 79; he fell on the ice. My other brother just died, I guess, two years ago. He was probably 93 or so. And my sister just died a year ago in October; she was 91." And a third reported: "My sister died of cancer shortly after my husband died. She was an older sister and that was hard. She lived in [city]." This made it extra hard for her because she used to visit her sister a lot.

Some of the subjects talked about the deaths of their parents, which I will discuss more under the category of Age. One of the comments, though, pertained to a more recent cultural aspect of death, namely the oral history projects. The interviewee said, "I

was just so sorry that I hadn't asked my parents a lot of these things because you know when they're gone, that's it. You just never know."

Loss of friends.

All the interviewees had lost friends: friends who were neighbors, friends who were relatives, friends with whom they had worked. One of them told me after I had asked about friends dying: "Absolutely, of course, you know it's going to happen. It doesn't get easier. My spouse and I feel that we've got to keep younger friends because the old ones aren't going to last." My colleague and friend, Fanita Enlish, first communicated this concept of younger friends to me in 2006 (personal communication, April 26, 2006). Another participant, talking about friend's dying, reported: "But I've, I'm amazed, I've outlived a lot of friends." At that point, the subject remembered another friend had just died, "That reminds me I have to go to his memorial, aagh! So I have to stay out here for that. Hell, I was going into the city tomorrow."

Another interviewee reported: "I had a neighbor who lived across the street. We became very good friends. She and I used to go to [city] quite often to gamble and see my sister, and stay with my sister. It was very nice. I kind of miss that." And:

> I have a friend [now, who lives close]. We used to go to lunch once a week and that was a very nice thing to do. Then she had a hip replacement, two years ago, and because I don't drive I have to wait until she asks me to go again.

Another talked about volunteering to visit older and infirm people and how she had signed up with a fellow teacher she had known: "I met with her for two or three months and then she fell and went to the hospital and died."

Loss of Community

As the subjects aged, there was a certain amount of loss of community in each of their lives. Their social world contracted. With some the contraction occurred in retirement: "Haven't done any parades, not since I've retired. I used to know a lot of people in the city in broadcasting and newspapers and stuff." Or, "I kept up with a dozen of my colleagues after I retired and moved out here. We'd have little reunions, but most of them are dead." For another it was moving into the Seniors Residence:

> I'm pretty well confined here. I haven't been as adventurous. I drive only to places that I know, that I'm familiar with. I'd like to drive myself out to the ocean but I'm afraid. I don't try exploring things. I have friends up in [where the subject used to live]. It's a lot of trouble, getting ready to go and driving. I really belong to the [church up there]. I miss those people being I attended those meetings for over 20 years. Most of them [people here] are women: the majority are women, a few couples, and women outnumber men by far.

Or another subject talked about losing contact with her sister-in-law: "Would like to go see her before she moves. We really haven't seen each other because she can't drive and I haven't been able to go to the city.

Loss of Objects

> *Physical objects.*

One interviewee discussed moving to the Seniors Residence: "I moved from a three bedroom condo to a one bedroom apartment, quite a change." What did you not bring? "Furniture and books, books mostly—stacks, boxes of books. I used to be a big reader. I don't seem to be reading as much." Another talked about no longer being able and willing to visit his vacation house. He would rather sell the house but his daughter still uses it.

Travel as an option.

The subjects all found travel to be difficult. It especially affected those with relatives and children out of state: "We haven't traveled since, as we did before [the stroke] which we loved to do. We have an annual reunion. From now on it'll be here because it's getting very hard to fly back east." Or another reminiscing about a cruise stated, "I went under the Golden Gate Bridge. It was nice, really nice, very enjoyable. But I've just had enough, enough of traveling." Another talked about the loss of desire to go to [city]: "Yes, I guess because of my sister, kind of sweet memories and painful at the same time—bittersweet memories." Another, talking about her loss of desire: "I have no desire to drive after that accident. It was such a terrible experience."

Sports as a recreational activity.

Two of the participants had given up sports in their 80s and several others had curtailed their walking. One person said, "I used to love to play tennis. I gave it up at 80. I had increasing problems with balance and peripheral neuropathy in my feet and legs. I just can't move quickly." And another who is now 92: "I'd say about 5 or 6 years. I quit playing and I gave away quite a few golf clubs."

Loss of Dreams

These experiences were described by a few subjects. The experiences consisted of dreams that the person, because of their circumstances never realized: "Read and write? Very little." Or , "My daughter, she never had children." Or because of the circumstances of their formative years, the person made a conscious choice:

I purposely never had children. I had such a time growing up myself, I decided I would help children that were already here. We had six or eight with us at different times. Not under the county but people who needed a place to live and we just took them in.

<p align="center">*Community and Sources of Social Support*</p>

Social World

As discussed under Loss of Community, there has been some contraction of each subject's social world. But when asking about how the subjects evaluate their life in the social world and how they personally see the social world, there are mixed responses. Each interviewee appears to continue with his/her own longstanding view of the world whether the discussion is about change or about how young people view them. For example the subject who worked in communications states, "Communications has changed society. Everybody in the world knows what everybody else is doing, immediately." Or the same interviewee on younger people: "They're bound to look at you differently." Or another feels that they have little contact with younger people: "I have no trouble. They stay on their side and I stay on this side." On the other hand he feels that the "younger generation coming on now don't respect older people like they should. Society has changed and peoples [are] much different. They used to be kind to one and another."

A third subject feels that the world is "about the same, except for the change in diversity: "I live two doors from the high school. They see me wheeling out my garbage and they offer to push the cans for me." Another feels that the neighbors are thoughtful and teach their children "to be kind to these old people." And the teen-agers are interested

in hearing about WWII, just as this interviewee was as a teen-ager who talked to the Civil War Veterans.

Living arrangements.

Five of the six participants have been living in their own homes since at least the 1970s—two much longer: one "46 years. The first owner of the house." And the other: "I've lived here a long time. Yeah, it is a long time." The sixth participant explained:

> The reason I couldn't live in that place by myself [the condo] was because on two occasions I had been gone away for the week-end, and when I came back I found that I had left the stove on. So I moved to Assisted Living.

Organizations and volunteering in the community.

All of the subjects were active in their communities. Two spent several days of the week at the local community center where they also became volunteers in a formal, trained peer counseling program: "I went through eight weeks of training to do this. It's really exciting." And: "At the Senior Center I heard about peer counseling. So I joined and we meet every Monday for supervision. I've had three people I've visited." Also, "I go there two to three times a week. They have programs for example, getting used to hearing aides, and then one for memory. I attend those. I keep busy."

Another talked about how she visited a convalescent hospital every week with a lay minister from her church. And another related how proud he was when the city he lived in "because I have done a lot of [volunteer] work made my 90th birthday, (His Name) Day for the City of __." And the subject who lived in a Seniors Residence discussed how she volunteered for Seniors for Peace: "I'm involved in the demonstrations on the corner every Friday afternoon."

Family

Children.

The subjects' relationship with their children appeared to be the mainstay of four

of the subjects' support community. The fifth subject never had children because of her

earlier life experiences. However, she raised several informal foster children. She also

related to me the experience of her niece saving her after an accident where even her own

doctor had given up on her: "I feel closer to my niece than most people do to their

daughters." The niece had demanded the doctors "save her aunt."

Four of the subjects, living in their own homes, would have had difficulty

remaining in the home without the support of their children (step-children included). One

related:

> We have a very close-knit family and we do all sorts of things together. My
> daughter brings groceries once a week and comes for lunch or dinner. She's so
> good and she does all my bookkeeping and check writing. She does that [pointing
> to a medi-set for her medications]. She knows exactly what I like and goes
> through and picks out the tapes from the Library of Congress. My other daughter
> and her husband take me places and we play memory games like my daughter
> M__. And my oldest daughter had access to a place in__. For four or five years
> the whole family would go. It was wonderful—the kids, the grandkids and the
> whole shooting match. It was just delightful.
>   S___ (another daughter) and I had a discussion last night [about using a
> walker after her fall]. She's strongly suggesting that I use the walker in the house.
> I admit I don't use the walker. It makes me feel like an old lady. This [situation] is
> kind of strange. That's the way it is. The mother, like, becomes the daughter and
> the daughter becomes the mother. It happened with my father [laughing]. It's
> amazing that happens to most people. The parent becomes the child and the child
> the parent.

Another interviewee agrees:

> I have three children. My daughter is the oldest; in many ways she sort of takes
> over, sort of [like being a mother]. She'll drive me to my doctor's appointments
> and stuff like that. I see her quite regularly and I consult with her about various
> things.

My sons, I have one in [another state] and one [close by]. [The one from the other state] he writes to me and told me that the last poem was the best one and [the other son] comes twice a month and takes me out to dinner. My children care for me. Yes my sons do and my daughter does too. Yes my children do. It's different of course; it's totally different [from the way my husband did]. They [the children] helped me move. They packed and took care of all that.

Another relates how he measures his success in life regarding his children:

I think my life has been enormously successful in this, in a personal sense, in terms of having a family. For example, in terms of having three kids that have been married for over 40 years. And they have kids. I wasn't that important in terms of the job hierarchy, [or of] monetary success. But in terms of personal satisfaction, I was very successful.

