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An Interpretative Phenomenological Analysis of Older Adults and Subjective Well-Being

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AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF OLDER ADULTS AND SUBJECTIVE WELL-BEING

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ABSTRACT

AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF OLDER ADULTS AND SUBJECTIVE WELL-BEING

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Older adults are rapidly aging. It is estimated that by 2030, 1 in every 5 adults will be 65 years old or older (Administration on Aging, 2018). With this increase will undoubtedly come an increase in older people seeking mental health services. It is paramount the field of psychology attempt to prepare for this increase by better understanding older persons. Subjective well-being (SWB) is a popular construct with a vast body of literature as it pertains to a variety of diverse people. However, there has been little research on SWB as it pertains to older adults. This study examined the experiences of SWB as discussed by six older adults. There were three research questions: (a) How do older adults experience and perceive SWB as they age?, (b) How are young-old and oldest-old adults' experiences similar and different?, and (c) What themes and content will arise from each participant's narrative? Data was analyzed using interpretative phenomenological analysis to make sense of each participant's narrative as they discussed aging and their sense of SWB. Results of the study revealed seven superordinate themes: (1) Physical Health: "Welcome to the Golden Years," (2) Retirement, (3) Living a Meaningful Life, (4) Psychological Aspects of Aging, (5) Social Connection, (6) Coping with Change, and (7) Experiences of Loss. Several subthemes were identified. Participants described how each of the above factors intersect with their individual experience of SWB. Aspects of aging were determined to have both positively and negatively impacted SWB in varying ways. Additionally,

limitations and implications of this study, as well as future research directions are discussed. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: subjective well-being, older adults, aging

Dedication

To my entire family, thank you for coming with me on this journey.

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CHAPTER I: UNDERSTANDING OLDER ADULTS AND SUBJECTIVE WELL-BEING

Background and Context of the Problem

There are approximately 52.4 million aging (ages 65 and older) individuals in the United States (Administration on Aging [AoA], 2018). This number represents approximately 15.6% of the US population or just over one in seven Americans. The AoA (2018) projects that the number of older adults will just about double by 2060, reaching 94.7 million persons. Oldest members of the baby boom cohort turned 65 in 2011 and in 2030, one in every five adults will be 65 years old or older (AoA, 2018). With more people reaching old age, it is important to examine the implications this increase has on the field of clinical psychology. Understanding the aging population is critical to the success of helping older adults of any gender, age, race, or ethnicity, with mental illness. Additionally, anticipating the increase in the geriatric population can enable clinical psychologists to prepare and meet the future needs of older adults seeking mental health services.

Mental health invariably impacts a person's overall sense of well-being. I see the current problem as twofold: older adults with mental health issues do not seek treatment due to a multitude of reasons I will later discuss, and psychologists do not have the education and training necessary to allow them to feel competent providing such treatment. While the field of geropsychology continues to grow, there are still considerable barriers and a general shortage of professionals interested in providing care to older adults (Hoge et al., 2016). Stigma, ageism, and the perceived complexities of treating older adults with mental illness result in professionals opting out of treating these individuals. However, the fact that older adults suffer from mental illness remains a great reality (Hoge et al., 2016). Mental health and well-being are important across the lifespan and should be treated as such, which is why the need for competent

professionals and appropriate treatment should be available to the growing older adult population.

Mental Health and Older Adults

Currently it is estimated that approximately 20% of older adults (60 years and older) suffer from a mental health or neurological condition that impacts their well-being (World Health Organization [WHO], 2017). Generally, as age increases, seeking help related to mental health concerns decreases (Berard et al., 2020). Depression, substance use, and anxiety are prominent illnesses within the older adult population, yet only 3% of older adults report seeking mental health services to treat these problems (American Psychological Association [APA], 2018). So why do older adults not seek or engage in mental health treatment? Factors that contribute to poor mental health service utilization among older adults continue to be studied. Interestingly, attitudes and willingness are not barriers to seeking treatment (Berard et al., 2020; Mackenzie et al., 2008). Rather, it is the limited knowledge of mental health (e.g., symptoms, management, treatments) among older adults combined with systemic barriers (e.g., financial cost, difficulty accessing services, untrained professionals) that influence service utilization (Berard et al., 2020).

Older adults tend to experience a more complex journey to treatment for mental health issues (Berard et al., 2020; Reynolds et al., 2020). Often, treatment is initially sought in the primary care office. Low levels of "mental health literacy" result in older adults being unable to accurately and effectively describe symptoms and advocate for treatment (Berard et al., 2020, p. 2). Comorbidities of physical illness lead to misattributions of symptoms to a normal part of aging and thus virtually undetected by primary care providers. Once referred for treatment, older adults experience systemic barriers such as difficulty finding trained providers in

geropsychology, high insurance costs, long wait times for appointments, and stigma that influences and impacts their experience with treatment.

According to the American Foundation for Suicide Prevention (2016) suicide rates among older adults are higher than those in younger populations, ranging from 15% to almost 19% among those ages 65 to 85 and older. While suicidality is not examined in this study, the above statistic highlights the discrepancy between the mental health needs of older adults and access to treatment. These statistics also illustrate that mental health conditions invariably impact multiple facets of a person's life, especially when untreated. Older adults who do not have the knowledge, resources, or means to access treatment for their mental health conditions are left behind to suffer in silence or simply cope with their conditions that are viewed as a normal part of aging by the larger society. In turn, their well-being and perceptions of their lives as they've aged are inevitably negatively impacted.

Why Study SWB?

