

Cambridge University Press

978-0-521-11391-5 - Understanding Well-Being in the Oldest Old

Edited by Leonard W. Poon and Jiska Cohen-Mansfield

Excerpt

[More information](#)

---

PART I

THEORY: NEW HORIZONS IN WELL-BEING  
RESEARCH

1

Toward New Directions in the Study of Well-Being  
among the Oldest Old

LEONARD W. POON AND JISKA COHEN-MANSFIELD

ABSTRACT

This chapter provides a road map to address the dearth of information and the central theme of this volume: well-being among the oldest old. A reality among the oldest old is the increasing variability in both subjective and psychological well-being found within an individual owing to variations in cumulative experiences and differences in strategies to survive into very old age. This chapter outlines the strategies in addressing the central theme by describing four different views on well-being among the oldest old (Section I), the influence of experiences and trauma on well-being at the end stage of life (Section II), examination of moderating and mediating influences (Section III), measurement issues (Section IV), and conclusions (Section V).

INTRODUCTION

The life course is marked by individuality and diversity. An individual's life is a process that, if scrutinized at a singular instance, would yield incorrect assumptions about its trajectory. Instead, the gradual accumulation of events in a person's life provides perspective into how that person arrived at his or her present state of well-being. This chapter provides a road map of the contents in this edited volume on the well-being of the oldest old. Although the age of the oldest-old cohort is continually increasing as a result of the rectangularization of the population pyramid, this volume defines the oldest old as those individuals older than 75 years of age. This cohort deserves its own conception of well-being because of its distinctiveness in comparison with younger generations. For example, individuals in the fourth age are referred to with ethereal adjectives, such as *gerotranscendence*,

Cambridge University Press

978-0-521-11391-5 - Understanding Well-Being in the Oldest Old

Edited by Leonard W. Poon and Jiska Cohen-Mansfield

Excerpt

[More information](#)

*empowerment, maturation, and resilience* (see Chapter 2). Nonetheless, there are minimal data and discourse available on the oldest old; the lack of exploration into the well-being of individuals in the fourth age can be attributed to the large amount of individual variability within the cohort, which makes it difficult to reach generalizations for the group. Our goals for this volume were to describe (a) the conceptions of well-being among the oldest old, (b) the accumulation of trauma throughout the life span and how it affects the perception of well-being, (c) the influence of moderating, mediating, and proximal processes on well-being, and (d) issues relating to the measurement of well-being.

The understanding of well-being has both personal and psychological implications that have generated a significant volume of scientific inquiry (e.g., Kahn, 1986; Rowe & Kahn, 1997; Ryan & Deci, 2001; Ryff, 1989a, 1989b; Ryff & Singer, 2000). For example, answering the question, “How are you?” seems simple and straightforward; however, the answer is dependent on a host of inter- and intraindividual differences, as well as environmental and cultural variations. In a seminal experiment on misattribution of well-being, researchers found that people use their momentary emotional states to make judgments on how satisfied they are with their lives in general (Schwarz & Clore, 1983). Participants interviewed on sunny days reported greater well-being than participants interviewed on rainy days; however, when the interviewer mentioned the weather, the participant’s attention was drawn to the source of their mood, thereby eliminating the effect of the participant’s mood on overall life satisfaction. This experiment demonstrates how even the subconscious influences the perception of our lives.

There are countless theories and debates on the definition, meaning, measurement, antecedent, consequences, and impact of well-being. On one level, well-being or happiness can be defined by feelings generated by pleasure and positive reinforcement while avoiding unpleasant and negative reinforcement (Kahneman et al., 1999). On another level, well-being is defined by the actualization of one’s goal (Ryff & Singer, 1998, 2000; Waterman, 1993). The literature further differentiated between subjective well-being, which is defined by the individual, and psychological well-being, which consists of components or factors defined by those who study the concept. For example, Ryff and Keyes (1995) hypothesized six pertinent components: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness. Another similar and related hypothesis that defines the impact of well-being is the self-determination theory (Ryan & Deci, 2000). The self-determination theory noted that the process of self-actualization seeks to satisfy the basic needs of autonomy, competence, and

Cambridge University Press

978-0-521-11391-5 - Understanding Well-Being in the Oldest Old

Edited by Leonard W. Poon and Jiska Cohen-Mansfield

Excerpt

[More information](#)*Toward New Directions in the Study of Well-Being among the Oldest Old* 5

relatedness, which in turn produce psychological growth, integrity, vitality, and well-being.

