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SUCCESSFUL AGING: PERCEPTIONS OF
ADULTS AGED BETWEEN 70 AND 101 YEARS

TESS KNIGHT
LINA A. RICCIARDELLI

Deakin University, Melbourne, Australia

ABSTRACT

In this research, content analysis was employed to investigate older adults’ perceptions of successful aging and the relationship of these perceptions to definitions given in the literature to date. Participants were 18 males and 42 females between the ages of 70 and 101 years. Analyses revealed older adults mentioned only 1 or 2 criteria of successful aging if asked for a definition; however, when prompted, they rated almost all the criteria emerging from the literature as highly important. Participants reported adjusting to the situations they were in by compensating for losses that occurred and selecting activities that best suited their capabilities. Overall, older adults’ perceptions of successful aging were similar to aspects identified in the literature. Not all aspects, however, were seen as important by all participants, and only low to moderate correlations were found between some aspects of successful aging.

It has been suggested that the aging process that takes place after a person reaches adulthood can be described as either “usual” or “successful” (Rowe & Kahn, 1987, 1997). Rowe and Kahn made the distinction between “usual” and “successful” aging within the normal aging population rather than making comparisons with those who have diseases such as dementia. “Usual” therefore, describes the normal declines of aging, including physical, social, and cognitive declines. “Successful” according to Rowe and Kahn, is defined as having minimal or no physiological and cognitive loss and being actively engaged in life. The term successful aging
has been widely used in the literature, sometimes with no specific definition offered and often the meaning is implied. Some of the meanings emerging from the literature include positive functioning or psychological well-being (Morgan, et al., 1991; Ryff, 1989a; Sullivan & Fisher, 1994), physical and mental health (Meeks & Murrell, 2001; Wong & Watt, 1991), cognitive growth potential (Baltes, 1993; Stern & Carstensen, 2000), high quality of life (Yoon, 1996), high life satisfaction (Butt & Beiser, 1987; Caspi & Elder, 1986; Havighurst, 1961; Meeks & Murrell; 2001), adaptation to life changes (Abraham & Hansson, 1995; Baltes & Baltes, 1990; Wong, 1989), and social integration (Moen, Dempster-McClain, & Williams, 1992; Ryff, 1989a; Seeman et al., 1995).

The concept of successful aging has been investigated by researchers for many years, with the difficulties associated with defining and subsequently measuring the construct identified some decades ago (Cumming & Henry, 1961; Havighurst, 1961; Williams & Loeb, 1968). These difficulties include taking into account individual differences in the measurement of criteria of successful aging; deciding whether the criteria are best measured objectively or subjectively; and addressing the issue that aspects of successful aging have been also legitimately conceptualized as indicators of successful aging. Many of these difficulties still persist in much of the recent literature (Abraham & Hansson, 1995; Baltes & Baltes, 1990; Bee, 1996; Sullivan & Fisher, 1994; Torres, 1999). In addressing the concept, there is a need also to ensure we are not simply saying that successful aging is what the culture and politics of the time is expecting of our older adults' behavior (Sullivan & Fisher). Seeing successful aging in terms of others' expectations is ignoring that it is likely to represent different criteria for different people.

Several researchers have concluded that one must take a multicriteria approach to measuring successful aging, to incorporate the different criteria that exist (Baltes & Baltes, 1990; Gingold, 1999; Powell, 1992; Rowe & Kahn, 1987, 1997; Ryff, 1989b). They also suggest this approach should include a number of subjective and objective criteria. This has not been reflected well in the literature to date. Nor have the interrelationships between the proposed criteria and the importance of these to older adults been empirically established.

A number of theories rely on single and specific outcomes as indicators of successful aging. Activity theory, for example, proposes that the continuation of activity and interpersonal relationships are critical aspects of successful aging (Havighurst & Albrecht, 1953; Havighurst, Neugarten, & Tobin, 1968; Maddox, 1968). On the other hand, both disengagement theory and the theory of gerotranscendence define successful aging as withdrawal from activity and a culling of roles with age (Cumming & Henry, 1961; Fredrickson & Carstensen, 1990; Tornstam, 1996). Other theories, such as ego developmental theories, tend to focus on the subjective element, whereby a person's life satisfaction and sense of purpose and meaning in life are seen as important aspects of development through life stages in adulthood (Butler, 1974; Costa, Metter, & McCrae, 1992;
Dittmann-Kohli, 1990; Gibon, 1995; Wong, 1989; Wong & Watt, 1991). Focusing on particular success outcomes ignores the heterogeneity of the aging population with respect to goals and values held. If, for example, one's goals include remaining actively involved in sporting and other clubs, then social integration and activity will be the relevant criteria for assessing successful aging. On the other hand, to those who look forward to giving up such roles and value introspection, then successful aging will be represented in quite the opposite way, by one's ability to withdraw from activities. One multi-dimensional approach that has been proposed is Ryff's (1989a, 1989b, 1989c) model of psychological well-being. This model acknowledges personal goal attainment through the inclusion of a number of dimensions of well-being. In considering the different criteria that are at the basis of the literature on successful aging, it is also necessary to investigate whether these, in fact, reflect the values, goals, and expectations held by older adults, as there is very little in the literature to indicate whether or not this is so.