As the older adult population grows due to increased longevity and with the baby boom generation reaching older adulthood, it has become increasingly important to examine how older adults' experiences contribute to their life satisfaction and how groups of older adults' experiences are similar and different (Pethtel & Chen, 2010). Generally, there is a lack of research on older adults, and more importantly, a lack of qualitative research on older adults and SWB. The "longevity revolution" has provided researchers with the opportunity to conduct more research on older adults regarding many issues, including mental health issues and aging (Wassel, 2008, p. 366).

Not only does the above information highlight the need for more trained professionals and improved treatment approaches within the field of psychology, but it also demonstrates the

need for more research in the area of well-being as it pertains to older adults. SWB, which is an "overall evaluation of the quality of a person's life from his or her own perspective," is an active area of research, wherein professionals are interested in studying SWB's underlying factors, predictors, and outcomes (Diener et al., 2018, p. 1).

Few studies on SWB focus specifically on older adults. These studies involve various approaches and methodologies, but to date, limited studies take a qualitative approach and focus on older adults. In my review of the literature, I found that research in this area as it pertains to older adults tends to be quantitative and merges older adult populations into one large group. Quantitative research on SWB focuses on individual predictors of SWB. For example, poor health, chronic disease, and disability are linked to experiences of SWB (Helvik et al., 2011). As one can imagine, socioeconomic status, interpersonal networks, activity levels, and sociocultural factors are predictors of well-being across the lifespan (Helvik et al., 2011; Jebb et al., 2020).

Qualitative research on this topic is limited. There are few qualitative studies that have focused on individual perceptions and experiences of SWB. These studies focus on various predictors and individual and environmental characteristics that have been found to be connected to older adults' experiences of SWB (Douma et al., 2017; Jopp et al., 2014; Rose & Lonsdale, 2016). I chose a qualitative methodology for this research because I did not find studies to date that focused exclusively on interviewing older adults about their experiences with SWB as it relates to aging. This qualitative approach allowed for a rich understanding of the construct through first-hand accounts of participants' experiences.

Rationale for Current Study

Older adults construct different meanings regarding their own experience of SWB and it is important to consider how SWB is experienced in old age (Allen et al., 2012; Richeson &

Thorson, 2002). Little research focuses on exploring how older adults both think and feel about their own SWB, nor does the research examine how age cohorts' experiences may be similar or different. In light of the gaps in the research with older adults, this study examined two older adult populations, the young old (ages 65–74) and the oldest old (ages 85+), utilizing qualitative methods, to explore and understand these issues (APA, 1998). This study researched and examined how older adults narrate their own experiences of SWB as they have lived life and grown older.

The goal of this study was to better understand older adults' perceptions and experiences of SWB and contribute to the literature on this topic. Ultimately, this research was conducted so that mental health providers are better informed when working with the older adult population. The findings of this study have implications for mental health treatment for older adults in the areas of intervention, ethics, and training. In expanding the research base for the topic of SWB as it pertains to older adults, professionals can review this research to help them begin to identify more comprehensive ways to think about treating older generations. On a personal level, this research has expanded my knowledge of older adults and what might be important to discuss in the therapy room. Discovering how older adults think and feel about their own SWB may lead to better care experiences and enhanced understanding of geriatric issues within clinical psychology.

Ultimately, I desired to understand how older adults narrate their own experiences of SWB and more specifically, how these experiences influenced their aging process. In learning more about this construct as it relates to aging, I believe that this research may begin to help inform mental health treatment for older adults through a better understanding of what is important to older adults in the context of their own SWB.

The aging process is one riddled with many stressors (illness, loss, physical and cognitive decline), which undoubtedly impacts one's emotions and ability to cope. These stressors influence how older adults view the aging process and narrate experiences related to their own well-being (Allen et al., 2012). Research that leads to a greater understanding of how older adults view their own SWB is beneficial and advantageous to the field of clinical psychology because it provides valuable information about how providers can employ interventions and foster experiences that promote the maintenance of positive SWB in the lives of older adults. By examining the factors that contribute to positive experiences of SWB in the older adult population, we can continue to unearth strategies that have the potential to enhance the quality of life for our aging population. I only hope the results of my study pique other researchers' interest in studying this construct further, in the efforts to offer sensitive, appropriate, and comprehensive treatments to the older adult population.

Research Questions

This study examined older adults' experiences of SWB through a phenomenological lens. To better understand older adults' experiences of SWB and explore the similarities and differences among the selected age groups, I addressed the following research questions:

1. How do older adults experience and perceive SWB as they age?
2. How are "young-old" and "oldest-old" adults' experiences similar and different?
3. What themes and content will arise from each participant's narrative?

I chose the above questions for my study because I wanted to learn more about my specific participants' narrative, the ways in which they make sense and meaning of the aging process, and how the aging process has influenced, impacted, or affected their sense of well-being.

Definitions of Key Terms

For the purpose of this study, SWB was defined as the way that people experience and evaluate the quality of their lives, both affectively and cognitively (Diener, 1984; Diener et al., 2018; Ferguson & Goodwin, 2010). These evaluations of life can include global judgments (e.g., life satisfaction) or can be domain specific (e.g., marriage, work). Evaluations of SWB represent people's beliefs that they are living satisfactory, rewarding, and fulfilling lives (Diener, 1984).

Young-old adults are those adults ranging from ages 65–74 years of age (APA, 1998), while oldest-old adults are those who are 85 years of age or older. This is the fastest growing segment of older adults (APA, 1998; Kydd & Flemming, 2015).

