1 Living a long life – why survive?

The ageing of the world's population has become one of the major concerns of the twenty-first century, yet it is sad that attitudes of 'concern' seem to outweigh the satisfaction that should arise from present civilization's achievement in enabling more and more people to live to the advanced ages that previously were reserved for a small minority of the population. The concerns are understandable in that they relate primarily to the frailties, physical and mental, that increase in the ninth and tenth decades of human life. Despite the advance warnings of demographers over the past fifty years, society has begun to adapt only slowly to the implications of an ageing population. In particular, it has failed to make the huge quantitative and qualitative changes to social care provision that the situation requires. As a result, individual ageing is beginning to seem almost an unwanted burden even after a life of considerable economic contribution. Contemporary culture seems more youth focused than ever in the innovations it encourages, the media representations of different age groups and the values and goals it prescribes. Ageism and ageist language remain firmly embedded in Western culture despite some recent advances in legislation to combat discrimination, and are even influencing other world cultures that were previously more respectful of age.

Robert Butler, a physician, psychiatrist and founding director of the US National Institute on Aging, addressed these issues forty years ago in his book *Why Survive? Being Old in America* (Butler, 1975). Since then the question of the meaning of living a long life has become more acute, as conditions for the oldest among us appear to be deteriorating rather than improving. If contemporary people were to choose the age at which they would die, would they decide to live to an advanced age with the likely implications of increasing frailty and sense of burden? Certainly many younger people appear not to want to survive to this state of being. Yet the paradox is that older frail people themselves do succeed, much more than younger people might imagine, in finding meaning in living the more circumscribed life that advanced ageing requires. How do they manage it?

The underlying argument of this book is that the ability to live well in later life depends on the older person's access to a variety of resources: physical,

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economic, social, psychological and spiritual. These resources allow people to experience their everyday activities as meaningful, limited though these activities may appear to be compared with their previous achievements. The importance of each type of resource varies for each individual, but there is a minimum requirement. The way a person uses the different personal strengths and values, social relationships and environmental supports in maintaining his or her personal identity can be observed. Therefore, the outcomes of ageing are, to some extent, predictable. Coping resources are built up over a lifetime – not always under the person's own control, but they are the consequence of individual and societal development. We can predict when it is likely that resources will fail a person, and we can do much more than we currently do to help shore up older people in difficult times. We can prevent buildings from collapsing. We can also provide the necessary prosthetics to support human beings at the end of their lives.

This has also been the argument of Paul Baltes (1997), one of the most distinguished life span psychologists of the twentieth century. Our adaptation to the ageing of societies has been too slow, and we need to use our imaginations and ingenuity along with our basic human empathy to support those among us on a path we too expect to follow. We can also learn from them directly. As Plato has Socrates say at the beginning of *The Republic,* 'I enjoy talking to very old men, for they have gone before us, as it were, on a road that we too must probably tread, and it seems to me that we can find out from them what it is like and whether it is rough and difficult or broad and easy. . . . Is it a difficult time of life, or not?'

In the succeeding chapters, we describe the later lives of a group of older people who reached their eighties and nineties in the last decades of the twentieth century and who are all now deceased. There is a greater awareness in the social sciences at present of the importance of historical change in attitudes (Lazarus and Lazarus, 2006). We cannot assume that subsequent generations will have the same perspectives as those who have gone before them. Differences in political, moral and spiritual attitudes can be quite marked even in generations born only a few years apart, such as that between the pre–World War II birth generation and the 'baby boomers' born after that war who were formed during the huge social changes that began in the later 1950s and 1960s. The so-called millennial generation of youngsters growing to maturity in the first decades of the twenty-first century also seem to differ from their immediate predecessors not only in their more ready use of new technology but also in the greater scope such fluid access to different sources of information gives them.