My wife and I have joint reunions because our kids all get along very well. Since my 80th when I had a reunion with the grand children and everything we haven't been back East [where the children live]. It's not so easy to travel now. We just had a reunion for my 90th here. My children were able to come.

Regarding his ability to remain in the house:

If we're really lucky we'll still be able to survive alone like this, getting along with just the housekeeper and her kids [pointing to his spouse]. We wouldn't be able to stay here without her daughters living here [near-by]. Really without them we'd have to go to Assisted Living. There's so much in running a house.

The fourth had three children but only the oldest, his daughter who is 72 is still living. He talks with his daughter several times during the interview explaining to her what I was doing there. Initially at the end of the interview, he does not want a copy of the interview, until I explain that maybe his daughter will appreciate the copy: "That will be good for her, sure will." This participant is worried that because his daughter is sickly, he should be looking into Assisted Living, just in case something happens to her.

The fifth and sixth interviewees, without natural children of his or her own, do not appear to need a great deal of help in staying in their residences. It is the sixth interviewee, living in a rural setting, who has a second residence in the city that he uses to socialize with many friends. The woman, on the other hand, is very close to her niece

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as mentioned above and had a close relationship with at least one of her informal foster children, a woman she "adopted" when she was 20. She helped the interviewee with the burial of her husband and then died herself six months later.

Grandchildren.

The four subjects who have children also have grandchildren and beyond. One is the patriarch of "five/six generations." He has had trouble, especially with his grand children who are the third generation: "My daughter has a problem with her kids. My grand daughter she was out in those streets. The third generation, yes sir, they're not doing well. Some of them don't do right." When asked about how they treat him he replies, "They got to treat me right—they don't have no other choice."

Another male talks about his experience of his grand and great-grandchildren:

> I can't even begin to think of myself in their shoes. When I was their age and I looked at my grandparents, I thought, "Oh my gosh." There's just no way to get across that gulf. One generation's bad enough, but two, three. I try and they probably humor me a bit. When I was 70, I wrote my memoirs for my grandkids, the first 40 years; when 80, I wrote the second 40. It was a lot of fun. I thought they'd probably be interested, and I'm sure they were bored to tears. Someday, if they live to 50, 55, they will be interested. My kids were interested.
> I have a rapport of sorts with my wife's grandchildren that live around here, but what they think secretly, I'd just as soon not consider it.

With desktop publishing less expensive and more readily available, publishing memoirs is a recent opportunity to pass on living history to the following generations.

Regarding actually seeing the grand or great-grandchildren, I received several replies: "Every once in a while. I was trying to think why I had invited them over? Most of them stay in ___." [A city to the north.] Or: "Some of them [two] live in [another state] and the others [four] live nearby. And great-grandchildren, I have four. I visit with my

grand son and his wife every Wednesday and they bring the dinner—that's kind of nice."

Another shares:

> I have met most of the grand and great-grandchildren [15 in all]. But it's hard. They live back East and they don't have the money and I don't have the money to send for them. When we had reunions back there, I've been able to see them but I'm not able, it's not so easy now to travel.

And another:

> I have five grandchildren and three great-grandchildren. My grandchildren are very sweet to me but they are very busy. My great-grandchildren live in [another state]. I saw them last Christmas and New Years, but I haven't seen them since. My son's wife communicates with her children by e-mail [the subject does not have a computer]. It doesn't mean I don't think about them.

The woman who never had children reports that the children of her informal foster children: "call me Grandma yet." One of them receives his mail at her home but she rarely sees him and thinks he is involved in drugs. The man who never had children states: "My grand nephew lives down in __. He comes up here and stays with me. He's the executor of my will, and it's his. I may as well give it [the house] to him—it's his to do with." And another interviewee says: "I wish something for them. For example, my great-grandson is really a very bright fellow and I would like him to have some kind of exposure to the levels of things he would be exposed to in a __" [She names the religious group she belongs to.)

Religion

Three of the interviewees feel that religion plays an important part in their lives. Another feels some connection to religion and the final two feel little or no reason for religion. I will present their thoughts (experiences) as I just outlined them:

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You'd call me a "churchaholic" because I go to three. I'm quite active, my social life hinges more around church activities. I accepted Christ when I was 10. I've been baptized three times. The Church of Christ says [that] it won't hurt you and it might help.

Another relates: "I like to go to church. I believe in going to church, that's my religion, the Baptist Church. A lot of them comes and cleans. They also checks on me." [The church sends members by frequently during the week to see if he needs any assistance.] Another: "I think my religion helps, I have a [church] friend I'm close to. I try to attend every Sunday. I'm probably the oldest attender." The fourth becomes irritated when discussing religion and angry with the evangelicals:

Those idiots. Most of them are shooting off their mouths. Those kind of people you just ignore, they aren't worth wasting your time. I believe in the Holy Ghost and I'm a Christian. But I keep my religion to myself and nobody forces theirs on me or I slap them.

The fifth does not consider she has religion in her life: "Not really, other than the fact that every day I thank God, I just marvel that God gives me more of my life, I'm amazed." And the sixth: "Fortunately my wife and I are both irreligious. It's great solace for many, we just aren't."

Support From Other Persons

The interviewees form connections with other people—one subject, a spouse and friends; others include friends, neighbors, church members, members of community centers, and people in the community. During one of the interviews, a neighbor in his 60s comes in twice bringing recently cooked food. "I have really good neighbors." A second neighbor calls and the subject reports: " She's always fixing my lunch. Her husband and I were very close friends. You treat people nice and they be nice to you." Another reports:

It seems to me that I know a lot of friends in a lot of faraway places. I've been very partial to the theatre and know many people. I just have had a lot of artist

friends—I wanted to be a painter but didn't have the time. I know a hell of lot of Irish, I have a lot of Irish friends. Yeah, friends are valuable and needed. When I go downtown or go into the city, I have a lot of friends, and they're always glad to see me. I guess I've gotten good neighbors. You don't do things down here in the day, everybody works.

He goes on to explain a situation wherein a new owner of a restaurant was kind of harassing him, and then all these wealthy ranchers came in: "They all surrounded me and were glad to see me. I've known those people for 40 years. After that, the new owners were hospitable."

And another:

I keep a pretty extensive correspondence, mostly by e-mails with my old friends and my kids and grandkids. E-mails [are] just a great blessing, quicker and cheaper, and so much easier. The retired people [around the neighborhood, men and women separately] get together just to eat and talk; it's pretty soothing. [And when meeting] younger people, they try to help us stay abreast of things. By trying to stay abreast of what's going on and to a certain extent understanding what interests younger people, I try to understand popular music, at least enough so that I'm not completely stupid.

And the same subject speaks about the difficulties and thoughts since his wife had a stroke: "Fortunately ever since her stroke, for the last eight years, we've had this wonderful Mexican lady who comes for three to four hours a day." He also depends on his wife's children to provide a lot of assistance. His wife, by the way, is feeling that life is not worth living because of the impairments suffered from the stroke. My subject responds: "I was explaining to him [the interviewer] that up to the stroke we've been very lucky. I was saying that in terms of outlook, if I had a stroke, it's terribly, you know what comes with strokes, huge depression."

Another subject talks about living in the Senior Citizen Residence: "Most of my friends are about 85. I have friends in __(where she used to live), but it's hard to get

everything together to go. In a couple of months the whole complex will be on the Internet."

<div align="center">Acceptance</div>

There are two areas that comprise acceptance: Acceptance of life in the present and acceptance of one's mortality. The interviewees appear to be no longer concerned with retirement as this was a date 20 to 40 years in the past. Only one interviewee related retirement to a feeling (of sadness) because that was also the time her husband died. Within life in the present, a division is made between health and psychological acceptance. Mortality is also divided into several areas/categories: acceptance of death; feelings about the after-life; and the questions I asked regarding "Where do you see yourself in five years/ ten years?"

Acceptance of Life in the Present

Health.

One subject gave up golf when he was about 86: "I couldn't walk so much." So he gave away all his equipment. Now he says, "I can feel the age and the time. I don't have the breath that I had." Another is straight forward about what may help her: "I'm doing the acupuncture to relieve the pain. The doctor says that I have scoliosis, a structure problem, can not be cured, it's all caught up with me." The subject who is married discusses the difficulties he [they] faces with his wife's stroke: "It's much more difficult to go out because of the problem of getting the wheelchair in and out of the car." Another, as we have seen, accepts her fate each day (with some denial of the seriousness of her illness.) Finally, another reminds himself of being over 85: "I have to keep

reminding myself because I got careless and I fell. Well it gets me (the body), I'm still doing what I like."

Psychological well-being.

One subject reports on his life: "I'm lucky. Fortunately I can still drive. I do the shopping. I like to write; as my wife said, I was my favorite subject. You ought to ask her about my good psychological health." Regarding the death of her husband, another interviewee says, "Well, life just continues. Being over 85 hasn't changed life—just progressed with it." Another subject is very positive: "I just love to cook breakfast and lunch and listen to my tapes."

Acceptance of Mortality

Acceptance of Death.