Considering the subjectivity of the term “success,” and the many ways in which researchers have operationalized the term in relation to aging, it is of interest and value to identify older adults' perceptions of aging successfully. Whether one remains active or becomes more introspective, for example, may be of little value as a measure of successful aging unless the individual’s perception of successful aging is established. How the individual arrived at this perception is also of interest as there are many social and attitudinal influences on the identification of individual goals. One's perception of successful aging may also change as one approaches advanced old age. Johnson and Barer (1992) have shown that, at least in terms of social integration, the level of contact is redefined for older adults as they become more content with a narrower social world.

The aims of the present study were to:

1. give a comprehensive description of what older adults believe successful aging to be and the possible reasons for their perceptions;
2. describe what older adults believe about other aspects of aging, such as the meaning of “old,” and to establish how individuals feel about their current age;
3. establish whether there was a difference between the old (those aged between 70 and 84 years of age) and the oldest-old (those 85 years and older) with respect to their beliefs about successful aging, the goals they held, and their ratings of importance for criteria of successful aging emerging from the literature;
4. gauge how important older adults perceive the criteria emerging from the literature on successful aging, by having them rate each of these;
5. examine the interrelationships between the different criteria; and
6. identify factors and/or strategies used by older persons to help adjust to age related losses that might otherwise hinder successful aging.
METHOD

Participants

Sixty participants (18 males, 42 females) over the age of 70 years were interviewed in their place of residence. Mean age of participants was 80.05 years, with an age range of 70 years to 101 years. Fifteen participants were 85 years and over. Participants were either living at home alone (18.33 percent) or with a spouse (33.33 percent), in a hostel/retirement village (26.67 percent), or in residential care facilities (21.67 percent), and participated on a voluntary basis recruited through personal contacts and retirement villages. All participants were residing in the metropolitan area of Melbourne, Australia. None of the participants had been diagnosed as suffering dementia. Physical capabilities ranged from total independence and high levels of activity to wheel chair confinement and very near total care requirements.

Materials

An interview guide (Appendix 1) was developed to assess aspects of successful aging that emerged from the literature as outlined in the introduction. These included health (Meeks & Murrell, 2001), physical activity (Morgan et al., 1991), social interaction (Moen et al., 1992), happiness (Ryff, 1989b), life satisfaction (Caspi & Elder, 1986), withdrawal (Tornstam, 1996), and adaptation to life changes (Baltes & Baltes, 1990). The interview was semi-structured and commenced with the question “What do you think successful aging is?” or “What do you think it means to age successfully?” The reason for this was to elicit participants’ own definitions of successful aging prior to discussing their views of definitions emerging from the literature. From this, the interview covered a number of themes, such as personal fulfillment, close personal relationships, how they felt about the age they were, and what they considered “old” to be. At the end of the interview all participants were asked to rate (on a 0–10 scale, with 10 being most important) the importance they would place on each of 10 aspects of successful aging presented to them that emerged from the literature. Demographic data including age, gender, marital status, country of birth, education level reached, and residential status were recorded. A cassette recorder with external microphone was used to record the interviews.

Procedure

Participants were interviewed individually in their respective residential settings at a prearranged time suitable to both participant and interviewer. The interviews lasted from one to two hours and were conducted by the first author. Participants were initially informed about the study and asked for verbal consent.
before an interview time was arranged. On the day of the interview, participant
gave their written consent to be interviewed and tape recorded. The tap
recordings were later transcribed for coding and analysis. Transcripts wer
analyzed according to Potter and Wetherell’s (1987) thematic organization, wit
two coders reaching agreement on each theme coded.

**DATA ANALYSIS**

Content analysis was used to sort and categorize the data into variou
themes. The choice of qualitative methods in this study poses issues that need t
be addressed. Addressed specifically were the issues that are encompassed i
methodological rigor. Within the positivist paradigm, these reflect internal an
external validity, reliability, and objectivity (Banister, Burman, Parker, Taylor, &
Tindall, 1994; Higgs, 1997; Lincoln & Guba, 1985). These qualitative validatio
methods evaluate the “trustworthiness” of research. In qualitative research, suc
evaluation is conducted through the use of criteria such as credibility, trans
ferability, dependability, and confirmability.