Older Adults, Ageism, and Lifespan Development: A Conceptual Framework

Within society, there is a pervasive stigma associated with aging (Stone & McMinn, 2012). Ageism is defined as the "systematic stereotyping and discrimination against people because they are old" (Stone & McMinn, 2012, p. 433). Approximately 50 years ago, sociologists identified ageism as a serious national and social issue when Robert Butler, M.D., coined the term (Bengtson & Whittington, 2014; Bernstein, 1969; Levy & Macdonald, 2016). Professionals deemed ageism a "personal revulsion to and distaste for growing old, disease, and disability…" (Levy & Macdonald, 2016, p. 5). Prejudicial attitudes, discriminatory practices, and institutional policies and practices perpetuate negative and stereotypic beliefs about older adults (Levy & Macdonald, 2016). According to the WHO, "Ageism may be more pervasive in society today than sexism or racism," (Levy & Macdonald, 2016, p. 7).

Ageism is evident in popular culture and media, public policy and politics, the workforce, and professional discourse (Chrisler et al., 2016; Levy & Macdonald, 2016; Nelson, 2016). Older adults are viewed by others as burdensome, worthless, forgetful, ill, and incompetent (Nelson,

2016). Popular culture and media portray older adults as being senile, old, and grumpy. Nelson (2016) reports that in 2015, Americans spent over one hundred billion dollars on anti-aging products. Birthday cards explicitly or implicitly suggest that people are "over the hill" or apologize for turning a year older (Nelson, 2016). Politicians discuss the "gray tsunami" phenomenon that is occurring as our baby boomers grow older. They warn that older adults overuse the country's resources and will deplete Social Security and pensions leaving nothing for those who are younger (Chrisler et al., 2016). While public policy identifies ageism as a pressing social issue, it also facilitates the development of senior centers and senior living facilities, discounting the importance of intergenerational connection. Within the workforce, older adults face discrimination and negative treatment in the work environment (Nelson, 2016). Finally, healthcare professionals attribute physical and mental health problems to normal aging, which puts older adults at risk of receiving inadequate treatment (Chrisler et al., 2016; Coudin & Alexopoulos, 2010; Nelson, 2016).

Ageism's Impact

Ageist attitudes impact older adults and their own perceptions of their lives. Self-perceptions of aging can be positive and can include a belief that growing older comes with wisdom and generativity (Robertson et al., 2016). However, when society views living longer as a social problem, it can translate into negative perceptions of the self and the aging process for an older person (Robertson et al., 2016; Stone & McMinn, 2012; Wurm & Benyamini, 2014).

Negative perceptions due to ageism can be predictors of psychological and physical health as one grows older (Robertson et al., 2016). Negative perceptions are linked with lower mood, poor health, disability, declines in cognitive functioning, and lower life satisfaction in older adults than in those with positive perceptions of aging (Chrisler et al., 2016; Mock &

Eibach, 2011; Robertson et al., 2016; Stone & McMinn, 2012; Wurm & Benyamini, 2014). "Ageing stereotypes, or in other words, societal views of positive and negative aspects of ageing are internalized across an individual's lifespan" (Wurm & Benyamini, 2014, p. 833).

Ageism and Healthcare

Ageism and attitudes towards older adults influence how medical and mental health professionals provide services. Ageism in healthcare is expressed in a variety of ways. Often healthcare professionals prefer to work with younger populations (Band-Winterstein, 2012). As a result, there is a lack of professionals with the training and competence to work with older adults. Lack of interest and knowledge of working with older persons also has ramifications for those seeking treatment. Incompetent and untrained professionals who hold ageist views may misdiagnose or inappropriately refer older adults for treatment. Additionally, healthcare professionals are trained to cure illnesses, and thus prefer to work with those suffering from acute, not chronic, problems (Chrisler et al., 2016). Finally, professionals who hold ageist attitudes may convey these attitudes when working with older adult patients. These providers may be impatient or disrespectful, which can maintain older adults' beliefs that professionals do not want to work with them. "Leaky ageist attitudes can be experienced as microaggressions" that can prevent older adults from seeking medical or mental health care services in the future (Chrisler et al., 2016, p. 91). Most importantly, these ageist attitudes (e.g., "This is a normal part of aging") also prevent older people from receiving adequate treatment.

The U.S. population of older adults grew to over 50 million in 2016 and approximately 15% of those older adults suffer from a mental health disorder (APA, 2018; WHO, 2017). Despite these large numbers, mental health services are underutilized by older adults, with less than 3% seeking treatment (APA, 2018). One of the primary reasons that older adults refrain

from seeking treatment stems from lack of access to resources and small numbers of professionals trained to work with older adults (APA, 2018). The APA's Survey of Psychology Health Service Providers (2014) found that only 4.2% of psychologists listed older adults as their primary clinical area of focus. Level of training, frequency of contact, and knowledge are factors that contribute to whether or not a psychologist works with older adults (Bryant & Koder, 2015). There are few training programs with a focused, specific emphasis in geropsychology. The APA developed guidelines for working with older adults; however, only 28% of graduate programs offer training in this area (APA, 2014; Bryant & Koder, 2015). Psychologists and trainees who hold ageist attitudes towards working with older adults often assume that older people do not benefit from psychotherapy (Tomko & Munley, 2013). Practitioners hold beliefs that older adults are unable to form a therapeutic relationship, and because of their age, are less capable of change. This may lead to poorer outcomes in treatment. Because of ageism, older adults are underserved, often hesitant to seek mental health services, and may hold negative views about seeking treatment altogether.

Older Adults and the Lifespan

Based on age, older adults are placed in three categories: young-old adults, old-old adults, and oldest-old adults. The oldest-old group (85 years and older) is the fastest growing age group (APA, 1998; Kydd & Flemming, 2015). Young-old adults are ages 65 to 74, while old-old adults are 75 to 84 years old. As individuals reach these age brackets, they experience many age-related changes. Older adults experience a number of gains and losses due to their age and developmental stage in life, including physically, cognitively, socially, and psychologically (APA, 1998; Villar, 2012). These changes have potential negative and positive impacts. Life changes and aging often lead older adults to engage in life review or some form of reminiscence

in the final chapters of their lives. Older adults examine their social circumstances, activity levels, and general life satisfaction while aging (APA, 1998). In reviewing their experiences, older adults often make positive and negative appraisals of how these experiences impacted the overall quality of their lives.