One of the interviewees says: "That's the end of it, no rehearsal, got to live life while you're here because there's not anything more." Another, after her accident, reports: "When my doctor didn't recognize me, I thought, "Well, I really am going." She also reports with laughter: "Before leaving the social center, the lady next to me said, "Do you know if Mrs. ___(the subject's name) is still alive." Another says: "I think being impaired affects wanting to live longer." Another reports: "Because if your time coming, and you don't die right away, you linger, and I don't want to linger. Just get right on with it. That's the way I like it to be."

Feelings about the after life.

There were several comments about what the subjects imagine happens after death: "I've got my obituary already written." Another subject said: "I think about it once

in a while, but I don't dwell on it." Another talks about her being buried next to her husband: "In [another state], because in 1908 his grandmother bought eight spaces. So since we paid for them we might as well use them." Another related: "Maybe when I'm cremated I'll give my good Irish friends a spoonful of my ashes and pay their way to Ireland with them."

Attitudes towards the future: In five years.

As I directly asked where they saw themselves in five and ten years, questions from the Interview Guide, I received responses from everyone. I have ordered the responses of the interviewees below from younger to older, i.e. 86 to 92 years old.

"Well, if my health holds up, sort of just peddling along." "(laughing) Sitting right here only a little more decrepit." "Hopefully right here, I don't want to go to Assisted Living, I want to stay right here." "Always said, I want to die when I'm 91. That's because I think I will have had enough." "Well, if we're lucky we'll be like we are now." And, "Hopefully the same. I might be down with things going on. I don't believe I could care for myself. I think I would need help."

Attitudes towards the future: In ten years.

"My doctor said he thought I was going to live to 100, but he died." "I don't think about it." The third said: "Same as five years." The fourth doesn't think she will be alive. The fifth said:

> Just so random. As long as we can have this quality of life sure, but if worse, I would hope to be relieved of it. If I were 100 and asked what I would attribute my longevity to? First I'd say I don't know; but then 25% genes, and 5% not having diseases that exist and the other 70%? Stupid, blind luck.

And the sixth: "No, no, 10 years? That would make it to 102. No I don't think I'll make it that far."

The Seventh Theme in the Base of the Glass

I now look at the "base-of-the-glass" categories that were unique to individual interviewees and that, together, comprise the seventh theme. These categories emerged spontaneously, brought up by the interviewees, and were not prompted by my questions.

Attitudes Towards Current Age

Being over 85 describes how each subject relates a pride of survival regarding their own advanced age. They would usually volunteer their exact age after my opening statement regarding the purpose of the interview. One of the interviewees said:

> Well, I am just delighted to be still living at age 90. I think it's great. I'm very lucky, especially since I am reasonably cognizant, [and have] cognitive abilities. So I have a minor memory loss but it wasn't all that great to begin with! I'm the champ. Mother at 86, father at 64, brother at 77, two sisters in their 50s. Uncles, a couple into their late 80s, and one into his 90s.

Another subject related her age to her parent's age, "Well, she [mother] died young, she was 64. I'm 88, I just turned 88 in August." She also has outlived her father who died in his early 80s. And a third, after talking about a recent accident said, "Yes, it's a shock that I lived to 86. The doctor at the hospital thought I was an old lady with nothing to live for. My mother died when I was five and she was 36; my father died when I was 14, and he was 54. My brothers when they were 79 and 93. And my sister when 91." The fourth reported his mother was "72." He reports that all of his family died younger because of smoking except for his two brothers who were killed in WWII. Another of the subjects, thinking she would die at 91 but rejecting the connection I made to her mother dying at 91 reported: "My siblings all died in their 80s; my father lived to 89." The last subject

was an only child, had lost contact with his own family many years previously, and had outlived all of his wife's family.

<center>*Spontaneous Categories: Sexuality, Smoking, Alcohol, and Animals*</center>

These four categories were barely touched upon. The responses did not conform to my initial expectations, possibly due to my own ageism. Thus, I did not specify questions regarding these categories in my Interview Guide. I will further discuss these categories in Chapter Five. Smoking and excessive alcohol use were predictors in several studies for not living beyond one's 70s.

Sexuality

Sexuality was brought up twice in my interviews, both by males, and was not a question that I had anticipated in my Interview Guide. In response to my question, "When did you feel you were getting old?" one of the subjects replied, "Well, a brief answer to that is when I couldn't get it up." He had earlier broached the subject of sexuality at the beginning of the interview when he related:

> Maybe when sex rears its ugly head, I have to just laugh and forget about it. (Huh?) It's a joke—it means that you meet somebody that you would like to go to bed with and it isn't going to work out. That's what it means. When you're talking to some pretty person, and you think, "Jesus, I'd sure go for you." Why that's rearing its ugly head.

The other male responded when I asked, "Is there anything you did not discuss?"

> Well, you didn't touch on any sexual problems or [pause]. I don't know whether those would be something that would be of [pause]. Most people don't want to discuss things like that, but I would say it's certainly an important ingredient in most people's [pause]—it certainly was in our lives. But you can live without those things.

The first male uses sex as a measure of being old; the second understands the absence of sex as being related to his wife's debilitation.

Smoking

Only one participant mentioned smoking, which was as a cause of death in his

family:

> I never did smoke—I hated tobacco and I crusaded against it. Those lying sons of
> bitches [tobacco manufactures]. How many people did they put to death with their
> damn cigarettes? My brother died of cancer of the throat, my sister died of—she
> had lung cancer and a stroke, and she died. My twin sister, she died of, all related
> to smoking. I used to go to my sister's house and there would be layers of blue
> smoke in that place. God!

Alcohol and Social Cohesion

Alcohol use was brought up directly when a male said that he fell after "I was

over at my neighbors, I had one drink too many of wine." This person's social life had

more connection to drinking, as he also said, "Oh, I have a lot of friends to visit with.

And I go downtown and have a drink at the bar in the afternoon." In contrast, another

male talked of alcohol use earlier in his life: "I drank a little bit too, but still I never did

really like it—it never did taste good to me. I just drank it but I don't do that no more."

Animals and the Absence of Animals

Animals and their symbolism were only discussed by one of the subjects, in terms

of birds that play a role in one of the poems that she shared with me:

> A finch sings outside my window,
>   it is the same song I heard yesterday morning and again at dusk.

She also directly discussed birds in relation to the interview. Once, "Can you hear the

birds?" (at the window). And another time, "There are egrets, beautiful egrets along the

creek there—you can hear the birds singing."

There were no other mentions of animals, in the past or the present. Animals were not covered by me in the Interview Guide. Given that animal ownership, especially for companionship, is widespread in the United States, I was surprised that the interviewees did not spontaneously share about animals. I will also discuss this topic in Chapter Five.

The Stem of the Glass and the Relationship to the Interviewer

The stem category was the relationship to me as interviewer. Four of the six participants stated that the interview process was interesting, fun, and they learned a lot: "Very interesting; fun to talk about myself; I don't think I told any lies because the truth is funnier; and, I learned a lot." The first interviewee challenged me by saying, "I think you covered your ground very thoroughly," but "I think your basic questions that you are asking me show a curious lack of real interest in me, in me as a person." My curiosity was aroused and the interview took a new path, one in which the subject shared her creativity. Personally, this experience of the exploration of creativity affected me like a tuning fork that carried forward to the rest of the interviews. Looking at this encounter objectively, I can now say that it was a course correction that allowed me to become more sensitive to the information I was, or was about to be, receiving.

Another interviewee engaged in a poignant conversation with me about not wanting "to linger." I shared with him my experience, and knowledge (from the literature review) that lingering was not a characteristic of this age except when people fall and break their hips. This led to a discussion of the possibility of him needing a home "because my daughter is sickly" and maybe not being able to help him when he would need to find one.

An underlying issue that was not really discussed in the interviews was the process by which these six persons let a complete stranger into their lives to ask questions. This seems to me an inordinately high sense of trust on their part. One person, who was not so trustful, asked his cousin to accompany me and requested that she remain in the room for the interview. Another, I suspect because she was embarrassed about her home being presentable, asked me to meet her at her church. However, the others did not appear to be threatened in any way by my coming into their homes. I will further discuss this area of thought in Chapter Five.

Once I was ready to engage in the interview process, I did not find it very difficult to locate subjects for the interviews. However, I did encounter five rejections that relate to the subject of trust in varying degrees. One man, referred by a person I know in the building trades, never seemed to grasp the reason for the interview. I called him and then sent him a copy of my letter to potential participants. I called him again and we arranged for me to come to his home. Upon arrival, the man came down stairs to his locked gate and I introduced myself, showing him a copy of the letter I had sent. The man said "No, no." It appeared to me that he was thinking I was trying to sell him something and he ended our interaction with "I can't, I'm trying to get some sleep."

Another woman I was referred to in a rural area said, after I explained to her the reason for the interview and what it might entail, "Let me have you talk with my husband." After a brief conversation with him he announced, "No we are not interested in this kind of thing."