The experience of ageing is also being affected by changing social attitudes and expectations. Social care practices, for example, have changed considerably since the 1990s. This does not mean we cannot learn from the experience of previous generations, however. The type of available resources to support ageing, for example, may change in character and intensity, but the need of

ready and usable resources remains. In earlier periods, the presence of children acted as a type of promised guarantee for older people ageing with adequate support. That may be less possible in the present society in which families are smaller and people are much more mobile in search of work. Therefore, other resources may need to be more readily available to aid the family and substitute for it when necessary in its task of supporting ageing. What remains the same is the ability to have access to activities and social contacts that will support one's sense of self and meaning.

This book is based on a detailed study of forty members of the generation of older people born in the twenty years before the outbreak of the World War I who were thus growing old in the latter part of the twentieth century. At the time of the study's initiation, they were all living in Southampton, a long-established port city in the south of England, from which the *Titanic* sailed in 1912 on its fateful voyage to New York and which is now a major centre for the leisure cruise industry. Southampton is of moderately large size in the context of English cities, with more than a quarter of a million inhabitants. Together with Portsmouth, also a major maritime city with strong links to the Royal Navy, and surrounding areas, it forms the South Hampshire conurbation of nearly one million persons.

The British pre-WWI birth cohorts lived significantly longer than their predecessors. They mainly avoided service during the Great War, although they suffered from shortages of food during the conflict, then benefitted from improvements in social provision after the war and again as a result of the institution of the British National Health Service after WWII when they were in their thirties and forties. The social circumstances and history they lived through, including the employment difficulties of their early adulthood and wartime service and their experience of hardship and civilian bombing in WWII, are illustrated by the memories of the participants themselves. Their attitudes towards the more recent social changes they have experienced are also reflected in the accounts of their interviews.

The focus of our book, however, is the personal experience of our study participants in their later years. It concentrates on their lives between their later seventies and their deaths – in some cases beyond age 100 years. In particular, it examines their self-understanding, what is often referred to as 'identity' – the way people see themselves, their characteristics, values, needs and ways of fulfilling these needs, which they perceive as essential to their sense of self and which they could not easily or painlessly imagine themselves without. Often this core self is expressed in narrative terms that describe how these essential characteristics were formed, were expressed in the past and continue to be represented in the present (McAdams, 1993).

Identity as a key term in psychosocial development owes much to Erik Erikson's pioneering work with young people (Erikson, 1968). His key insight was that in modern societies, identity formation can take a long time. A person's

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sense of self and roles in life are no longer ascribed by the society within which they grow to adulthood but must arise from within themselves through processes of education, experience and reflection. Eventually they make choices about how they want to live within the society in which they find themselves, what beliefs and values they would feel justified in committing to and what particular contributions they might make to that society. Importantly for the study of ageing, Erikson was interested in the notion of development continuing throughout life and viewed the different stages of life as being interconnected. Healthy development at later stages had positive influences on the subsequent generations' development, and younger people's success contributed to older persons' sense of fulfilment. Because these ideas were formative to our research, we expand on them in the next chapter alongside other, more recent perspectives that influenced the study as it developed into the second phase.

Ageing inevitably involves the experience of loss – loss of close persons, previous important roles and eventually of independent functioning – but at each crisis point, adaptations do occur. We have already referred to the so-called ageing well-being paradox – that older people tend to be much happier than might be expected given their physical and social circumstances – and this idea has been a consistent observation of gerontological research over the past fifty years. The capacity for continued psychological development remains strong even as the body fades. Gene Cohen, for example, has expanded on Erikson's view of life span development – Erikson's formulation of life stages was first made in the 1950s when life expectancy was much shorter – to incorporate the possibility of developments throughout the seventies, eighties and nineties (Cohen, 2005).

The study reported in this book is based principally on individual case analysis. This method of research is still underappreciated in social scientific and especially psychological studies. It employs reasoning on a case-by-case basis to propose explanations at the level of the individual case before drawing any conclusions about a sample or group of people as a whole. Such a method relies on multiple sources of evidence for corroborating evidence, as in legal judgements, and also includes, where possible, the person's own understanding of his or her situation. Therefore, most of our case analyses also include material collected separately by two interviewers and comments by the participants themselves on the draft conclusions we initially drew about their sources of identity. We believe this method of research is particularly appropriate to the study of ageing (Coleman, 2002). Our approach to studying older persons is presented in Chapter 3, together with a description of the cases selected for analysis and their characteristics.