Since this study aimed to better understand how older adults discuss and experience their own SWB while aging, it was paramount to consider how lifespan development theory contributes to the following elements in my study: older adults, the aging process, SWB, and one's own process of story-telling and the sharing of experiences.

Lifespan Development

To better understand the aging process, it is crucial examine a lifespan developmental perspective. Lifespan development posits that individual change throughout development is both "pluralistic and dynamic" in nature (Fuller-Iglesias et al., 2010, p. 9). From this perspective, development and aging are used to describe behavioral changes that occur across the lifespan. Lifespan theory posits that in each stage of development, individuals experience developmental challenges and accomplishments that contribute to developmental growth (gains) or decline (losses; Fuller-Iglesias et al., 2010; Schroots, 1996). These gains and losses occur in many areas including cognition, personality, and interpersonal relationships (Bauer & Park, 2010). Lifespan theories view adaptation and plasticity as two constructs that contribute to the overall developmental process of aging.

Adaptation

The process of aging involves adjusting to and regulating gains and losses as they are experienced. Gains and losses are regulated by the biological, psychological, and cultural resources older adults use during the adaptation process (Fuller-Iglesias et al., 2010). Lifespan

theory posits that individuals experience differences in ways in which they manage and adapt to gains and losses. As individuals age, they often move from "using their capacities for growth to using their capacities for maintaining skills they already have acquired," (Fuller-Iglesias et al., 2010, p. 10). While maintaining already acquired skills (e.g., coping mechanisms), older adults prevent the loss of those skills, and attempt to recover skills if they are lost (Fuller-Iglesias et al., 2010).

Plasticity

As a person ages, the varying levels of functioning and ability to compensate for age-related losses is known as plasticity (Fuller-Iglesias et al., 2010). In response to age-related losses, older adults typically compensate by shifting their goals, beliefs, values, and priorities (Bauer & Park, 2010). For example, older adults faced with physical limitations will take necessary steps to make accommodations in their lives or those suffering from cognitive decline (e.g., memory loss) may shift their goals or priorities around physical and mental health care. In utilizing these adaptive skills and compensating for particular losses, older adults can engage in higher levels of functioning (Fuller-Iglesias et al., 2010). As one ages, plasticity becomes limited and less varied. Additionally, as individuals get older, their ability to compensate for age-related losses also becomes limited. Plasticity influences the ability to adapt to or compensate for age-related losses, which in turns influences how an older person views their own SWB (Fuller-Iglesias et al., 2010). The less a person may be able to compensate for age-related losses (e.g., cognitive impairment) the more their own SWB may be impacted.

Theoretical Underpinnings

There is no single theory or overarching model to explain SWB. For this study, I used tenets from cognitive theory and Erikson's psychosocial model to inform my understanding of

SWB as it relates to older age cohorts. In particular, the cognitive appraisal model helps describe how people evaluate their lives and SWB, and examines how one thinks, encodes, and processes data (Peck, 2001). Older adults are often in a position to review their lives as they age, and the cognitive appraisal that takes place often focuses on meaning making and the significance of the events that occurred throughout their life experience (Peck, 2001). Conceptions of cognitive appraisal stem from social cognition theory, which is the study of "how one makes sense of themselves and the world around them" (Peck, 2001, p. 6). These processes remain unchanged throughout the lifespan, due to a person's schemas, or mental representations, and are used to extrapolate information about the world. Schemas are used during the SWB appraisal process. When a person ages, many of the schemas associated with the cognitive appraisal of life are altered or changed due to the age-related losses they experience (Peck, 2001). Often, when evaluating one's own well-being, aspects of life are divided into different domains based on experiences and development. Cognitive appraisal determines the extent to which these domains (psychological, biological, and socio-environmental) impact one's subjective evaluation of life (Peck, 2001).

Additionally, Erikson's psychosocial theory aids in understanding how older adults evaluate life. In the 1950s, Erikson formulated an eight-stage psychosocial theory of development that described how "characteristic crises arise out of conflict between two opposite tendencies" throughout the lifespan (Schroots, 1996, p. 744). According to this theory, in order to address these conflicts, an individual is responsible for completing tasks during each developmental stage (Erikson, 1994). Successful completion of a task leads to the development of a virtue or quality that strengthens personality. However, failure to complete a task can be damaging to a person's development.

According to Erikson (1959), people embark on the process of making meaning in their lives once they enter older adulthood. They are faced with the developmental task of "Generativity versus Stagnation," where the primary concern is how the aging adult can give back or "guide" the upcoming generations (Erikson, 1994, p. 103). Successful completion of this task results in continued meaning making and the sense that the older person has positively contributed to society. The virtue for this stage is care, which includes to be both cared for and caring for (Erikson & Erikson, 1998). Failure leads to stagnation, or the sense the older person is disconnected from the world.

The final stage of development, according the Erikson (1959), is ego integrity versus despair. In this stage, which begins at age 65, older adults often evaluate and decide whether they lived a successful life with which they are satisfied. The primary developmental task in this stage is to reminisce and retrospectively review all of life's accomplishments and challenges. Older adults who can successfully examine their experiences and find meaning in life choices, successes, failures, and goals are said to have integrity (APA, 2014; Peck, 2001). Success in this stage leads to the development of wisdom, which according to Erikson and Erikson (1998) "rests in the capacity to see, look, and remember as well as to listen, hear, and remember" (pp. 115–116). When this is not achieved, the result is despair and regret about life. Whether or not an older person is successful at navigating through this development stage has influence on their SWB (Ardelt, 1997; Peck, 2001).