The important question in relation to credibility is whether what is pre
sented to the interviewer by the participants is reflected in the findings. Thi
study utilized the richness of the text to establish meaning in the discours
that evolved and included two coders who, together, explored the meanin,
being conveyed by participants and reached agreement on themes withi
that text.

Transferability relates to the application of the findings to other contexts. Thi
is reliant on the provision of rich description on the part of the researcher an
the judgment of the reader as to the applicability to another context. This stud
addressed the issue of transferability through the exploration of the researc
setting and the recognition of volunteer characteristics, experimenter effects, an
the indexical nature of meaning.

Dependability and confirmability refer to reliability and objectivity respec
tively in quantitative research methods. This study utilized two coders, on
of whom had no specific interest in the findings, in order to establish depend
ability and confirmability through the support of the conclusions drawn fror
the data.

The participants’ orientation or perception of the discourse is also importar
and related to credibility. The turn taking nature of the discourse allowed th
interviewer to explore the meanings participants gave to questions an
comments made. The system of conversation leads to the problem of ending the
conversation (Potter & Wetherell, 1987). Discourse on particular topics wa
closed when it was evident the participant had little else to say or moved o:
to another topic.
RESULTS

Beliefs About What it Means to Age Successfully

Respondents were initially asked what they believed successful aging to be. All respondents gave at least one response to this question, and a total of 164 responses were given. Figure 1 shows the main themes that emerged and the percentage of responses related to each theme. Of the themes that emerged, health was the most frequently occurring, with almost a quarter of the responses related to this theme. A 76-year-old woman, for example, stated that successful aging was, “primarily keeping fit. Your health is everything . . . other things come along and you can’t accept them if you’re not healthy.” This highlights the view that health has an impact on other aspects of one’s life such as attitude and social involvement. The next most frequently occurring theme was activity. An example of this theme is, “well in my view it’s keeping busy, and I’m lucky enough to be able to grow my hundreds of bonsai which I absolutely love. And I do all my own housework and there’s my garden and I’ve got golf and I’m in Probus and that, to me, is the secret.” Personal growth was the next most occurring theme, an example of which is, “I’ve always been active, always played sport, baseball and things like that . . . I still get up at 7 o’clock in the morning . . . activity for me is basically physical . . . I’m not a reader, I never was . . . I very much enjoy walking and jogging. My wife said what will you do when you’ve retired? I mean I was always doing things with my hands. I love creating gardens. So I did a French Polishing course at TAFE . . . and I did an upholstery course as well.” The next most frequently occurring theme was happiness, “to be happy in your own mind; accept it [life] as it goes along.” The next theme was close personal relationships, “The companionship [speaking of a close relative] is marvellous, and also over the years I’ve made quite a few friends, young and old and they drop in whenever they like, and so, this keeps me alive.” Maintaining independence was the next theme, “I can’t walk without that [points to walking frame] and I can’t drive a car, which is a very upsetting situation. You lose your independence and you just can’t get it back. Particularly if you have something that’s not life-threatening but it just doesn’t give you the freedom.” Having an appreciation of life was next, an example of which is, “to not sort of keep going on. If I’d have waited till this age I realize how much I would have missed out on . . . I could have stayed at work those 5 years and missed out on that valuable time of still having that bit of energy to do all those things that you do and meet other people. I did the same sort of work there [voluntary work with the aged].” Although having lived a long life emerged as a theme, only two respondents identified this.

Table 1 shows the percentage of participants that mentioned each theme along with an example of responses given from the transcripts for each theme. Health was mentioned by a little over half of the participants, followed by activity, personal growth, happiness, close personal relationships, independence, appreciation of life, and longevity.
How One Feels About One's Age

Respondents were asked how they felt about being their current age. The data were analyzed both in terms of percentage of responses and the number of participants who mentioned each theme once. Seventy-eight percent of respondents answered the question, and a total of 56 responses were made. Figure 2 shows the main themes that emerged from the coding and the percentage of responses related to each theme. Respondents mainly identified happiness and acceptance as themes associated with how they felt about their current age. Table 2 shows the percentage of participants (out of 47 who responded to the question) that mentioned each theme at least once, along with examples of responses given for the themes. Percentage of responses related to each theme show that acceptance of one’s age is more often mentioned in relation to how one feels about their age. Happiness rated next followed by age not being an issue. The least mentioned category was unhappiness with one’s age.