Chapters 4 through 9 present in abbreviated form the evidence and conclusions we have drawn about our cases. The chapters follow our participants through the different stages of their later years. We have structured them to

reflect the two major transitions that typically occur in later life, from living together to living alone following bereavement of a spouse (partner) and from living independently to needing care and support. Both are experienced as major losses because a person's identity is largely based on a sense of relatedness to others and competence in handling matters of personal and shared interest. The onset of significant frailty and bereavement present a major challenge for adaptation, particularly if they occur in close conjunction to one another. Although most older people survive these transitions, we need more understanding of the processes involved to better help those who struggle to survive such threats to their identity. We also include a chapter focusing on some of those cases who succeeded in living well into their nineties and beyond, which considers the quality of life they experienced at this advanced stage. In the final chapter, we draw some general conclusions from our study and especially emphasize those we consider relevant for ageing in the first part of the twenty-first century.

We as authors, who are well aware of our own ageing, believe that these accounts of people in the later stages of ageing do provide lessons for us as we look to the years to come. We hope our readers do too. For the most part, we conclude that our participants aged well despite the many trials they encountered. Will we be as resilient? Will we have the same access to the needed resources that they had? Let us reflect on the answers this group of people from a previous generation found to the question, 'Why survive?'

2   From self-esteem to meaning – studying psychological well-being in later life

In this chapter, we present the rationale for collecting the material reported in this book and describe the actual processes involved in the study on which it is based. As in all research projects, the data we sought reflected the particular interests of the investigators and the key theoretical concepts and health and welfare concerns that were influential at the time the research was being planned. Our project originated in a multidisciplinary longitudinal study of ageing initiated by the Departments of Geriatric Medicine and of Psychology at the University of Southampton in the later 1970s. There were two distinct stages of data collection. The interviews conducted in the first ten years included clinical assessment as well as questionnaires, whereas a more focused investigation of psychological well-being involving in-depth interviewing was undertaken in the latter ten and more years. After a brief description of the history of the main study, we continue with a reflection on the main theoretical ideas and observations that inspired our investigation into identity and well-being in later life. We close with a consideration of our reasons for conducting detailed case studies on our surviving participants in the second part of the project.

Southampton Ageing Project

The original Southampton Ageing Project sample comprised 340 persons aged over sixty-five years (born before 1914) recruited in 1977–8 from two general medical practices in Southampton. The participants were originally recruited as part of a two-year double-blind trial of an early 'anti-ageing' pharmaceutical product, Gerovital (KH3; comprising principally procaine/haematoporphyrin) on the processes of ageing – in particular, on cognitive functioning and mood (Hall et al., 1983). Some small beneficial effects were found in regard to grip strength, as well as avoidance of incontinence and decline in cognitive performance, but there was no observable impact on depressive symptoms. However, the generous nature of the funding allowed for substantial clinical, social and psychological data to be collected on each occasion, and thus the possibility of longitudinal as well as cross-sectional analysis. Two interviews, one clinical

and one social-psychological, were conducted in each of the three years 1977–8, 1978–9 and 1979–80. A first report on the data analysis carried out was issued in 1982 (Hall et al., 1982). Ethics approval was obtained from the local health authority for this initial study and all subsequent data collection with this sample of older persons.

A proportion of the original sample was followed up in subsequent years by the university's Department of Geriatric Medicine as part of studies on topics in elderly care including nutrition, and ten years later, in 1987, a decision was made to attempt to re-interview the surviving members of the original sample. In the following year, 101 participants, all then aged over seventy-five years, were interviewed using a shortened version of the original questionnaires. Funding was then sought from the UK Economic and Social Research Council to continue the longitudinal study with more in-depth investigation into psychological well-being in later life. Four successive applications were successful and interviews conducted in 1990–1, 1993, 1995–6 and 1998–9. Each of these studies concentrated on different issues of primarily psychological and social scientific interest but also allowed a repeat of the shortened version of the original questionnaires. Finally, a number of the few surviving participants were interviewed for the last time in the years 2000–2.