As noted above, success or failure in these psychosocial stages can have implications for the aging process and overall physical and mental health. Additionally, the outcome of each of these stages can contribute to how an older person views the aging process and speaks about their own SWB.

Finally, my view of SWB and older adults is informed by my knowledge of humanistic theory. I hold a deep reverence for older adults, who are often forgotten and disregarded. I also recognize that humans are inherently social and long for human connection. I found that the driving force behind my desire to understand older adults emanates from my belief that older adults are still people, who have potential, the capacity for growth, and a desire to still share something of themselves with others.

Life Review

Within the field of psychology, life review and appraisal studies are ways for researchers to examine SWB (Jokisaari, 2003; Richeson & Thorson, 2002). Life review is often characterized as "spontaneous reminiscing" and may contribute to the search for meaning in old age (Jokisaari, 2003, p. 395). It provides older adults with opportunities to understand life, aging, and their own self-concept. It also provides older adults with a structured opportunity to review conflicts and construct a new view of the self, amidst the gains and losses they are experiencing while aging (Haber, 2006). Peck (2001) postulates that life review increases an individual's sense of their own SWB because it influences the life appraisal process.

CHAPTER II: LITERATURE REVIEW

SWB is a well-studied construct with an expansive body of literature. One of the primary issues within this body of research is the limited amount of data on the topic of SWB concerning older adults. This chapter discusses this research in more depth, with an introduction on how people evaluate SWB, its predictors and factors, and finally a review of current literature on SWB and older adults.

Evaluating SWB

For this study, SWB was defined as how people experience and evaluate the quality of their lives, both affectively and cognitively (Diener, 1984; Diener et al., 2018; Ferguson & Goodwin, 2010). According to Diener (1984, 2018), cognitive judgments and affective responses encompass how and why people experience their lives positively and feel that their lives are going well. It "includes appraisals and evaluations of one's own life," including the cognitive (life satisfaction) and emotional responses that one experiences (Diener et al., 2018, p. 1). SWB describes hedonic well-being, or the notion that more positive affect and experiences lead to greater life satisfaction (Diener, 1984; Keyes et al., 2002). Essentially, more pleasure and less pain lead to a happier life.

People evaluate SWB in two ways, through broad descriptions of their life experiences or specific descriptions of different life domains. Evaluations that are broad involve reflecting on life as a whole, whereas domain specific (e.g., work, health, relationships) evaluations examine a person's experience of certain aspects of their life. The degree of people's satisfaction with life is determined by their own descriptions.

SWB is also a multidimensional construct. Being a pioneer in the field, Diener (2009) states that SWB is an umbrella term that encapsulates different ways of evaluating one's

well-being. Evaluations are personal and are done by the individual—according to their own principles—and may encompass cognitive and affective components. Assessing SWB is challenging in part due to the fact it is a multidimensional construct. However, the fact that is subjective is what makes studying the construct valuable. In recognizing that there will be variation in how one evaluates their own experiences, the unique, idiosyncratic aspects of life are revealed in ways that objective assessments cannot unearth (Diener et al., 2018). When evaluating SWB, it is important to keep in mind that the facets and objective factors that contribute to SWB may influence one another. Additionally, it is important to remember that SWB is also influenced by individual qualities and characteristics, circumstances, and culture.

Findings in SWB Research

As aforementioned, SWB has evolved over several decades. Initial studies of SWB often involved small sample sizes, where participants were studied intensively (Diener et al., 2018). Recent investigations of SWB involve larger sample sizes and expansive international studies which have produced more generalizable results. There has been intense study into the predictors, correlates, and causes of SWB.

SWB researchers have focused on objective characteristics that were hypothesized to be associated with well-being judgements (Diener, 1984; Diener et al., 2018). Given that SWB is how people evaluate the quality of their lives, it can be presumed that objective factors contribute to said evaluation. In other words, external circumstances, internal characteristics, and even demographic factors contribute to how people evaluate their lives (Diener et al., 2018; Eid & Larsen, 2008; Pavot & Diener, 2013).

Objective Factors That Influence SWB

In an expansive review of SWB literature, Diener and his colleagues (2018) noted that SWB is dependent on two factors: need fulfillment and life experiences. Expectedly, high levels of SWB are associated with consistent fulfillment of basic (i.e., physical) and psychological needs. Basic (e.g., food, shelter, income) and psychological need (e.g., autonomy, respect) fulfilment results in higher levels of well-being. Life experiences (both positive and negative) also contribute to how people evaluate and perceive their lives. Linking need fulfillment and life experiences are the objective factors that influence SWB. The objective factors discussed below have varying levels of association with SWB within the literature and are often contingent on individual goals, preferences, and values (Diener et al., 2018).

Social Relationships. It is generally thought that social relationships play a crucial role in a person's overall well-being. Within the SWB research, social relationships are described as correlating strongly to overall well-being (Diener et al., 2018; Jebb et al., 2020). Kansky and Diener (2017) examined the link between SWB and social relationships within the literature and argued it may be the "strongest link" to SWB (p. 137). This notion is something that the field of psychology has known for a long time; supportive social relationships positively impact well-being.

Social relationships are not limited to friendships, but encompass romantic relationships as well. Marriage seems to be a protective factor against declines in SWB (Diener et al., 2018; Luhmann et al., 2012). People who are married tend to report higher levels of SWB than those who are single, divorced, or widowed (Kansky & Diener, 2017). As one can guess, divorce and widowhood have marked negative effects on SWB. Decreased levels of SWB are reported by

those experiencing divorce and there is an initial decline and slower rebound to baseline levels of SWB following the loss of a partner (Diener et al, 2018; Luhmann et al., 2012).