The different models and hypotheses of well-being produce convergent and divergent concepts and data. However, as noted by Ryff (1989b), the level and permanency of happiness and well-being are ultimately seen through the prism of the individual or through the eye of the beholder. It is notable that the literature has produced some robust findings on predictors of well-being. For example, the personality of an individual seems to influence the level of subjective well-being. DeNeve and Cooper (1998) found that individuals high on extraversion and agreeableness tend to be high on subjective well-being, whereas individuals high on neuroticism tended to be low on subjective well-being. Health status influences subjective well-being in interesting ways (Okun et al., 1984). When physical health was reported by the individual, the correlation to subjective well-being was positive. However, this correlation disappeared when using the objective report of the physician. The finding confirmed the subjective and individualized nature of well-being. Similarly, studies on quality of relationships showed that affiliation and relationship-enhancing traits are highly related to subjective well-being, whereas loneliness has the opposite effects. The quality of the relationship was found to be related to subjective well-being, whereas the quantity of relationship was not (Nezlek, 2000). Studies on the influence of wealth revealed interesting relationships with well-being and life satisfaction (Diener & Diener, 1995). Satisfaction with family, friends, and finances among college students was found to be positively correlated with overall life satisfaction in poorer countries but not in wealthier countries. People in wealthier countries tended to be happier than those in poorer countries; however, increases in wealth do not predict increases in happiness, and people who strongly desire wealth and money are unhappier than those who do not.

In summary, the concept of wellness is central to describing and comparing the quality of life of individuals and cohorts across social and cultural contexts as well as to evaluating the impact of policies and policy changes. Research in the past 4 decades has provided an improving understanding of the definitions and measurement; however, one particular paradox regarding the impact of aging on well-being remains unresolved. That is, with increasing age, humans face the certainty and reality of diminishing health, resources, and support systems. Diminishment of those factors has been found to compromise well-being. In spite of diminishing resources, the paradox is that well-being tended not to decline among older individuals (Carstenson, 1998; Mroczek & Kolarz, 1998; Ryff, 1991). In fact,

Cambridge University Press

978-0-521-11391-5 - Understanding Well-Being in the Oldest Old

Edited by Leonard W. Poon and Jiska Cohen-Mansfield

Excerpt

[More information](#)

perceived well-being has been shown to increase for some. We explore this phenomenon in this edited volume. Do very old individuals think of themselves differently than they did when they were young? Does being at the end stage of life change the way they perceive themselves and their environment? The probability of encountering adversities is greatest among the oldest old, and yet they have learned to survive into very old age. What types of moderating and mediating processes are operating to enhance well-being for the very old? Are some types of adaptation skills necessary and sufficient to survive and sustain a level of well-being?