Ideal Age

When asked “If you were able to make yourself older or younger, what is the ideal age you would chose to be?,” 61.9 percent of the respondents identified middle age and a further 14.29 percent specified retirement age. Only 23.81 percent identified young adulthood as the ideal age. Participants were asked for their reasons for this choice. These were partly related to financial security, family involvement, and independence. Mostly, however, this related to having time,
Table 1. Percentage of Participants Mentioning Each Theme Associated with Successful Aging at Least Once and Response Examples

<table>
<thead>
<tr>
<th>Theme</th>
<th>% of participants mentioning theme</th>
<th>N = 60</th>
<th>Example of responses for each theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>53.3</td>
<td></td>
<td>I suppose being really healthy is the main thing.</td>
</tr>
<tr>
<td>Activity</td>
<td>50</td>
<td></td>
<td>Keep yourself occupied, definitely keep yourself occupied. Don’t just sit.</td>
</tr>
<tr>
<td>Personal growth</td>
<td>36.7</td>
<td></td>
<td>I think the main thing is to have some aims ... to have something that you’re doing.</td>
</tr>
<tr>
<td>Happiness/contentment</td>
<td>31.7</td>
<td></td>
<td>To feel a sense of contentment and fulfillment with your life as it is.</td>
</tr>
<tr>
<td>Relationships</td>
<td>25</td>
<td></td>
<td>Your family relationships . . . that’s number one.</td>
</tr>
<tr>
<td>Independence</td>
<td>20</td>
<td></td>
<td>I think if you can keep in your own home and keep as active as you can—not being reliant on anyone else.</td>
</tr>
<tr>
<td>Appreciation/value of life</td>
<td>18.3</td>
<td></td>
<td>I think you’ve got to forget about thinking too much about the past and you’ve got to stay with coming things. You’ve got to acquaint yourself with what’s going on around the world.</td>
</tr>
<tr>
<td>Longevity</td>
<td>3.3</td>
<td></td>
<td>I think people are living longer now because we’ve got medication now that we didn’t have before.</td>
</tr>
</tbody>
</table>

along with the energy and physical capabilities to do as one pleases. This was further reflected in responses to the question, “What are the best things about being the age you are?” Responses relating to time and freedom accounted for 66.7 percent of responses. An example of such a response is, “It’s just freedom . . . there’s tremendous relief in not having to answer to anybody necessarily.” Other responses to this question related to being more reflective (11.67 percent), having maturity and experience (1.67 percent), contentment (3.33 percent), pursuing different goals (3.33 percent), security (3.33 percent), and having good relationships (8.33 percent).
Figure 2. Major themes associated with how one feels about their age and percentage of responses for each.

Table 2. Percentage of Participants Mentioning Each Theme Associated with Successful Aging at Least Once and Response Examples

<table>
<thead>
<tr>
<th>Theme</th>
<th>% of participants mentioning theme</th>
<th>Example of responses for each theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>38.3</td>
<td>I'm quite happy because I feel that we were very fortunate to be born at the time we were. I don't mind it one bit.</td>
</tr>
<tr>
<td>Unhappy</td>
<td>12.8</td>
<td>I don't like it one bit! I'd love to go dancing. That's what I don't like about getting old—not being able to do those things.</td>
</tr>
<tr>
<td>Accepting</td>
<td>46.8</td>
<td>It doesn't worry me. You can't change it.</td>
</tr>
<tr>
<td>Not an issue</td>
<td>14.9</td>
<td>I don't think about it, it doesn't mean anything being 70. As long as I can keep walking and being able to do what I'm doing.</td>
</tr>
</tbody>
</table>
Worst Things About Current Age

A total of 71.67 percent responded to the question that asked participants to identify the worst things about being their present age. Of these, 55.32 percent identified physical inability or ill health as the worst aspects of aging and 21.28 percent said there was nothing negative about their age. Other issues mentioned were having regrets (14.89 percent), being dependent upon others (6.38 percent), and having poor relationships (2.13 percent).

Perception and Expectations of Aging

Only 8 percent of respondents believed that aging was worse than they had expected it to be, while 40 percent believed it to be better than they expected and 52 percent believed their perception of aging had not changed. Expectations of aging were influenced by relationships with older adults during participants’ younger years and attitudes to older adults and aging. Those who believed aging was worse than they had expected tended to be ill or have limited physical abilities. For example, one participant had been in a wheelchair for 4 years due to a stroke and felt “cheated” of her later years.

What is “Old”?

When asked what “old” was, 69.17 percent of respondents stated that it was more an attitude to life than anything. Examples of such responses are: “It’s how you feel, not how old you are”; “As I’m the age I am (77), old is now eighty something . . . but when I was 60, I suppose old was seventy something . . .”; “Well, the one’s that are sorry for themselves—it doesn’t matter what age they are. If they’re sorry for themselves and they grizzle and whine. Look, they can be old at 50.” A further 22.05 percent believed it to be related to ill health or incapacity. An example of such a response is, “Well, it’s a matter of probably not being able to do everything you want to do. Slowing up to a degree. I mean, people can be old at 70 and others like myself at 90 still feeling reasonably healthy.” Of the respondents, 4.41 percent believed it to be related to chronological age. An example of this is, ”Well, of course, living a long time.” A further 4.41 percent were uncertain what “old” was. Respondents were asked also whether they could put an age to “old” and only 17 of the 60 were able to do so, the majority (12) of whom stated it was once a person reached 80 years of age. Two of the participants believed 60 was the deciding age and the remaining three stated that 70 marked old age.