Like other multidisciplinary and longitudinal studies of ageing conducted in the post-war years, the Southampton project in its origin reflected an interest in the factors that promoted ageing well, defined principally in terms of relative freedom from physical and mental illness as well as from cognitive deterioration. Ageing was conceptualized as an intrinsically difficult process because of the increase in associated losses and stresses and therefore as requiring adjustment. We thus gave particular attention to assessment of clinical depression.

The focus of much interest in research of ageing in those years was on avoiding unnecessary negative life events, especially those associated with preventable disease. The efficacy of new pharmaceutical products was being actively researched. However, evidence on older people's resilience and relatively high levels of well-being was also beginning to emerge. For example, a UK national survey, The Elderly at Home (Hunt, 1978), pointed out that the over-sixties age group in Britain, compared with younger age groups, had a greater degree of expressed satisfaction with all aspects of life apart from health. These observations were reflected in our study in the inclusion in the questionnaire of items on social and psychological factors that might independently promote well-being, such as activities and social contacts, continuing roles, satisfaction with past and present life, attitudes to ageing and concerns and hopes for the future. However, a major interest from the outset of the study was in maintenance of self-esteem and especially sources of self-esteem.

Self-esteem, meaning and identity

Studying self-esteem and its sources

Maintaining a high level of self-esteem had emerged from the post-war geron-
tological literature as a key factor in adjustment to ageing, described by one US
author as the "linchpin of quality of life for elderly people" (Schwartz, 1975).
The importance of self-esteem to human flourishing was also stressed in other
fields, such as education and childrearing, and thus its emphasis within studies
on ageing was not exceptional. However, self-esteem had a particular resonance
there because of the recent findings from studies on adaptation to institutional-
ization, a major topic in research on ageing at the time. North American, British
and other Western societies were beginning to question whether residential care
should remain so dominant a part of welfare provision for later life. Quality of
provision was often poor, and research findings showed that entering an insti-
tution for older persons was associated with unacceptably high mortality and
morbidity rates. However, it was also noted that if a person's self-esteem could
be maintained after the move, this augured well for both length and quality of
life within the new setting (Carp, 1974).

That physical and mental deterioration was not an inevitable consequence of
institutional care but rather the result of the demeaning qualities of much US
and UK residential care provision was shown by a major longitudinal study in
the Netherlands on later-life relocation in which the first author participated.
At that time, Dutch residential care provision for older people was among
the highest in Europe both in quantity and quality, and the study showed that
residents' self-esteem, rather than declining, actually strengthened as a result
of the move (Remmerswaal, 1980; Wimmers, Buijssen and Mertens, 1989).

This investigation adopted a new approach to studying older people's self-
perception, which subsequently was also applied to the study in Southampton.
Although self-esteem was seen to be central to maintenance of well-being, there
had been relatively little interest in investigating how self-concept itself was
regulated. To maintain a stable view of oneself during the processes of ageing
requires the ability to call on sources that confirm this view, ideally in the
present-life situation but also in the past from which remembered achievements
continue to provide definitions for the self and in the future in which new
possibilities are envisaged. However, the dynamics of the changing basis of
support for the self with ageing had not been the subject of a significant amount
of research.

A source of insight into the processes of change in the ageing self was
provided by a major set of US studies on older people's relocation to institu-
tions conducted through the 1960s and 1970s, the results of which were later
assembled together in one publication by Lieberman and Tobin (1983). These

researchers asked participants to provide an illustration of current interpersonal behaviour for self-descriptive statements, before and after moving to an institution. They noticed that after the move, although there might be no overall change in the statements themselves, there was an overall increase in the proportion of illogical illustrations and non-examples given. The interpretation they gave to these findings was that these changes reflected the breakdown of customary sources of self-esteem and, unless new sources were found, were the likely precursor of a decline in the capacity to provide positive self-ascriptions. Indeed, subsequent observations confirmed that those who could not provide adequate evidence to support their self-image were more likely to show psychological deterioration in the longer term, both cognitive decline and depression.