This edited volume is designed to answer the foregoing questions. The volume contains nineteen chapters that are divided into four parts. Part I (Chapters 2–5) offers four different alternatives in viewing well-being among the oldest old. Chapter 2 defines the category of the very old, the fourth age, and outlines how this segment of life is different from other stages of life. The chapter questions whether traditional measures of quality of life are applicable to the fourth age and whether extant languages describing old age in terms of disengagement, disintegration, and invisibility should be applied to those who have survived into the fourth age. Chapter 3 addresses an important paradox: why do the oldest old have a high level of well-being when individuals are more affected by the bad events rather than the good? This chapter notes that objective life conditions that are related to subjective quality of life tend to explain only a small amount of variance among the very old. Negative affects tend to remain stable or decrease with advancing age, whereas positive affects tend to remain stable or increase. Chapter 4 outlines a theory to explain the relatively high level of well-being in the oldest old despite significant worsening in determinants of well-being. Both community-dwelling adults and cognitively impaired nursing-home residents are offered as examples to demonstrate the utility of the theory. Finally, Chapter 5 outlines three models – the Georgia adaptation model, the developmental adaptation model, and the resource change model – to describe adaptation and change in the fourth age. It is noted that adaptability to change rather than the process of change helps individuals attain an optimal state of well-being. This adaptability is achieved through the ability of older adults to rely on resilience dimensions, such as mental and physical health as well as life satisfaction. The goal of the four chapters is to provide multivariate models and testable hypotheses to support the phenomenon that well-being remains high among the oldest old.

Part II (Chapters 6–8) examines types of trauma accumulated during the life course and ways survivors cope and adapt in the face of such adversities. Central to these traumas is the delicate balance between the resilience

Cambridge University Press

978-0-521-11391-5 - Understanding Well-Being in the Oldest Old

Edited by Leonard W. Poon and Jiska Cohen-Mansfield

Excerpt

[More information](#)*Toward New Directions in the Study of Well-Being among the Oldest Old* 7

of survival and the vulnerability of imminent frailty and death. Chapter 6 examines three approaches toward survival of trauma in old-old life: dementia, robust, and embattled survival. The individual's mode of survival is dependent on the coping mechanisms utilized. Holocaust survivors provide a paradigm for the challenge of long-term effects by an extreme trauma. Chapter 7 examines how stressful life events affect oldest-old survivors. The emphasis is on both distal and proximal experiences and their influences on psychosocial resources, coping, and well-being. Proximal stressors were found to increase levels of negative affect and reduce levels of positive affect; distal events enhanced the level of positive affect. Chapter 8 examines the multidimensional nature of trauma in late life, which is distinct from that of younger adults because the gains and losses of aging mix with the traumatic event(s). Posttraumatic stress disorder (PTSD) is used as a model to examine early onset of trauma, its chronic course, and trauma incurred at late life. Biological influences of PTSD are described, as are suggestions for treatment.

Part III (Chapters 9–14) outlines the moderating, mediating, and proximal processes associated with the well-being of the oldest old. The goal is to examine and describe how well-being is affected by the use or disuse of certain lifestyle factors at the end stage of life. Chapter 9 addresses the influence of resources, notably income, medical care, and caregiving services on mental health and psychological well-being. Using data from the Georgia Centenarian Study (GCS), this chapter also compares the roles of social support and proximal personal resources to adapt to the influence of distal resources such as education and primary occupation and major life events. The data showed that mental health depended primarily on income; however, neither social nor economic resource adequacy was necessary for psychological well-being or for maintaining personal independence. Chapter 10 also employs data from the GCS to examine how nutrition and dietary factors could affect well-being, particularly mental health and depression, among the oldest old. A strong association was found between depression defined by the Geriatric Depression Scale and appetite loss in the population sample. The GCS data showed that depressed centenarians were twice as likely to lose appetite and to have had more weight change than nondepressed centenarians. Chapter 11 brings forth the notion of cognitive vitality in very old age and how to use the concept to predict indicators of well-being such as subjective health and depression. Chapter 12 underscores the importance of social networks and social exchange in relation to morale and survival among older Jewish Israelis, as well as the great diversities that prevail among the oldest old. Socioemotional selectivity theory indicates

Cambridge University Press

978-0-521-11391-5 - Understanding Well-Being in the Oldest Old

Edited by Leonard W. Poon and Jiska Cohen-Mansfield

Excerpt

[More information](#)

that the older persons benefit from meaningful social relations, but they also tend to disassociate from ties that are not likely to provide optimal return. From this perspective, the reality is that there is a network reduction among the oldest old. The well-being of the oldest old is more dependent on the robustness of social network rather than the age of the individual. Chapter 13 describes theoretical conceptualizations and definitions of religious coping in conjunction with physical and mental well-being. Gender, health impairment, and negative affect were found to be longitudinal predictors of religious coping among centenarians. Finally, Chapter 14 examines the impact of leisure activities on well-being of the very old and notes that innovation – the addition of brand new activities – may contribute to an enhanced sense of well-being and serve as a resource for resilience.