Lastly, I was referred to three different agencies where I could meet with someone 85 years and older. First, I was referred to a 90-year-old homeless man who was being

seen by the Aging Team of a local mental health clinic. I was told, "The county policies will take months in order to allow you to interview this person." Regarding one prospective participant in an Assisted Living facility I was told, "This can not happen because of the person not having family nearby to give permission." And with another Assisted Living facility I was told that there would have to be multiple interviews established because "the interviews can only last for 20 to 30 minutes as otherwise it would be too tiring" for the prospective subject.

CHAPTER FIVE: DISCUSSION

Introduction

Neither the life of an individual nor the history of a society
can be understood without understanding both.
(C. Wright Mills 1959/2000, p. 3)

In the interview portion of this dissertation, the primary question has been: What

is the lived experience of the person who is 85 years and older? In the above quote Mills

defines the lived experience of an individual as inextricably linked to the history of the

society in which he finds himself. So, too, with the interviewees in this study who were

questioned about their personal lives, but also unexpectedly shared their experiences of

historical moments from their collective pasts. Stories from the 1920s, 1930s, and the

1940s (the Great Depression and World War II in particular) drew heavily upon

memories of events that had fortified the subjects with the resilience required to

counteract tragedies throughout their lives. In fact, resilience was one of the key

characteristics common to the subjects interviewed.

Another key characteristic was a sense of acceptance and accommodation the

subjects felt about the aging process. Much of the gerontology literature has emphasized

the deficits and declines as the central element in aging. In contrast, the research and

interview results published in this dissertation emphasize their *resilience, acceptance,*

and accommodation. How can we account for this discrepancy?

During the twentieth century, Americans experienced a vast change in their

attitudes towards the elderly. When society was primarily agrarian, most people

maintained a positive view regarding the elderly and particularly appreciated their

wisdom. With the advent of the industrial society, however, the elderly, both in their

personal relationships and in the prevalent theories of aging, were viewed more negatively. Old people began to be seen as standing in the way of progress. Their values seemed old-fashioned and irrelevant to a generation bent on speed and in love with the tireless perfectibility of machines. Most recently however, attitudes shifted once again to encompass a more positive view of America's oldest citizens. But why?

By the end of the twentieth century, individuals throughout the world were living longer, and in greater numbers, first into their 70s, then into their 80s and 90s, and now into their 100s. The power this generation gleaned by virtue of its numbers earned them the respect of successive generations, as did their resilience to the historical forces that threatened to topple those whose lives were seriously compromised by world-shaking events like the Great Depression and World War II.

It became apparent in my study that there was an interaction between the individual and the social structure, related to socio/historical events. While the subjects differed in terms of their own social and cultural backgrounds, they shared common experiences unique to the historical era all had lived through. These experiences, some during the times of momentous changes described, provide us with an indelible insight into how the individual destiny of the subject is connected to historical events and cultural context.

One example from among those interviewed was a woman who grew up in the Kansas/Oklahoma dust bowl. From as early as the age of five she displayed her notable fighting spirit, which eventually enabled her to successfully challenge the California Welfare Department in the 1930s, when she was an orphaned teenager. This same resilience and resourcefulness helped her when, as an elderly woman severely injured in

an automobile accident, she was left to die alone in a hospital with nobody to advocate for her. In the interview, she showed herself to be a profoundly vibrant woman involved in helping others in her community.

Another example appears in the interview of the Korean woman for whom the symbol of "closed doors" permeated her life. A Korean colleague informed me that the closed door symbol pertains to the household culture of the Korean family. In Chapter Four I noted that the traditional horseshoe shape of the Korean home created a "closed door" experience for women. This closed door theme reappeared during her life as a pre-adolescent in Hawaii and continued throughout her teenage years. Anti-Asian prejudice in the United States at this time eventually led to the Asian exclusion laws which were put into effect in the 1920s. The theme emerged once more when the Korean woman experienced the painful loss of her spouse. During the interview she spoke poignantly about "closed doors" in her poetry. Apparently she used her creativity to assist her in the grieving process, just as, during the interview, she used it to talk about her approaching mortality.

In similar ways all subjects linked their personal lives with identifiable social, cultural, and historic events. During the interviews, this process was accentuated by my response to the subject's personal memories in a way that validated the shared experience in their past. For example, one man discussed his family history in eastern Kentucky. Instinctively, I knew he was talking about a special part of earlier American History—I remembered that the Cumberland Gap had opened up the West to discovery. The shared knowledge between interviewer and interviewee about an important cultural/historical moment enabled both of us to relate more comfortably on a personal level to each other

and engendered an experience of mutual respect that led to continued sharing about his personal history. As together we looked back during the interviews, jointly reconstructing these events, I was impressed with the qualitative interviewing process that allowed me to discover, and understand, this connection between that which is personal and that which is social, cultural, and historical.

To return to the important theme of resilience in my subjects, not one of the interviewees felt that life happened to him/her in a passive way. Each felt that they were creating a lived experience of life that was being regenerated on a daily basis. Even though they recognized experiences of suffering, psychological as well as physical, each one retained a positive attitude toward life—as they knew and defined it. As one interviewee pointed out, it was clear that "life was grand." Nor did tribulations decrease these subjects' involvement in the world. The interviewees found meaning in their suffering, and overcame it to remain alive and functioning into their 80s and 90s. Contrary to what some theories and stereotypes that may have been tinged by ageism suggest, these old/old interviewees could not be seen as having withdrawn from the world.

Furthermore, each person in the study sample held a positive view of his/her own life and his/her respective role within that life. I was surprised and impressed by how the subjects described their lived experience in such positive tones. While each one of the six participants had grown up with certain prejudices towards themselves and others, they had grown beyond these prejudices. Each of the interviewees held him/herself in high esteem, and believed that younger people had "no other choice" but to treat him/her with deep respect.

Thus, the subjects I met all maintained a positive self-concept and were flexible in their outlook. The group all made a concerted effort to exercise their bodies and their minds. They functioned, learned, and developed with continued inner peace and satisfaction. There was no sense of stasis in their daily lives. Each interviewee felt that he/she was a vital part of the culture and the community. Each shared experiences of meeting life's challenges head-on and all expected each new day to bring them new interests and renewed strength.

Of course, the interviewees were at the same time experiencing the loss of friends and family members through death and illness. Their decreased mobility made it harder to visit friends and family who lived far away. Social contraction seemed to be an inevitable part of living such a life. It also appears that to counter the loss of their diminishing social circles, they also resiliently developed and maintained newer social relationships that could be experienced within the geographical limits of their life situations. For instance, two women went to a senior center where they became involved in peer counseling, a survival strategy. Handling the death of a life-long partner is always difficult . Without the resilience to create something new—to write a poem or arrange for friends to come over—mourners risk holding onto the trauma, which may ultimately hasten the end of that person's life. In order to successfully complete this psychic challenge, the mourner must accept the loss and accommodate herself to the changes brought about in her life by integrating that loss into a new structure that is her life now. People of this age must adapt to the loss of most or all of their long-term friends. In this study, all of the subjects had experienced the loss of all of their siblings. Two of the interviewees had lost adult children. All had witnessed the deaths of many people

who were younger than they were. In addition, their deteriorating bodies forced some of them to accommodate to the loss of bodily functions. And yet, they considered themselves to be lucky to be alive. As survivors, they have continued to go out into the world and give of themselves to others. Perhaps surprisingly, they are not bitter. They do not ask, why do I live and the others do not? Instead, they continue to be deeply involved in activities and relationships in which they can still participate. As one of the subjects reports: "You've got to live life while you're here." The subjects seem to accept the reality of the coming end but are not blinded by it and are certainly *not* waiting for death. Instead they project an air of calmness and satisfaction that is also evident in their stories. Psychologically, a sense of well-being imbues each subject with a quiet perceptivity of personal powerfulness.

Overview of Study Findings

The following discussion will describe the changes that are taking place in our culture regarding negative concepts about aging. I will begin by discussing my assumptions about aging and the old/old. Thereafter I will discuss my findings as they relate to the research questions that arose from the original question: What is the lived experience of the person who is 85 years and older? Finally, the relationship between the findings and the literature review, as well as that of the seven themes from Chapter Four will be discussed. In addition, I will explore the limitations of this research to which I will add suggestions for further study.

The Concept of Marginalized Aging

As we have seen, until recently, studies of the elderly had focused on the old/olds' presumed negativity, pessimism, and deficits acquired in old age. These are concepts of

marginalized aging based on a model of thinking derived from studies in which the old/old are believed to be primarily concerned with fears about dependency and deterioration as reported by B. Neugarten (1996) and Koch (2000).

In this deficit model, the social sciences both influenced and were influenced by views of society that were perhaps already influenced by ageism. The predominant attitudes included pity, fear, disgust, condescension, and neglect as described by Featherstone and Hepworth (1995). In contrast, by turning an empathetic light on contemporary society, Koch (2000) helps us understand the sources of our ageism. "In our fear," writes Koch, "we have made of seniors a metaphor for all that is tentative and uncertain in our shared, transient, ephemeral world" (p. 172). Even so, prejudice can be self-legitimizing when couched in scientific terms. Esposito (1987) reinforced this negative view of old age when he described it as occurring on different levels simultaneously:

> . . . psychologically when the self experiences a loss of center; sociologically when persons are with decreased abilities and obsolete knowledge; biologically when persons have decaying systems; psychically when they are worn out; and, culturally when their skills and values are obsolete. (p. 218)

The subjects I interviewed did not fit Esposito's descriptions. Instead, each of the interviewees told me in one way or another that each new day brought with it the possibility of adventure and new life. One person whose psyche was clearly not "worn out" said, "I just want to stick around and see what happens next."