Theoretical attempts explaining the link between SWB and social relationships suggest that perhaps they influence one another because happy people tend to invest in quality relationships more so than those who are not. When a person is experiencing more positive emotions they engage in behaviors that maintain or elicit positive emotions, such as supportive relationships (Kansky & Diener, 2017).

Income. When Diener and his colleagues (2018) conducted a review on the research related to income, wealth, and SWB, it was clear that increases in income lead to increased life satisfaction and well-being. In some studies, however, the notion that money cannot buy happiness remained relevant, as increased income and material possessions actually decreased SWB (Diener et al., 2018). There is no single explanation as to why income and wealth are linked to levels of SWB, but it is noted that individual characteristics and personal circumstances likely contribute to the variance in findings (Diener et al., 2018).

Religion. People who are religious tend to have higher levels of SWB than those who do are not religious. It is hypothesized that those who are religious benefit from the social support, community, and sense of meaning that comes with following a particular religion (Diener et al., 2018; Tay et al., 2014). Interestingly, in a study by Diener et al. (2011), religion was found to enhance SWB for certain individuals in certain circumstances. For example, in wealthy nations, religious people did not have higher SWB than non-religious people. Again, this highlights that there are mediators that influence how objective factors impact SWB.

Health. Important to this study was the information on how health and longevity are related to SWB. Early research in this area suggested health and people living longer lives had

little to no impact on their evaluations of SWB (Diener & Chan, 2011; Diener et al., 1999). However, "evidence linking SWB to health and longevity is now extensive," and various studies provide evidence to support that there is a connection between SWB, health, and longevity (Diener et al., 2018, p. 23).

Longitudinal studies have revealed that high levels of SWB are associated with increased longevity and overall healthier lives (Chida & Steptoe, 2008; Kansky & Diener, 2017; Lucas, 2007). It makes sense that health plays such a large role in evaluating SWB, since how we physically feel tends to influence the other ways in which we may evaluate our lives. So why is health such a strong correlate to SWB? In part, this is due to the fact that people who are happier and satisfied with their lives tend to engage in more positive health related behaviors (Diener & Chan, 2011; Diener et al., 2017). In other words, happy people tend to take better care of themselves. People who report high levels of SWB also report high levels of positive affect. Positive affect combined with life satisfaction often leads to engagement in behaviors that enable people to live longer. Exercise, healthy diet, and good sleep hygiene are just a few of the health behaviors that are linked to high levels of SWB (Kansky & Diener, 2017). Additionally, individuals with high levels of SWB tend to be proactive in managing their own health (e.g., attending doctors' appointments, medication adherence).

These behaviors are in turn leading to decreased incidence of chronic illness, enabling people to live longer. Chronic illness and debilitating disease have been found to negatively influence SWB (Diener & Chan, 2011; Diener et al., 1999; Diener et al., 2018; Wikman et al., 2011). Negative affect has been found to be a moderator of health and levels of SWB (Kansky & Diener, 2017). Those who seem to be more pessimistic are at greater risk of more detrimental health effects and lower levels of SWB.

Cross-cultural studies highlight the notion that SWB plays an important role in longevity. People who live longer report higher levels of SWB (Kansky & Diener, 2017). When examining this phenomenon, Liu et al. (2014) discovered that oldest-old adults in China reported high levels of SWB. These levels of SWB included high levels of life satisfaction and positive affect coupled with low levels of negative affect. While more research is needed in this area, preliminary findings show a link between SWB and increased longevity (Diener & Chan, 2011; Kansky & Diener, 2017).

Overall, the research on health and SWB emphasizes an important idea: the causality between the two is likely bidirectional. So just as any of the factors above can influence SWB, levels of SWB can in turn influence these factors (Diener et al., 2018).

SWB and Aging

The relationship between SWB and aging is complicated and continues to be studied. A major question within the literature remains: does SWB remain stable across the lifespan or does it change and fluctuate over time? Within the literature, a U-shaped pattern has been found and seems to be the widely accepted understanding of how SWB and aging influence one another. While early research revealed a weak association between SWB and age, research points towards a "U-shaped pattern from early adulthood through the 60s and 70s, with happiness levels reaching a low sometime in the 40s" (Blanchflower, 2020; Blanchflower & Oswald, 2008; Diener et al., 1999; Diener et al., 2018, p. 12). Research from Jivray et al. (2014) demonstrated evidence of a U-shaped curve for SWB, revealing that older adults have equivalent, or in some cases, higher levels of SWB than their younger counterparts. Older adults tend to experience higher levels of positive affect when compared to younger adults. Lopez-Ulloa and his colleagues (2013) note that younger people tend to have higher, often unrealistic expectations in

life than older adults, which contributes to decreased levels of SWB. Additionally, it is thought that older adults have an enhanced ability to adapt and overcome their strengths and weaknesses. With happy people living longer, it might be normative to experience a mid-life decline in well-being, with a general increase in SWB as one grows older.

Determining how aging influences SWB is not easy. Some research suggests that aging does not influence SWB at all, and in fact, SWB remains stable throughout the lifespan (Kunzmann et al., 2000; Lopez-Ulloa et al., 2013). Other studies argue that SWB declines with old age (Gerstorf et al., 2008). Smith and his colleagues (2002) stated that SWB declines with age due to the accumulating losses experienced while growing old. Life events (e.g., onset of disability) have larger, and perhaps permanent, impacts on SWB (Diener et al., 2018; Lucas, 2007). When Kunzmann and colleagues (2000) examined if SWB was stable throughout the lifespan, they found that SWB was stable in some aspects, but not in others. For example, they noted that older adults are at greater risk for declines in SWB when they experience physical problems, but aging itself is not a "risk factor for low levels of SWB" (Kunzmann et al., 2000, p. 512). In fact, aging was found to be associated with higher levels of positive affect and low levels of negative affect, suggesting that aging comes with benefits that lead to higher levels of SWB.