This observation provided the inspiration for our approach to studying the self, which explicitly aimed to assess perceived sources as well as strength of self-esteem. Through pilot studies, we developed bipolar self-descriptive items, presented to the participant also visually on cards (e.g. 'I feel useful – I feel useless'), which both produced a valid and internally consistent assessment of self-esteem and were conducive to follow-through questioning for illustration. Thus, if the participants chose the positive or negative ascription (or could not make up their mind), we asked them to give an example from their current life that helped explain why they felt or thought that way about themselves. Eventually we developed an instrument that, in addition to showing a high level of coherence as a measure of self-esteem, also elicited illustrations that could be validly coded under a discrete number of categories. These were reference to family, to other interpersonal contacts, to interests and leisure activities, to maintenance of independence and personal care abilities, to paid or unpaid work or other organizational role, to inner convictions about themselves and their lives and to the external circumstances both physical and social in which they lived.

This way of approaching self-descriptions proved helpful in investigating both the advantages and the drawbacks of innovative services, whether new forms of residential care or community care services. The Dutch study of relocation to residential homes suggested that the improvement in self-esteem was a response to the high quality of the accommodation and care provided as well as of increased feelings of personal security. In an English study, by contrast, among older people who had come to live in a pilot sheltered housing scheme with extra domiciliary support provided, there were in fact more references to independence and personal care abilities and less to interests and leisure activities than in those who entered residential homes (Coleman, 1984). The instrument has also proved useful in studies of the most effective forms of service intervention with housebound older people (Baldock and Hadlow, 2002). Further details of our method for assessing self-esteem and its

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sources are provided in the following chapter, along with a brief account of the results obtained using it in the Southampton Ageing Project.

The study of meaning

By the later 1980s when the second phase of the project began, other explorative and multifaceted approaches to assessing adult well-being had been developed. The overriding importance previously attributed to self-esteem was beginning to be questioned. Lars Freden (1982) made a helpful distinction between 'self-evaluation', which constituted self-esteem in the sense of measuring up to some external standards of beauty, intelligence and capability, and 'self-worth', which was more concerned with perception of value rather than comparison of self with others. For example, individuals could still be said to have self-worth if they continued to express commitments to people and causes outside of themselves even though their abilities to make practical contributions might be declining.

A major influence on developing new forms of thinking about well-being in human adult development was provided by the work of Carol Ryff at the University of Wisconsin at Madison (Ryff, 1995). Her studies were rooted in a thorough consideration of the various strands in the existing theoretical literature on healthy psychological functioning in adulthood, from some of the early psychoanalytic thinkers such as Carl Jung and Erik Erikson to more recent gerontological theorists as Bernice Neugarten and James Birren. Ryff argued convincingly for a multidimensional view of psychological well-being in which self-acceptance was but one of six dimensions, comprising also positive relationships, autonomy, environmental mastery, personal growth and purpose in life.

Ryff's subsequent empirical studies showed that although self-acceptance tended to increase during middle adulthood and the first stages of ageing, the experience of personal growth and purpose in life diminished. The experience of ageing therefore appeared to present a challenge to meaning, at least in Western societies such as the United States. Other studies have also emphasized the significance of maintaining a sense of meaning in later life. The conclusion of one of the early US longitudinal studies of ageing conducted at Duke University in North Carolina is still worth citing:

This longitudinal analysis of data demonstrates rather clearly that very few, even well functioning elderly escape depression. The legacy of a long life appears to be a confrontation and struggle with the value of living. The issue for older people may well be not just survival but meaningful and purposeful existence. (Busse, 1985, p. 220)

Meaning was understood to become more problematic in later life because of the loss of roles associated with social ageing in modern societies. For most of