I found that throughout the literature in the various fields of psychology, sociology and culture, and biology, there were discussions about the ways in which the culture deals with the deteriorating bodies of the old/old (see Chapter Two). In one example, the preserved body is praised, while the deteriorated body is shunned; this topic

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is also discussed by Carey (2004), Hockey and James (1995), and Stierli (1993). Some of the literature of this period predicted a negative cultural attitude towards the body. One article suggested, for example, that the aged would yearn to trade in their bodies for a chance to live (Zaner, as cited by Esposito, 1987). However, in my study this prediction was not borne out, except in the case of the spouse of an interviewee who expressed this sentiment after she experienced a serious physical disability. None of my interviewees expressed the notion that they would prefer to jettison their body in order for their consciousness to continue. They seemed, for the most part, accepting of their respective ways of life and forward thinking in their presentness. Their primary fear, that of "lingering," was something to dread in the future. What is clear is that these subjects could not be described as "embodiments of shame" (E. Erikson & J. Erikson, 1997, p. 123).

Assumptions

I had three original assumptions regarding my research process as I began this study. First, I assumed that by employing the Grounded Theory method to a small interview sample, I would be able to distinguish different characteristics of lived experience—an assumption that was borne out by my results. I was surprised, however, by the large role that social/cultural history would play in determining the lived experience of the interviewee.

My second assumption was that I could maintain objectivity in the process of the qualitative interview. Instead, the interviews became a drama enacted by two people: the interviewer and the subject. As the interviewees described their unique personal histories, I realized this was no mere academic exercise: I was drawn in, interacting intimately with

my subjects while struggling to identify their lived experience. The literature had described the connection between the subjective realm and qualitative gerontology (especially Ryff, 1996). The surprising and, for me, pleasant realization of the subjective connection between meaning and experience, discussed also by Rubenstein (2002) was present in every interview.

The third assumption relates to information gathered in the literature review that led me to believe I would encounter negative attitudes towards old age (their own or those of society or both) in my conversations with the interviewees. In actuality, the subjects did not directly acknowledge negatives about old age and/or comment about their lives in terms of the ageist attitudes previously outlined by Featherstone and Hepworth (1995). From this fact I concluded that my subjects did not experience a cultural bias against old people. It is not that they were unaware of ageism—for example, the interviewee in the hospital realized that she was left to die because she had no one to advocate for her. It was that ageist principles did not seem to hold meaning for these subjects. The seeming disconnection between the experience of these subjects and the biases against old people that may prevail in the culture at large may shed a new light on how the old/old experience life.

The Relationship Between Study Findings and the Research Questions

In Chapter One I discussed nine sub-questions that I believed would be important in answering the larger research question, and after my review of the literature I used these nine questions again in Chapter Three to formulate my Interview Guide. In the section, Study Findings in Relationship to the Literature Review, I will describe what I discovered to be the most important areas to explore that related to lived experience. Of

my original nine research sub-questions, eight of them produced valuable sources of information. Six can be categorized as health, involvement of family and friends, loss, exercise, profound experiences, and cultural attitudes. less important, but still valuable were questions about religious faith and velleity.

One question, the Effect of Failed Relationships and a subset of the Loss question—the Loss of One's Career—did not provide much insight into the lived experience of the old/old. However, even this lack of importance to the subjects was informative. The subjects did not see themselves as having failed relationships, even though friendships were difficult to maintain on account of the interplay between the subject's health problems, their lack of transportation, and the difficulties of making travel arrangements.

I had expected that the subjects would have found the "Loss of One's Career" to be an important focus of their lived experience. My assumption reveals my own bias, one that I relate to being at a middle-aged stage of my own development. I had thought that the subjects would want to share more about their careers and working years, however, the analysis of the data in Chapter Four did not support that supposition. It seems likely that the importance of work may fade away when one has not been employed for 25 to 40 years or as one reviews one's whole life from the standpoint of its end. The lengthy period of retirement experienced by the subjects in this study represents a new phase in human development, one that provides an opportunity for further research.

Study Findings in Relationship to the Literature Review

Comparing my findings with the review of the literature is a necessary component in analyzing the significance in this study. I have organized this section into two sub-

sections. The first encompasses a general discussion of the seven themes that emerged from my findings as described in Chapter Four and how they relate to some of the dominant themes in the literature. The second demonstrates how those findings relate to the eight qualitative studies of the old/old that I focused on in the literature review.

The Findings and Seven Themes

While many of the findings in my study replicated findings in the theoretical literature, there were discrepancies between my findings and those that could have been predicted from the literature.

Twentieth-Century Social/Cultural Experiences

Symbolic Interactionism, a concept in the work of Campbell and O'Rand (1988), viewed the development of the old/old as a product of the interaction between an individual and the social/cultural structure that had happened during their older years. Nunkoosing (2005) furthered this concept by discussing the connection between identity and cultural events in the old/old. The difference between my findings and these theorists was that the theorists suggest that development in the old/old is an age/stage related function. However, my findings suggest that the development in my interviewees appears to encompass the whole life cycle, especially considering the impact of events during the early years. For example, historical events such as World War II have more impact over the life span than do current societal issues on their identity.

Resilience

Resilience and self-reliance create an inner strength that produces an over-all optimism in people of advanced age, also mentioned by Carey (2004). Seccombe and

Ishii-Kuntz (1991) report that this sense of optimism is the direct opposite of the pessimism that would have been predicted by the general public. I expected to experience this pessimism in my interviewees, and was surprised not to find it. This particular finding taught me about resilience.

Health

The third theme of my findings relates to health. All of the interviewees were suffering, to a certain extent, from physical health problems. The study, however, focused on a particular subset of the old/old population that involved people who were still able to live independently. Again and again, the interviewees noted that they were not afraid of death. Rather, each expressed a fear that he/she might "linger" and thus be dependent on others or on institutions for their care, as also discussed by Koch (2000). Had I selected s population with more severe health problems, my findings may have been different.

The interviewees often expressed an awareness of having less strength than they had in the past. At least two of the subjects had experienced a decrease in their oxygen intake, as was predicted by Hooyman and Kiyak (2005). However, the interviewees were mainly positive regarding their health concerns, and each rated his/her health and survival as higher than his/her own physician would, which supports a similar finding by Dunkle et al. (2001).

The literature predicts that in one's 70s specific, healthy life-styles are increasingly important in sustaining a healthy aging process. While three out of six of my interviewees had heart problems in their 70s, the positive factors of exercising daily, of avoiding smoking, and avoiding excessive alcohol consumption certainly affected their health positively. While one of the subjects continues to use alcohol on a regular basis,

his drinking does not appear to be excessive. However, none of my subjects are smokers. Not smoking is clearly an important factor in predicting long term survivability.

Each of the interviewees had minor-to-moderate disabilities that prevented them from making extensive travel arrangements. They all talked of travel options they used to have but now found difficult to complete. Only one of the six subjects continues to drive and this is only locally. There were two subsets of health in my findings: psychological health and exercise, which I will discuss next.

Psychological health.

The interviewees also maintained psychological health. Because I was not interviewing subjects who had specific knowledge of psychology and was not interviewing a clinical population, I did not seek specific information about the psychological health of my interviewees. In addition, the time constraints in a one-hour qualitative interview limit the results of such findings. I defined psychological health issues as pertaining to the ways the subjects kept their minds and bodies healthy.

Without question, each of the interviewees had developed strategies for maintaining an intact mind and body, as discussed in Chapter Four. Some exercised their minds by unscrambling word jumbles. Others engaged in a combination of physical exercise and mental rigor; they read, volunteered, visited with friends, and sought out entertainment. One subject continued to work in her own home business, and all kept active in their respective communities.

Baltes et al. (2006) commented that functional ability in the old/old can be increased due to plasticity of the brain. Other theorists correlated the relationship between physical activity, education, the absence of depression, and marital status with functional

ability (see Camacho, Strawbridge, Cohen, & Kaplan, 1993). The subjects in my study did not show functional impairment and seemed to have capable and intact minds. None of them were experiencing depression. Because levels of education, and to a lesser degree, instances of marriage varied in my subject population, I suspect that education and marital status are not as important in determining functionality as are mental health and physical activity. I also suspect that researchers who ascribe functional impairment to educational level or marital status are exercising their ageist prejudices.

Exercise.

The subjects in my study were all physically active, and they made sure that they exercised daily. In this information age, the subjects were aware of the emphasis on the benefits of exercise by the medical and scientific establishments. However, they did not use exercise as a means to extend life, but as a way to feel better in the present. Current research for this age group shows that findings related to the importance of daily exercise are being translated into action (Baltes et al., 2006; Nyberg & Backman, 2006; Reuter-Lorenz & Mikels, 2006).