With prior research inconsistent, it is clear that further exploration into how SWB changes over time is warranted. While the majority of the research supports the idea that SWB dips in mid-life and then increases throughout older adulthood, the question if age-related losses make it difficult for older adults to maintain their sense of SWB remains.

Cohort effects were initially thought to capture the inconsistencies, given that older adults born in different eras likely had different experiences which influenced aging and their SWB.

Jebb and his colleagues (2020) note that these inconsistencies and limitations to past research warrant further exploration into how SWB changes over time.

What We Know About SWB and Older Adults

As mentioned earlier, the current literature on SWB and older adults is limited. Studies that look specifically at how older adults understand and conceptualize SWB were consistent with general SWB research in that they found that things like social relationships, physical health, religion, and mental health influenced SWB (Douma et al., 2017). It is also documented that engaging in meaningful activities enhances SWB in older adults (Heo et al., 2010).

To my knowledge, there is very limited data that specifically examines how older adults experience their own SWB. Borglin et al. (2005) argued that the best way to study the construct of SWB with older adults is through exploring the actual meanings older adults attach to the experiences that make up their own SWB. It is well documented that SWB is contextual and individual in nature for older adults, so providing them with opportunities to share their voice is paramount in studying this construct (Borglin et al., 2005; Jopp et al., 2014; Sastre, 1999).

Determining the factors that influence an older adult's SWB also requires drawing on their perspectives. As I mentioned earlier, the factors that influence SWB generally also apply to older people. Social relationships, physical health, psychological health, income, religion, and personality remain consistent in old age (Douma et al., 2017; Wilhelmson et al., 2005). However, there are a few other factors that influence SWB worth noting for older adults: home life, autonomy/independence, and activities (Douma et al., 2017).

My study attempted to answer the question of whether or not there are age-related differences for older adults in their experience of SWB. There are mixed conclusions about

age-related differences within the literature. Some studies demonstrated age-related differences (Bowling & Gabriel, 2007; Westerhof et al., 2001; Wilhelmson et al., 2005) in older adults' experiences of SWB. For example, Wilhelmson and colleagues (2005) found that adults 80 and older value functional ability and home life, which in turn influences their SWB, over those adults younger than 80 years old. Other studies argued there are not age-related differences when it comes to conceptions of SWB (Jopp et al., 2014).

Conclusions About SWB and Older Adults

As I understand the literature, it seems that there is still a need to better understand older adults' perspectives on SWB. There is strong evidence that there are multiple facets that make up SWB, even in old age. While the facets that contribute to overall SWB are well-documented, the degree and nature to which these associations are relevant to older adults is varied. It is clear from the literature that SWB is largely contextual and individual in nature, and therefore should be studied as such. The limited qualitative studies on this construct further reinforces the notion that filling this gap in the research is a worthwhile pursuit. This study contributes to the literature in two ways: (a) first, it explores how older adults perceive and experience their own SWB as they age, and (b) second, it adds to the existing body of literature on this topic; highlighting the importance of providing older adults with opportunities to make sense and meaning of their experiences with life, aging, and SWB.

CHAPTER III: METHOD

Why Use a Qualitative Approach?

Qualitative research values the investigation of a person's experience or "grasp of their world in detail," (Smith, 2008, p. 5). According to Creswell (2007), qualitative research "locates the observer in the world… [and] consists of a set of interpretative, material practices that make the world visible" (p. 36). Qualitative research is constructivist, providing an in-depth description of a particular aspect of human experience through exploration and interpretation (Mertens, 2009). It focuses on aspects of human experience and meaning making. Qualitative research values interpretation and is defined as the "science of experience" within the field of psychology (Smith, 2008, p. 6). This form of inquiry allows the researcher to gain insight into the world of the participant and make sense of the meaning people give to particular experiences. SWB research is inundated with quantitative studies, but I found that that inquiries into older adults' experiences of SWB was limited. Examining SWB from this angle affords a glimpse into older adults' lived experiences and perspectives on aging.

I chose a qualitative approach through a phenomenological lens to gain an understanding of the constructions people hold about SWB in relationship to their older adult lives and the aging process. While quantitative methods would allow me to use structured data collecting techniques and statistical analysis to interpret my findings, it would not address the "how" questions or elicit rich data that are gained from qualitative methods (Bloomberg & Volpe, 2012).

Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) is a qualitative approach that emphasizes the examination of human experience. IPA is informed by three different theoretical concepts: phenomenology, hermeneutics, and idiography, which I will discuss in more detail below.

Phenomenology

Phenomenological philosophy focuses on what being a human is like, how people make sense of their experiences, and what matters most to them. The principles of IPA are founded within phenomenology. Early philosophers such as Husserl and Sartre believed that there is an importance in examining lived experiences and understanding those experiences as they relate to objects, relationships, and language and culture in the world around them (Smith et al., 2009). Phenomenological theory aims to capture the "essence" of experiences (Smith et al., 2009, p. 15). To understand a person's experience, it is crucial to ask how it is perceived by the person living it. It must be remembered that lived experience is personal, unique, and complex. IPA attempts to understand lived experience by focusing on how a person "attempts to make meanings out of their activities and to the things happening to them" (Smith et al., 2009, p. 20).