Part IV (Chapters 15–17) presents three chapters that examine measurement issues relating to well-being among the oldest old. The central thesis of this edited volume is that the fourth age presents special challenges and losses in which the oldest old may perceive their impact in a different way through mediating and moderating processes. Hence, the measurement of well-being must be sensitive to those processes. Chapters 15 and 17 outline the strategies and needed sensitivities in measuring well-being in this population. Chapter 15 emphasizes the importance of culture in ethnographic and qualitative strategies to elicit dimensions of well-being. It is noted that well-being is heterogeneous because it is culturally mediated and self-generated. Chapter 17 emphasizes the advantages and disadvantages in the use of global, temporal-oriented, alternative, and domain-specific measurement of well-being among the oldest old. Chapter 16 introduces the will to live as a unique measurement tool for general well-being, commitment to life, and desire to continue living because of its diagnostic and prognostic values for the prolongation of life among the oldest old.

Finally, Part V (Chapters 18–19) contains two chapters that examine implications and interventions, as well as provide summary, conclusion, and future directions. Chapter 18 notes that the description of distal and proximal events is necessary but not sufficient to prescribe potential intervention. The chapter considers the biopsychosocial model as it applies to the oldest old, noting their strengths, problems, and future directions. Chapter 19 summarizes and integrates the contents of the different chapters to better understand the mechanisms associated with the aging paradox of why and how old-old adults with diminishing resources can survive with a sense of well-being.

A publication that involves authors from different countries could not be successfully executed without assistance from a variety of supporters. First,

Cambridge University Press

978-0-521-11391-5 - Understanding Well-Being in the Oldest Old

Edited by Leonard W. Poon and Jiska Cohen-Mansfield

Excerpt

[More information](#)*Toward New Directions in the Study of Well-Being among the Oldest Old* 9

we are grateful to the U.S.-Israel Binational Science Foundation, whose grant supported a conference at Tel Aviv University, Israel, and provided the foundation for the writing of this volume. Second, the primary supporting organizations from the United States are the Institute of Gerontology at the University of Georgia and the Gerontology Program at Iowa State University. Supporting organizations from Israel are the Herczeg Institute on Aging, Tel Aviv University, the Center for Multidisciplinary Research on Aging at Ben-Gurion University, and Hebrew University. Acquisition of new knowledge on the well-being of older citizens is of special interest to scientists in both countries. The editors are grateful for the supportive organization of our copy editor, Maria C. Isales, BA, MPH, at the University of Georgia, whose persistence, perseverance, and diplomacy help all of us stay on schedule. We are also grateful to Rano Rakhimova, MD, PhD, at the University of Georgia, for her assistance in coordinating with the publisher and the formulation of the subject index.