Loss

Loss has been another substantive theme in my research. From my general knowledge, as well as from my review of the literature and from my findings, loss is ubiquitous in the lives of the old/old. As expected, loss was the most negative psychological experience in the lives of the subjects I interviewed. Every one of these interviewees had lost a spouse in his/her lifetime. With my findings, loss is mainly divided into categories of loss of significant others, loss of community and sources of

social support, and loss of objects. Loss of significant others is further divided into loss of spouses, loss of children and grandchildren, and loss of relatives and friends.

Loss of spouses.

The loss of a life partner is the most devastating event in the lives of the old/old. It is more troubling than the present health problems of the interviewees themselves. Three reported that the loss of their respective life partner is one from which they would never recover. The interviewees, at this stage of life, also reported losses that included a child, a grandchild, or a sibling. None had the same effect as a loss of a life partner. However, the fourth subject was the most sanguine. She reported that "life just continues." The fifth subject worried about the possible loss in the future of his spouse. The sixth subject was more matter of fact—something that may be explained by the circumstances surrounding his spouse's death and the young age at which he became widowed.

The responsibility of coping with the deceased person's clothes and articles tends to be a momentous task for the survivor. They all said they needed the help from their family to complete this overwhelming task. Each one of three subjects showed me samples of memorabilia and pictures of his/her deceased spouse. Each relayed positive memories that gave meaning to the partnership and the lived experience prior to their loss; this was also reported by Esposito (1987).

Loss of children and, grandchildren.

The death of children and grandchildren was another important loss. Half of the interviewees had lost children; one of them had also lost a grandchild. These experiences deeply affected the subjects. In the present day, we do not expect to lose a child before

we, ourselves, die. I will discuss this issue further in the *Eight Studies* section. However, with parents increasingly living into the late stages of life, the variable issues surrounding descendents' deaths may merit further study.

Loss of siblings and close friends.

When the interviewees lost siblings or close friends, they tended to cope with the loss by establishing new connections and friendships. Consequently, my subjects have all used their relationship with the community to help them overcome the loss of siblings and friends. It was interesting to note that a similar process developed, which several interviewees discussed, whereby the older persons developed friendships with people who were at least two generations younger than themselves. Prior to my starting the dissertation process, I learned of this new practice of developing younger friendships. Fanita English (personal communication, April 26, 2006) presented the idea as being a way to insure that the older person would always have younger people in his life.

Community and Sources of Social Support

This theme is divided into five subsections, which all relate to the eight qualitative studies discussed in the next sub-section. The positive effects of the continued involvement of the interviewees in the social world, of children, family, friends, and organized religion, sustain the subjects in their community.

Again, the perception of the social world by the subjects did not appear to change much from the views they had held at a much younger age. Though relationships with younger people are important to a continued social connection, the opportunities for such contact with younger people, other than their children and grandchildren, were often not available. However, two of the interviewees made a point of going out of their way to

meet with younger people. In one case, the subject remembered fondly the experience of meeting with older Civil War veterans when he was young, which inspired him as an older man to make a special effort to search out relationships with the young. Another subject had been a high school teacher who continued to live near the school where she once taught. Standing outside, she often interacted with teenagers as they came and went from school.

Five of the subjects actively volunteered in the community, two of them on practically a daily basis. The sixth subject was active in the community and maintained an active social life. He met daily with friends and acquaintances. However, he also complained that because "everyone worked" in his rural community, he could not socialize as much as he would like before late afternoon.

In the social/cultural literature several authors structure social involvement with the old/old using the concept of social networks. Some say social networks increase as friends and acquaintances replace the objects lost through death (Marshall, 1986b; Perlmutter, 1988). Others, such as Field and Minkler (1988), see a decrease in involvement and commitment by the old/old. However, my subjects appear to have the same, or even increased, involvement in their social world as they become 85 years and older. It is unclear whether or not this discrepancy between this study and that of Field and Minkler is due to generational changes in the culture or not. The comparative social involvement of succeeding generations would be an interesting area for further study.

Acceptance/Mortality and/or Mortality/Acceptance

I saw how each subject transcended these two areas using positive forms of thought and action. The subjects could not ignore what was happening to their bodies, in

terms of physical health, or to the bodies of others their same age. Marshall (1986b) discusses the positive outlook that is also shown by my subjects. He describes a process called "life review" that the old/old use in order to come to terms with their mortality. That was not my experience of the participants in my study. In fact, it seemed that I was asking questions that some had never considered before. For a larger study, which focused on the issue of acceptance, I would need to consider finding subjects in nursing homes or other situations that might make having such a positive outlook more difficult.

Five Unique Experiences of the Interviewees

The five unique experiences that are located in my findings do not readily fit into my other themes. I did not address these issues specifically in the interview but they emerged spontaneously in the course of conversation. These experiences included attitudes toward the subject's current age, sexuality, the use of alcohol, smoking, and connections to pets. In further research I would include questions about these experiences.

The first, attitudes towards current age, was adequately covered in my findings. While sexuality in the old/old has not yet been written about academically or studied formally (the references I found were up to age 85), these topics have recently emerged as subjects of interest in the popular press. Clearly, these are subjects in need of further research. In an expanded study, I would investigate sex, the use of alcohol and smoking in the old/old.

Only one of my subjects talked about an animal during the interview, and this was not about a pet. I would have expected that animals, and pets, would have a more important place in the lives of people who lived alone. Why this is not so is a question

that was not covered in this study. Rather than the popular positive conception of pets and the elderly, a popular book, *Somewhere Towards the End*, by Diana Athill (2009) maintains that the old/old's walking and taking care of an animal is shown to be potentially dangerous. Dogs and cats can threaten an older person's balance by being underfoot or by pulling on a leash, causing them to fall. In addition, the older person must plan for the care of an animal after his/her death or before their move to a care facility, which may not allow pets.

The last category was the relationship to the interviewer. The popular press discusses how the elderly are too trusting and need special protection against strangers taking advantage of them. As described in Chapter Four, one of the subjects arranged to meet with me at her church rather than in her home. Another subject asked that his niece be present. Given that I was a total stranger, reasonable caution seemed to be a wise strategy for self-protection. However, four subjects made no such arrangements. An exploration of trust, especially the willingness to allow complete strangers to become so intimate so fast, would make another interesting addition to a future study.

My Results and the Eight Studies in My Literature Review

My findings about resilience and personal experiences and connections my subjects made to the social/cultural/historical perspectives are the main differences I found when comparing my data to the other eight qualitative studies. These studies were the core of my literature review and these specific similarities and differences will be developed in this section.

Seven of the eight studies highlighted in the literature review had many results similar to those produced by my study, even though these studies were conducted with

emphases that differed from my own. I divided the results of the eight studies that dovetailed with my own into six categories: (a) attitude, (b) sources of self-esteem, (c) relinquishment, (d) well-being, (e) interdependence, and (f) life's meaning.

These studies were influenced by sociological factors in the sample populations that each author studied. One researcher chose to look at middle to upper middle-class women. Another studied persons who lived in a rural area; and yet another studied persons who lived in a city. In my study, the subjects were equally divided into three women and three men, even though the literature (Hooyman & Kiyak, 2005) suggests that at this age, women outnumber men five to two. That my study used a more diverse population from a socio-economic point of view did not change its results except for the positive, negative, and unexpected outcomes I have outlined earlier this chapter.

The eighth study, Ruth and Oberg's (2002) was a foreign study in which the subjects had been directly affected by the two world wars and their economic and social aftermaths, and in which the interviews were more in-depth. In that study, the average interview time over-all was seven hours and consisted of 37 interviewees. I am unable to account for the differences between the results of that study and mine. However, I did not find subjects who reported so negatively such as: that they had had a "bitter life," or that life was "a trapping pit," or that they had experienced an "arduous working life" (p. 135). Their study did, however, help me focus on my subjects' life histories, which made it possible for me to glean the inside views of life that Schroots and Birren (2002) argue is crucial to understanding the human experience.

Attitude

Seven of the eight study results focused on the subjects' attitude towards being a member of the old/old cohort. Being flexible, accommodating change, and developing strategies to accomplish these, as reported by Carey (2004) matched my own subjects' "can-do" approach to life. Other attitudes, reported in Chapter Four, were positive perceptions of one's health, also described by Hinck (2004) and Hurwich (1991), that allowed the subjects to continue to meet life's challenges head-on. Accepting and adjusting to life's changing situations (Borglin et al., 2005) were two attitudes variously mentioned by my subjects.

Creating and setting goals that led to positive outcomes also helped my subjects maintain their positive mindset. Dunkle et al. (2001) state that setting goals in the old/old creates and changes the way they think about themselves, a finding that has also been confirmed by Johnson and Barer (1997). Both studies refer to an inner strength and confidence that Carey (2004) argues allows them to continue against adversities that affect their well-being. Two examples from my study are the woman who pulled herself back up after a near fatal car accident, and the woman who found her spouse dead and uses her poetry and writing skills to compensate for this suffering.

Finally, Wondolowski and Davis (1988) and Borglin et al. (2005) point out the positive results that are obtained by reminiscing and using the powers of the mind to rekindle those feelings of vitality and strength. My subjects are involved in the world and obtain positive feedback from various sources. They do remember that they have led

positive lives in the past, which one of my subjects summed up by saying, "When you do good, you get good."