Adjustment to Age Related Losses

Figure 3 shows the themes emerging from responses to the question regarding adjustment to losses and the percentage of responses to each theme. Of the 55 who responded to this question, 63.6 percent of respondents commented on the need to compensate for any losses that occur. An example of such a response is, “If
it takes you two days to do a job that once might have taken one day, well, so be it. You’ve got plenty of time.” Fifty-four percent of respondents said that it was important to just accept the losses and get on with life. An example of such a response is, “Just getting so exhausted that you dropped on the bed and slept like a log at times . . . I like to get up and on with it (keeping busy to not focus on the difficulties in life). I suppose it’s a stiff upper lip approach.” Only 1.8 percent said that they had not adjusted. Of the 55 respondents, 43.6 percent stated that their faith helped them adjust somehow, and a further 21.8 percent said they adjusted to losses with the help of those around them. An example that incorporates both these themes is “I’ve got over it with prayer and companionship of other people.” A further 21.8 percent said that keeping active was the way they adjusted, “You know, as time went by . . . I was busy . . . district nursing [working as a district nurse].

**Importance Ratings of Successful Aging Criteria Emerging from the Literature**

Participants rated the importance of criteria of successful aging emerging from the literature on a 10-point Likert scale ranging from “not at all important” to “extremely important.” Table 3 gives the means and standard deviations of importance ratings for each of the criteria. Those seen as most important were health, happiness, and mental capacity. These were followed by life satisfaction, adjustment to life changes, physical activity, and close personal relationships. Other aspects were social activity and having a sense of purpose in life. The only
Table 3. Means and Standard Deviations of Participant’s Importance Ratings of Aspects of Successful Aging

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>9.42</td>
<td>0.83</td>
</tr>
<tr>
<td>Happiness</td>
<td>9.21</td>
<td>1.21</td>
</tr>
<tr>
<td>Mental capacity</td>
<td>9.14</td>
<td>1.32</td>
</tr>
<tr>
<td>Adjustment</td>
<td>8.72</td>
<td>1.84</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>8.65</td>
<td>1.37</td>
</tr>
<tr>
<td>Physical activity</td>
<td>8.52</td>
<td>1.60</td>
</tr>
<tr>
<td>Close personal relationships</td>
<td>8.49</td>
<td>1.98</td>
</tr>
<tr>
<td>Social activity</td>
<td>7.65</td>
<td>1.79</td>
</tr>
<tr>
<td>Sense of purpose</td>
<td>7.00</td>
<td>2.62</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>4.80</td>
<td>2.67</td>
</tr>
</tbody>
</table>

aspect of successful aging that was not seen as important was withdrawal from activities, with a mean rating of 4.8.

Relationships between Criteria of Successful Aging

Pearson correlations were computed to examine the relationship between the different criteria of successful aging that emerged from the literature. Table 4 shows Pearson correlation coefficients and significance levels for the criteria. Results show low to moderate relationships between a number of variables. Adjustment to life changes was positively correlated to mental capacity ($p < .05$), physical activity ($p < .05$), sense of purpose ($p < .05$), and life satisfaction ($p < .01$). Mental capacity was also positively correlated to physical activity ($p < .01$), close personal relationships ($p < .05$), and social activity ($p < .01$). Physical activity was also positively correlated to close personal relationships ($p < .001$), life satisfaction ($p < .01$), and social activity ($p < .01$). Sense of purpose and life satisfaction were positively correlated ($p < .05$). The only correlation with happiness was life satisfaction ($p < .05$), and withdrawal was not correlated to any of the variables.
Table 4. Correlation of criteria of successful aging ($N = 59$)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment</td>
<td>.187</td>
<td>-.056</td>
<td>.261*</td>
<td>.283*</td>
<td>.304*</td>
<td>.133</td>
<td>.429**</td>
<td>.137</td>
<td>.066</td>
<td></td>
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<td>2.</td>
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<td></td>
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<td></td>
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<tr>
<td>Happiness</td>
<td>.111</td>
<td>.158</td>
<td>.172</td>
<td>.186</td>
<td>.166</td>
<td>.294*</td>
<td>.136</td>
<td>.136</td>
<td>.136</td>
<td>-.044</td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>Health</td>
<td>.076</td>
<td>.436**</td>
<td>-.094</td>
<td>.312*</td>
<td>.062</td>
<td>.202</td>
<td>-.176</td>
<td></td>
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<td>4.</td>
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<tr>
<td>Mental capacity</td>
<td>.413**</td>
<td>.001</td>
<td>.290*</td>
<td>.239</td>
<td>.360**</td>
<td>.081</td>
<td></td>
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<td>5.</td>
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<tr>
<td>Physical activity</td>
<td>.108</td>
<td>.507***</td>
<td>.420**</td>
<td>.434**</td>
<td>.127</td>
<td></td>
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<td>6.</td>
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<tr>
<td>Sense of purpose</td>
<td>.143</td>
<td>.275*</td>
<td>.080</td>
<td>-.084</td>
<td></td>
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<td>7.</td>
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*Significant at $p < .05$. **Significant at $p < .01$. ***Significant at $p < .001$. 
DEMOGRAPHICS