## REFERENCES

- Carstensen, L. (1998). A life-span approach to social motivation. In J. Heckhausen & C. Dweck (Eds.), *Motivation and self-regulation across the life span* (pp. 341–364). New York: Cambridge University Press.
- DeNeve, K.M., & Cooper, H. (1998). The happy personality: A meta-analysis of 137 personality traits and subjective well-being. *Psychological Bulletin*, 124, 197–229.
- Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, 68, 653–663.
- Kahn, R. (1986). Renewing the commitment to oral hygiene. *Geriatric Nursing*, 7, 244–247.
- Kahneman, D., Diener, E., & Schwarz, N. (Eds.). (1999). *Hedonic psychology: Scientific prospective on enjoyment, suffering, and well-being*. New York: Russell Sage Foundation.
- Mroczek, D.K., & Kolarz, C.M. (1998). The effect of age on positive and negative affect: A developmental perspective on happiness. *Journal of Personality and Social Psychology*, 75, 1333–1349.
- Nezlek, J. B. (2000). The motivational and cognitive dynamics of day-to-day social life. In J. P. Forgas, K. Williams, & L. Wheeler (Eds.), *The social mind: Cognitive and motivational aspects of interpersonal behaviour* (pp. 92–111). New York: Cambridge University Press.
- Okun, M.N., Stock, W.A., Haring, M.J., & Witter, R.A. (1984). Health and subjective well-being: A meta-analysis. *International Journal of Aging and Human Development*, 19, 111–132.
- Rowe, J., & Kahn, R. (1997). Successful aging. *The Gerontologist*, 37, 433–440. *Aging and Society*, 18, 371–378.



Cambridge University Press

978-0-521-11391-5 - Understanding Well-Being in the Oldest Old

Edited by Leonard W. Poon and Jiska Cohen-Mansfield

Excerpt

[More information](#)

- Ryan, R.M., & Deci, E.L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well being. *The American Psychologist*, 55, 68–78.
- Ryan, R.M., & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141–166.
- Ryff, C.D. (1989a). Beyond Ponce de Leon and life satisfaction: New directions in quest of successful aging. *International Journal of Behavioral Development*, 12, 35–55.
- Ryff, C.D. (1989b). Happiness is everything, or is it? Exploration on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081.
- Ryff, C.D. (1991). Possible selves in adulthood and old age: A tale of shifting horizons. *Psychology and Aging*, 6, 286–295.
- Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.
- Ryff, C.D., & Singer, B.H. (1998). The contours of positive human health. *Psychological Inquiry*, 9, 1–28.
- Ryff, C.D., & Singer, B.H. (2000). Biopsychosocial challenges of the new millennium. *Psychotherapy and psychosomatics*, 69, 170–177.
- Schwarz, N., & Clore, G.L. (1983). Mood, misattribution, and judgments of well-being: Informative and directive functions of affective states. *Journal of Personality and Social Psychology*, 45, 513–523.
- Waterman, A.S. (1993). Two conceptions of happiness: Contrasts of personal expressions (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology*, 64, 678–691.

# From Ageless Self to Selfless Age: Toward a Theoretical Turn in Gerontological Understanding

HAIM HAZAN

## ABSTRACT

This chapter argues that the conceptual language employed to analyze the self and its well-being in later life reflects issues and concerns pertinent to styles and anxieties relevant to midlife, such as continuity, success, and meaning, rather than the underpinnings of the end of existence. Although most populations defined as elderly are amenable to being understood in terms of cumulative attainments and corresponding aspirations, the category of the very old, otherwise known as the fourth age, occupies a distinct human territory, displaying properties of time and space quite different from those marking other phases of the life course. Any attempt at comprehending the experience of the oldest old should take into account the plausibility of a reshaped identity abandoning no-longer-relevant regulative principles of subjectivity, such as emotional and cognitive lifelong constructions.

## PROLOGUE: A LOST CATEGORY

The quest to understand well-being as a gerontological aspiration can be viewed as a form of resistance to the cultural imagery of old age as formulated, for example, by the founding father of gerontology, the Nobel laureate Elie Metchnikoff, in 1905 as “an infectious, chronic disease which is manifested by a degeneration or an enfeebling of the noble elements” (p. 48). Even as a metaphoric figure of speech, such phrasing, counteracting the ethos of the modern quest for the normal and the nonpathological (Foucault, 2003), would not withstand the scrutiny of current political correctness. Hence the reluctance of mainstream gerontology to address those modes in the category of old age that seem to accord pejorative attributes to the last decline in a secular life trajectory with no prospect of sustaining