Source of Self-Esteem

Again, seven of the eight studies discuss sources of self-esteem. As I have tried to show, self-esteem in the old/old is not necessarily dependent on physical abilities or disabilities. Hurwich (1991) confirms this last statement in her dissertation.

Exercise, among my subjects, is seen as a source of self-esteem. Carey (2004) also discusses how there appears to be a commitment to exercising the body and the mind in her subjects. Knowing when and how to exercise is another struggle my subjects are concerned with, and they adapt the methods to achieving this balance in a conscious mode. Johnson and Barer (1997) also discuss this form of adaptation as shown by my subject who uses her walker to work in the garden but not to exercise in her house, where she feels that she is safe enough without it. At the time of the interview she felt that using the walker signifies she is an old lady! The attitude(s) regarding the exercise of the mind and the body fit the recent research for this age group and show that this very same research is being translated into action (Baltes et al., 2006; Nyberg & Backman, 2006; Reuter-Lorenz & Mikels, 2006).

Dunkle et al. (2001) and Carey (2004) remark on the feelings of being special and of being busier than ever. None of my subjects talked about this feeling of specialness directly. Some gave examples: a day named for one of the subjects, a pastor's wife telling me how special one of my interviewees is to her. This same interviewee commented to me about the many activities she pursues each week and her feeling of being "busier than

ever." Carey says that one gains a positive sense of oneself by involving oneself in activities.

Finally, receiving positive feedback increases self-esteem no matter what stage of development one is in. One of my subjects had a constant stream of visitors coming to his home and giving him positive feedback even while he was working in his garden. Wondolowski and Davis (1988) state that positive feedback is a defining accompaniment to self-esteem for the old/old.

Relinquishment

Three of the studies discussed relinquishment, which occurs when you know you can no longer accomplish or do a task, and, as a consequence of this knowing, you give it up. Knowing that you can no longer participate in a certain sport is one of the examples from my findings, as is adapting and modifying one's actions to meet social needs, as discussed by Johnson and Barer (1997) and Hinck (2004). Thus, the woman with macular degeneration has to rely on a local senior transport to take her a block away to get her hair done, something she easily accomplished on her own before her failing eyesight.

Relinquishment, as Johnson and Barer (1997) point out, is also a psychological process that maintains motivation and stability. An example of maintaining motivation can be seen in giving up on the supposition that one can live a productive life only through paid employment, and realizing that one is able to contribute and be productive as a volunteer.

Five of the six subjects had given up driving and were using various sorts of public and age-related transport to help them accomplish their important needs. Giving up driving is an activity and a role that is increasingly more difficult to let go in our

society, as anyone who has experience in gerontology knows. Hurwich (1991) states that responsibly relinquishing certain activities and roles is a known, but sometimes difficult, transition for this age group.

Maintaining physical safety is another important consideration that exists generally for the old/old population. For my subjects, in particular, this was clear in how they continued to manage the trade-off between being physically safe and remaining in one's own home. An example would be the woman in my study who moved to an Assisted Living facility when she realized she had been leaving the stove on. This conflict was represented by Borglin et al. (2005) who discussed the positive goal of staying in one's home—a sense of freedom—and Hinck (2004) who discussed the negative, which was the main fear of the old/old in her dissertation: the feeling that they were one step away from a fall, or an illness that would lead to institutionalized care. My subjects all expressed this fear in one fashion or another.

Well-Being, Gerotranscendence, and Resilience.

All eight studies discuss well-being. One of the important issues in well-being is the concept of gerotranscendence, the ninth stage of Eriksonian development introduced by Joan Erikson (E. Erikson & J. Erikson, 1997). All of the studies agree, as would my six subjects, with the concept of gerotranscendence as defined by Ruth and Oberg (2002): "the state of peacefulness and satisfaction." The striking addition in my study to this concept is the resilience each of my subjects showed in reaching and maintaining this state. They adapt to various circumstances and generally have a sense of well-being. In fact, resilience is so important to all my findings that, on an individual basis, it is hard to

categorize it in any specific area. It is resilience that bridges most of the concepts in my findings.

The other seven studies also support my idea of resilience being an all-inclusive concept. Johnson and Barer (1997) discuss transcending oneself and giving up on notions of mastery and self-control. One interviewee talks about the elderly in his community getting together about 12 times a year to share their thoughts, feelings, and experiences in a non-competitive manner, and discussing their ideas, not because they know the answers to questions about the universe, but because all of them have some knowledge. Carey (2004) and Hurwich (1991) discuss how this inner sense of peace and satisfaction pervades their subjects, enhancing their quality of life. In this transcendent state, the subjects find that they have more freedom to pursue their own lives and interests. Making time for one's interests has been a theme in my research.

Also, accepting one's life's situation is important, as Dunkle et al. (2001) and Carey (2004) aptly point out, even when it is filled with the loss of friends and/or family members. Maintaining one's home or the ability to travel are other ways of describing the gerotranscendence and resilience that came across so clearly in my interviews with subjects. While the loss of a long-term partner is devastating, my subjects have been able to continue being involved in their own lives and in the community that surrounds them. No wonder their self-esteem is so high; they are feeling the importance, the peacefulness and satisfaction, of having overcome difficult circumstances.

Interdependence

All of the interviewees had extensive social involvement with either family, if living, or friends. One of the interviewees made the comment that without the

involvement of his family, he would not be able to remain in his own home, a comment that was also discussed by Hinck (2004) when she said the concept of social support and resources was related to having persons remain living in their own home. Another of my subjects echoed this comment and expanded upon it when she discussed the help her family gave to her when she was moving to an Assisted Living facility. Family/friend involvement was crucial to each of their lives as Borglin et al. (2005) affirmed when they stated that having access increased the quality of the old/old's life. An absence of involvement would require the subject having to have the financial means to hire professionals to fulfill the desired/necessary services or to involve the state in one's care.

Family/friend involvement also increases the satisfaction and salience one feels in older age, as also related by Hurwich (1991). There are people to turn to for help, as my subject discussed when she related how much her daughters and grandchildren meant to her, in paying the bills, bringing food, and essentially "running the household." Another concept my subjects relate to is that roles are switched—the parent becomes the child and the child becomes the parent.

One of the six interviewees had re-married (to a close friend's wife when the friend and the interviewee's wife had died). The new marriage had happened in his 50's and now this relationship had become the main relationship in his life. Whether or not it is common for persons in their late 80's and onward to re-marry, and/or to establish new primary relationships would be another subject for future research.

Life's Meaning

Meaning, or as Hurwich (1991) describes it, a life worth living, is found in five of the eight studies. In the continuous struggle to affirm oneself and gain meaning, the aging

concept of man being an "unfolding mystery" (Wondolowski & Davis, 1988, p. 14) is borne out. For example, four out of six subjects actively volunteer in the community—two of them work directly with peers in a peer-counseling role, and another is making audio life histories with his peers for the local library. Carey (2004) confirms this finding when she says that the importance of remaining a productive member of the community, especially when helping others, increases one's sense of being a positive member. Borglin et al. (2005) agree when they relate that participating gives meaning to the person.

It appears that faith also plays a certain role that includes meaning in the lives of my interviewees. Three of them attend their respective churches on a regular basis, two making church-related connections more than once a week. Only one interviewee denies that faith has had any real meaning in his life, and he takes the position that "this is it, we only go around once." Ruth and Oberg (2002) expand the concept of faith when they discuss the "devoted life" (p. 135); however, they go on to say that this type of life gives a person satisfaction.

Limitations of the Research

In addition to the limitations I reported in Chapter One, the main limitation of this research was the small size of my sample. Although small, the sample included subjects of different genders, classes, races, and sexual orientations. The data did not show major differences attributable to these factors from the eight qualitative studies. Also, I have worked in nursing homes and with the old/old who suffered from dementia, and have noticed similar reactions from these people, which might have confirmed the findings in this study.

Thus, although focusing upon a small population made up only of volunteers limits the scope of study, I did explore the qualitative dimensions of experience in a small number of the old/old as a way to understand their subjective experience. Most prominently, I began to find answers to the question of how it is that the most elderly members of our society maintain their resilience while nearing death.

Suggestions for Further Research

In addition to conducting a full-scale (40 or more interviewees) Grounded Theory research project that include sexuality, the impact of alcohol and tobacco use, and the connection to animals and pets, I have six suggestions for further research of the old/old:

1. What would be the experience of old/old subjects who were moderately to severely disabled? Some of these people would be living in nursing homes and forced to relinquish their former ways of life. This may or may not change their experience.

2. The popular literature describes the gullibility factor in dealing with the elderly. I certainly found it easy to be invited into the subjects' homes without their having done much more than read my credentials. Are the old/old in fact more gullible than those in earlier developmental stages? An interesting study would look at factors that affect levels of trust in the old/old.

3. What are the latent effects of trauma on the old/old?

4. What is the role of faith in the lives of the old/old?

5. What is the experience of subjects in their late eighties or later who remarry or live with a new partner after the death of a spouse?