Comparison of “Old” and “Oldest-Old”

Beliefs about Successful Aging

As noted earlier, the main themes regarding beliefs about successful aging were health, activity, personal growth, and happiness. Chi square with Yates correction was performed to examine if there were any differences between “old” (70–84 years) and “oldest-old” (85 years and older) respondents in their beliefs about successful aging. No significant age differences were found for the themes health, activity, and personal growth. The remaining themes were not analyzed due to low expected frequencies.

Goals

Many of the “old” and the “oldest-old” participants stated that they did not hold any goals for themselves (56.8 percent and 66.7 percent, respectively). The themes that emerged from responses of those who believed it important to hold goals were health, financial security, achievement in hobbies (such as doing well at bowls or crochet), close relationships, acceptance, religiosity, happiness, and independence. Chi square with Yates correction was performed to examine differences between “old” and “oldest-old” respondents with respect of their goals. Results yielded no significant age differences on whether goals were held or not; however, with respect of the type of goals held, comparisons could not be made due to low expected frequencies.

 Importance Ratings

As mentioned earlier, aspects of successful aging rated as most important from the literature were health, happiness, and mental capacity. Multivariate Analysis of Variance was conducted to see if there were any differences of importance ratings between “old” and “oldest-old” respondents. No overall effect using Pillai’s Trace was found, $F(10, 49) = 1.46, p = .18$.

Comparison between Genders and Residential Type

Beliefs about Successful Aging

Chi square with Yates correction was performed to examine if any gender or residential type differences were evident on the main themes about the beliefs about successful aging. No significant gender or residential type differences were found for the themes health, activity, personal growth, and happiness. Other themes were not analyzed due to low numbers in these categories.
Importance Ratings

Multivariate Analysis of Variance (MANOVA) was conducted to see if there were any gender or residential type differences of importance ratings. No overall effect using Pillai’s Trace was found for gender \((F(10, 41) = 1.07, p = .40)\) or residential type \((F(30, 123) = 1.07, p = .38)\).

Other demographic variables were not analyzed as the majority of participants belonged to one level of the variable. With respect of place of birth, 70 percent were Australian born, and only 1.6 percent were European born, and 7.4 percent were from the United Kingdom. A further 21 percent did not specify their country of birth. Only 1.6 percent of participants reported having no secondary education, 6.6 percent reported attending university or other tertiary institutions, and 91.8 percent reported remaining at school to complete merit or intermediate (between ages of 14 and 17 years).

DISCUSSION

The first aim of the study was to describe what older adults believe successful aging to be and some of the reasons for their beliefs. Two of the major themes of successful aging that emerged from the study were health and activity. This is consistent with much of the literature on successful aging that has primarily examined these themes (Havighurst, 1961; Havighurst et al., 1968; Maddox, 1968; Morgan et al., 1991; Rowe & Kahn, 1987, 1997). Other criteria of successful aging that emerged from the study were personal growth, happiness, close personal relationships, independence, and an appreciation of life. These also reflect aspects of successful aging discussed in the literature to date (e.g., Butt & Beiser, 1987; Meeks & Murrell, 2001; Ryff, 1989a).

The second aim of the study was to describe beliefs held by older adults about aging and to establish how individuals felt about their current age. Overall, participants reported having accepted their aging and were quite happy with their current age. Many of them believed aging was better than they had expected. Almost 70 percent of participants stated that “old” is more of an attitude than a reflection of one’s chronological age.

The third aim of the study was to examine differences between the “old” and “oldest-old” in respect of beliefs about successful aging, goals held, and importance ratings. No age related differences were found. Interestingly, many participants, both “old” and “oldest-old,” stated that they no longer held any goals. Comments made reflected a sense of having achieved all they wanted to achieve in life and that at their age there was no need for any goals or aims but rather it was a time to take things as they came. This seems to contradict their responses regarding withdrawal from activities, which was not rated as important and did not correlate with any other aspects of successful aging. In support of activity theory (Havighurst & Albrecht, 1953; Havighurst & Neugarten, 1968; Moen et al., 1992;
Ranzijn & Lusczcz, 1999; Rowe & Kahn, 1997; Seeman et al., 1995) it was clear from response ratings that participants, on the whole, thought it important to continue to be active in whatever way one was able, physically, socially, and mentally. A sense of purpose in life was also evident in both the responses and ratings given. This discrepancy of, on the one hand, lacking goals and, on the other, having a sense of purpose may be pointing to a shift from specific goals such as wanting to achieve in one’s career, to more general goals such as doing the best one can, given the physical, social, and mental losses that may have occurred. A limitation of the study was not making the distinction between specific goals and general goals. This area therefore needs to be further investigated as it is possible that participants were focusing on specific goals and tended to state they no longer had a need for goals at their age.