6. Has the current social experience of the old/old changed from prior generations?

Will this experience differ in the future, because of societal changes?

In conclusion, the study of these inspirational subjects gives us a window into the experience of the final developmental stage of six lives well lived. It provides us with as many questions as it begins to answer. It shows us that psychological growth does not end simply because the body is old. We ignore the wisdom of the aged to our own detriment.

> We shall not cease from exploration
> And the end of all our exploring
> Will be to arrive where we started
> And know the place for the first time.
> (T. S. Eliot, 1943, p. 61)

Dear:

Thank you for you potential interest in my doctoral research. This exploratory research will investigate the lived experience of persons over the age of 85 years old. I will be focusing on your experience of the current events in your personal life (lived experience) and your related past experiences and considerations regarding your future experiences. This type of research (qualitative research) depends on your relating your experiences in a subjective manner or, in your own words, how you describe your experiences.

As the population of older persons increases in the United States, research is essential for enhancing awareness and positive attitudes toward persons over the age of 85. My research will, hopefully, increase this awareness and will also be an opportunity to learn about individuals and their experience of being over 85.

I will conduct one, rarely two, 60 to 90 minute audio-recorded interviews. The time and location of the interview will be arranged at your convenience. The length of the interview will be at a minimum of 60 minutes. Interviews will be transcribed and coded to determine the central themes of this topic. All interviews will be confidential.

I have enclosed the Informed Consent Form for this study. Please review the contents of this Form because if you become a participant in the study you will be required to sign it prior to the interview. I will contact you in a few days to confirm that you would like to be a participant in the study.

Thanking you in advance for your consideration and interest in participating in this study. If you have any further questions regarding the study or the procedures I will be using, please ask me when I contact you again.

Sincerely,
Geoffrey Shaskan, L.C.S.W.

I,_____, hereby willingly consent to participate in the research study regarding events and experiences in my current life and how they are related to past experiences and events, also, how I think about the future and what I may experience in the future. I am over the age of 85 years old. This doctoral research project will be conducted by Geoffrey Shaskan, L.C.S.W., under the direction of Mary Coombs, Ph.D., principle investigator and faculty member, under the auspices of the Sanville Institute.

I understand the study will involve the following:

> I will meet with Mr. Shaskan for a confidential interview in a convenient setting arranged between myself and Mr. Shaskan. The interview will be about 60 to 90 minutes duration. During the interview I will be asked questions about my life now that I am over 85 years old. These questions will include: Do I have any limitations of mind/body and if so, how does that impact my experience of living now or in the future? How do my family, friends, and/or my community respond to me and, is it different than when I was younger? Is my life satisfying, sad, or a combination of the two? What strengths do I feel I have to help me adapt to losses in my life? Do I anticipate living ten more years? Where and in what circumstances do I see myself in five years?
> I am aware that the interview will be audio recorded and that the recording of the interview may be sent to an outside transcriber service. The researcher will ensure that the my last name or other identifying information on the recording is not stated and that the recording will have an identifying number rather than my name.

I am aware that there is some risk for feeling mental discomfort, vulnerability, and/or uneasiness secondary to discussing events/experiences in my personal life by participating in the interview. The benefit(s) to me will be in the area of telling my story. However, should mental discomfort, vulnerability, and/or uneasiness occur, I understand that I may refuse to answer any question or ask that the interview be stopped at any time. Also, if I become tired or feel that I need to take a break, I can ask the researcher to do so. If I continue to feel discomfort or uneasiness after the interview I will be able to contact the researcher who will make provision for me to receive professional help, up to three sessions at no cost to me, to resolve any issues related to participation in this research study.

I understand that I may withdraw any interview information that I provided from this study at any time prior to, during the interview and after the interview has been completed. I understand that the researcher plans to keep the written material of the interview and will protect the confidentiality of my material. The audio-recording will be erased at the completion of data analysis.

I understand that this study may be published and will identify general themes that are present in the interviews. The researcher will not publish information gained from a

particular interview that will identify that person by city, and or profession. Thus, my confidentiality will be protected. No names or individual identifying information will be used in any oral or written materials.

Signature:_____Date:_____

If you would like a copy of the results of this study, please provide your address:
Name_____
Address_____

APPENDIX C: INTERVIEW GUIDE

Introduction

First, I want to thank you for participating in my study and being a part of my research project. I am interested in hearing about the events and experiences in your current life and how they relate to past experiences and events. Also, I am interested in what you think about the future and what you consider your experience of life may look like then. As we talk, I encourage you to share your life with me in an open and personal manner. Let's begin with you sharing your thoughts and feelings about the research topic of lived experience of a person over 85 years old.

The following topics describe a way of viewing the multiple events (personal, psychological, and cultural) that each participant may have in their experience(s) of being over 85. Each topic area has an overall question that I will use to focus the participant in relating their lived experience. Based on my literature review there are several probe questions attached to each topic as a way to flesh out that topic if the participant does not spontaneously cover the material. They will be used only when relevant within the process of the interview discourse.

The Personal State of Being Healthy Over 85

Since reaching 85 years old, do you have any limitations of mind/body and if so, how does that impact your experience of living now or in the future?

> A relationship between self-rated health and survival
> Worrying about self improves survival
> Experiences:
> Regarding past and present illnesses
> Regarding your ability to continue (or not) to exercise
> Regarding fears of future illnesses of yourselves and significant others
> Regarding the physical deterioration of the body and/or the mind
> Regarding the willingness (or not) to rid the participant of body discomfort

The Cultural Attitudes Towards Aging that Affect the Lived Experience

How do your family, friends, and community respond to you? Is it different then when you were younger?
> Cultural norms change which effect the participant's view of themselves
> The older person is flexible, accommodating, and accepts the challenge of his age
> Resilience to changes leads to positive views of society's expectations
> The relationship between the person's religious beliefs and meaning
> The negative effects of culture in terms of disengagement or being discarded
> Worrying about others improves survival
> The elderly's perception of how treated by others, both relatives and society in general—including: being expendable, being of little value

The social world contracting due to living situation, poor health, decrease in energy, loss of close friends and family members, and loss of financial support

The Psychological Experience of Life for the Old/Old

Is life sweet, sad, or a combination of the two? Given your present state of mind what strengths do you feel that you have that help you adapt to losses in your life?

The psychological experience of being older, feeling stronger or weaker, and a sense of well being; or feeling life is troublesome

The psychological health of the individual and the effect on his/her experience

The Relationship of successful or non-successful adaptation to outlook. Giving meaning on a daily basis, setting of goals, developing life management strategies, and feeling special about surviving

Feeling powerful in his/her daily life-reserved only for the middle and upper classes

Effect of involvement of families and friends and effect of loss on the participant-especially a life partner and children

Certain hobbies, tasks that he/she expected to be accomplished but never found the time, or motivation

Do you anticipate living ten more years? Where do you see yourself in five more years?

Closure

Anything the participant wants to comment on or add
Participants' experience of the interview

THE SANVILLE INSTITUTE
PROTECTION OF RESEARCH PARTICIPANTS-APPLICATION

Title of Research Project: A Study of Lived Experience of Persons Over the Age of 85 Years Old

Principal Investigator: Mary Coombs, Ph.D., Faculty Member

Investigator: Geoffrey Shaskan, L.C.S.W.

     I have read the *Guidelines, Ethics, & Standards Governing Participation & Protection of Research Participants* in research projects of this Institute (in Appendix D of the *Student and Faculty Handbook*), and I will comply with their letter and spirit in execution of the enclosed research proposal. In accordance with these standards and my best professional judgment, the participants in this study are:

_____   At negligible risk, or not at risk

✓_____   May be considered to be "at risk," and that all proper and prudent precautions will be taken, in accordance with the Institute protocols and as stated in the documents accompanying this application, to inform the participants of these risks and to protect their civil and human rights in the course of conducting this study.

    I further agree to report any changes in the procedures used in this study to the Sanville Institute Committee on the Protection of Research Participants and to obtain written approval from the Committee before making such procedural changes.

Mary Coombs Ph.D.
                                      May 25, 2008

.Signature of Principal Investigator   Date

[signature]   _5/23/08_

.Signature of Investigator   Date

Action by the Committee on the Protection of Research Participants: This application is

Approved ✓   Approved with Modifications _____   Rejected _____.

[signature] Ph.D.   _6/9/2008_

.Signature of Committee representative   Date

Judith Kay Nelson   _6/21/08_

.Signature of the Dean   Date

6/08

THE SANVILLE INSTITUTE
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I further agree to report any changes in the procedures used in this study to the Sanville Institute Committee on the Protection of Research Participants and to obtain written approval from the Committee before making such procedural changes.

Mary Coombs Ph.D.   *May 25 2008*
.Signature of Principal Investigator   Date

[signature]   *5/23/08*
.Signature of Investigator   Date

Action by the Committee on the Protection of Research Participants: This application is

Approved __✓__   Approved with Modifications _____   Rejected _____ .

[signature] *Ph.D.*   *6/9/2008*
.Signature of Committee representative   Date

Judith Kay Nelson   *6/21/08*
.Signature of the Dean   Date

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