The fourth aim of the study was to gauge how important older adults saw the criteria of successful aging mentioned in the literature. Some aspects of successful aging reflected by the themes may be far more important than other aspects. For example, some participants did respond by stating that health is “number one” or “the most important.” All aspects, except for withdrawal from activities, were rated as important, although clearly some, such as health and happiness, were more important than others, such as social activity and sense of purpose. In particular, an examination of relationships between the different criteria, which was the fifth aim of the study, showed moderate to low correlations, suggesting that all respondents did not see the different criteria as equally important.

The final aim of the study was to identify factors that might influence successful aging. Although many had suffered physical or health related declines, there was still a tendency to see themselves as quite healthy and active. These findings suggest a progressive adjustment to the perceptions of the process of aging and hence to their expectations of themselves. For example, several participants who had been very active in sports commented that, at their age, they could no longer play tennis or golf but they were able to play lawn bowl and enjoyed playing cards. Besides selecting activities that best suited their capabilities, participants also showed a tendency to compensate for losses they encountered, like allowing more time for activities such as gardening or shopping, when their physical capabilities deteriorated.

Being in a wheelchair, for example, or having to use a walker may mean lack of mobility to some, yet responses from such participants were that they felt they were able to remain active because they had the use of such equipment. This ability to compensate for losses that occurred often resulted in participants rating themselves quite high on a number of variables, suggesting that Baltes and Baltes’ (1990) model of selective optimization with compensation may well be useful in explaining the process of successful aging.

Baltes and Baltes’ (1990) model is a multicriteria approach that takes into consideration the heterogeneity of the aging population. The focus of the model is upon the aspects of aging successfully that are important to the individual and
proposes that, as people age, they become more selective in terms of activity and involvement; they optimize those selected aspects to maximize benefits and compensate for losses incurred. Although this model has not been empirically tested in relation to criteria of successful aging, it has been shown to be a useful model in respect of older adults in work experiences (Abraham & Hansson, 1995). The results from the present study show that, based on perceptions, compensation may be a frequently used form of adjustment to losses. This suggests such a mode may be of value in determining the process of successful aging.

Acceptance also rated highly as a factor that might influence successful aging. This was included as a major theme for over 30 percent of participants. The importance of the role of acceptance has been noted in the literature, especially in respect of successful aging (Ranzijn & Luszcz, 1999). Given the number of possible age-related losses that may occur that are not in one's control, acceptance is highly relevant and worthy of further research.

Other factors emerging from this study as possible determinants of one's perception of what aging successfully means, are lifelong personal experiences, religiosity, one's attitude to aging and to life in general, and personality (especially in respect of rigidity versus openness to change). Participants made comments such as "that all depends on the type of person you are" or "that's just my character," when referring to their ability to adapt to life changes. Many stated that they did not like to hear other older adults complaining about life or talking too much about their ailments. They described these people as "grizzlers" or "moaners" who were not prepared to change. This aspect of personality is yet to be examined in relation to successful aging.

With respect to attitudes to aging, the literature to date has shown older adults can be adversely affected in their health and their views of themselves by negative attitudes younger people have toward them (Binstock, 1983; Bodily, 1991; Glass, Seeman, Herzog, Kahn, & Berkman, 1995; Grant, 1996). It seems that one's attitude to life and to aging is important in influencing perceptions of aging successfully. If, for example, one sees physical losses as part of the aging process which may be compensated for, there may be less of a tendency to complain and be unhappy with one's situation. This positive attitude may, in fact, lead to further adaptations and life satisfaction.

Religion also tended to play a role for some participants in relation to adjusting to the losses they had encountered. Many stated having their religious beliefs was the only way they managed to cope. In the past, scientific researchers tended to avoid associating religion with psychology (Sokolovsky, 1993) however, the need to investigate religious aspects of peoples' lives is becoming more evident. It has been found that religiosity is linked with a search for a sense of purpose in life (Allport, 1966; Jones, 1994). Religiosity has also been found to correlate positively with life satisfaction (Hunsberger, 1985; McFadden, 1996), health, and psychological well-being (Krause, 1993; Levin & Chatters, 1998).
The introduction to this study outlined some of the difficulties associated with the definition and measurement of successful aging. The study has addressed the first of these difficulties by including importance ratings of each aspect of successful aging and allowing participants to voice their personal views on successful aging to incorporate these in the study. Further difficulties regarding the objective or subjective measurement of different criteria, and the issue that criteria of successful aging can be conceived as indicators, have been noted. For example, activity is shown in the literature and in the present study as an important criterion of aging successfully. Activity is also an indicator of positive relationships and health, both of which are criteria of successful aging. It is suggested that future research needs to clearly state the stance taken and to recognize the interrelationships among the different criteria of successful aging.

Without prompting, individual participants tended to focus on only one or two aspects of successful aging when defining the term, which highlights a problem with open-ended interview questions. We cannot infer, then, that people do not believe an aspect of successful aging is important just because it was not mentioned without prompting and we must recognize the possibility that other issues of importance may have been overlooked. It must also be noted that all participants resided in Melbourne, Australia, and the majority were Australian born. It may well be that other cultures perceive successful aging quite differently to this group. Another limitation of the study is that the meaning of some of the terms was not explored fully. For example, when participants expressed that “middle age” or “young adulthood” was the age they considered their ideal age, the interviewer did not clarify what participants meant by either of these terms.

As the number of people living to the age of 100 increases, there is a growing interest in the study of centenarians. A comparison of centenarians with two other older adult age groups in a study on quality of life (Dello Buono, Urciuoli, & De Leo, 1998) showed a number of differences. Although centenarians reported greater functional disability than the other groups, they were less likely to complain about their health and reported being more satisfied with life and also with family and social relationships. Overall, they seemed more well adapted and held more positive attitudes to life. As only one participant in the present study was over 100 years of age, further study in the area should include centenarians’ views of successful aging to better understand the concept.

The present study has confirmed that many of the aspects of successful aging that have been identified in the literature to date are highly relevant to the sample of older adults interviewed. Furthermore, it is clear that not all the aspects of aging successfully are of equal importance. In order to more fully investigate the concept of successful aging, there is a need for research to adopt a multicriteria approach. Factors that may influence successful aging that emerged from the present study are the ability to compensate for losses, one’s faith or religion, ability to accept one’s situation, remaining active, and having close personal relationships. Although this study has shed light on research related to successful aging by
including the views of older adults, future investigation is needed into the factor that may influence the ways in which one ages to better understand the process of aging successfully.

APPENDIX I
Interview Questions

1. What do you think it means to age successfully or optimally?
2. What do you think it means to age unsuccessfully?
3. Can you think of anyone you know who is ageing successfully?
4. What are some of the reasons that make you believe they are ageing successfully?
5. What do you think might hinder someone from ageing successfully?
6. What do you think personal fulfilment means?
7. What do you think it means to be unfulfilled?
8. How do you feel about being the age you are?
9. If you were able to make yourself older or younger, what is the ideal age you would chose to be and why?
10. What are the best things about being the age you are?
11. What are the worst things about being the age you are?
12. How has your perception of ageing changed, as you have grown older?
13. Do you think you are different from others your own age in regard to ageing successfully?
14. At what age would you consider someone to be old?
15. What have been the worst events in your life and how have you dealt with these?
16. Describe the most positive experiences in your lifetime for me.
17. What would you say were the turning points in your life?
18. Do you find there are things you are unable to do now because of your age?
19. Have you adjusted to these losses?
20. What strategies do you use to adjust to life changes that occur for you?
21. What is most important to you in your life at the moment?
22. What are you most unhappy about?
23. What would you like to change in yourself or in your life?
24. Do you hold many goals for yourself nowadays?
25. Can you tell me what your goals in life are?
26. How important is it for you to achieve these goals?
27. Are any of your goals more important to achieve than others?
28. Rate how important you think each of the following are in order for someone to age successfully, on a 0–10 scale, with 10 being most important.
   a) being healthy
   b) being physically active
   c) being socially active
d) withdrawing from activities
  c) being cognitively/mentally alert
  f) being happy
  g) being satisfied with your life
  h) having close personal relationships
  i) having a purpose in life
  j) being able to adapt to changes in life
29. What age are you?
30. Do you have any children?
31. What is the sex and age of each child?
32. How often do you see your children?
33. Are you currently working at all?
34. If so how many hours per week.
35. What is your occupation/or what was it when you were working?
36. Do you do any of the following?
   Education/study
   Volunteer work
   Care of family member
37. What country were you born in?
38. Do you have a religious affiliation?
39. How important is religion in your life?
40. What level of education have you reached?
41. How would you describe your health?
42. How often would you visit a doctor?

REFERENCES


Direct reprint requests to:

Tess Knight, Ph.D.
School of Psychology
Deakin University
221 Burwood Highway
Burwood, 3125, Australia
e-mail: tessk@deakin.edu.au