Hermeneutics

IPA is also informed by hermeneutics or the theory of interpretation (Smith, 2008). Within this paradigm, humans are viewed as "sense-making creatures" (Smith et al., 2009, p. 3). Within IPA research, interpretation is not merely a series of steps to follow, but an art, wherein the researcher engages in an iterative process with the data collected. During the process, participants are making sense of their experiences, engaging in meaning making. At the same time, the researcher is also attempting to make sense of these experiences. This two-stage interpretation process is known at the double hermeneutic (Smith, 2008). IPA combines

empathic hermeneutics with questioning hermeneutics to allow the researcher to "make sense of the participant trying to make sense of what is happening to them" (Smith et al., 2009, p. 3). Hermeneutics acknowledges that people have preconceptions, which are often illuminated during the interpretative process. While making sense of an experience or phenomenon, a person must be open to what arises in the narrative. Hermeneutics requires an examination of both the "whole" and "parts" of an experience (Smith et al., 2009, p. 28). As mentioned earlier, IPA is an iterative process. Both the whole and parts are examined more than once, in what is deemed the hermeneutic circle, so different ways of thinking about the data can arise (Smith et al., 2009).

Idiography

Idiography is the third tenet of IPA, wherein a commitment to detail and acknowledgement of the specific uniqueness of each individual experience is paramount. It emphasizes case-by-case analysis and individualized meaning (Smith et al., 2009). Focused analysis of individual cases does not necessarily mean results that are not generalizable. Idiographic analysis supports moving individual data to more general statements, "delving deeper into the particular also takes us closer to the universal" (Smith et al., 2009, p. 31). IPA has an idiographic commitment to case-by-case analysis, so each individual participant exists within the final write-up of the data.

Why IPA?

My inquiry into older adults' experiences of SWB was best suited for a phenomenological design because the goal of this study was not to produce generalizable results, but learn in depth about my participants' specific experiences. I assumed the role of interpreter of the data and refrained from making assumptions about what objective reality exists apart from

the individuals and their experiences. I also depended on my own conceptions, which I used to help me make sense of the participant's experiences (Smith, 2008).

As described above, the three tenets of IPA emphasize what I found most important to maintain throughout this research and aligned directly with my goals for this study. I aimed to give older adults opportunities to have a voice, share, and make meaning of their lived experiences with their own well-being. While doing this, I also wanted to understand older adults' subjective experiences as they age. By actively engaging in the storytelling process, I was be able to discuss important elements that arose in their narratives and help them make sense of their experiences.

Importantly, IPA "has a theoretical commitment to the person as a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state" (Smith & Osborn, 2003, p. 54). This viewpoint aligns with the perspective that SWB is multifaceted and determined psychological, cognitive, and affective, components as well as objective circumstances (Diener, 1984; Diener et al., 2018). As such this approach not only helped uncover important information about older adults' experiences of SWB, but also provided detailed descriptions of a human experience that is valuable in knowing.

Participants

Purposeful sampling was used to recruit participants. Participants were between the ages of 65 and 74 (young-old) or 85-years-old or older (oldest-old) and were interested in discussing their experiences with aging and well-being. I recruited participants in a few different ways: (a) I sent out e-mail invitations to agencies, recreational groups (e.g., book clubs), and senior centers and (b) I requested that anyone who knew of someone who may have met the above criteria for my study to pass the invitation along. Invitation letters provided potential participants with

information regarding the nature of the study, how it would be conducted, the length of the interview, and the risks and benefits of participation (Appendix A).

This study used a small, homogenous sample to both value the depth of each participant's experience and focus on the detailed analysis of each case (Smith, 2009). For a new IPA researcher, Smith (2009) suggested selecting between three and six participants for a study. I interviewed six participants for the current study. Three participants were in the young-old age cohort and three participants were in the oldest-old age cohort. Five participants self-identified as female and one participant self-identified as male. They were all White. Exclusion criteria included: (a) older adults between ages 75 and 84, (b) older adults with a self-reported severe mental illness diagnosis, and (c) older adults with a self-reported diagnosis of cognitive impairment (e.g., Alzheimer's disease).

Procedure

When a participant agreed to participate in my research, we scheduled a time and place for the interview that was convenient and comfortable for the person. Three interviews were conducted in-person and three interviews were conducted via telephone. A comprehensive informed consent was reviewed with each participant before interviews began, which included explicit communication that participation was voluntary and participants could withdraw at any time (Appendix B). Audio consent (Appendix C) was also discussed and I recorded each interview with a digital audio recorder. I asked participants to answer demographic questions to ensure they met the proper criteria to participate in the study (Appendix D). I provided the participants with opportunities to discuss any and all aspects of the interview process. Additionally, I checked in with each participant during the interviews to see how they were

feeling. The interviews were conducted one-on-one and in English. One participant required two meetings to complete the interview due to time constraints.

Each interview lasted between one and two hours. Throughout the interview process, I took notes, recorded behavioral observations, and used active listening skills to ensure I understood the participants' story and what they were telling me. According to Smith (2008), these techniques help create thick, detailed descriptions of each participant's narrative to inform my interpretation. I additionally asked questions like: "What was that like for you?" "How did you feel about that?" and "Can you tell me more about that?" to elicit richer responses. At the end of each interview, I checked in with each participant to ensure there were not aspects of his or her narrative that we may have missed. My data collected included recordings of the interviews, behavior observations, and my notes sheets. Audio recordings were immediately transcribed, deidentified, and subsequently deleted from the digital audio recorder.

Interview

I used a semi-structured interview during my study (Appendix E). A semi-structured interview allows for flexibility so that the participant can guide the interview process and discuss topics that are most salient to their experiences. Utilizing a semi-structured interview aligned well with my intent to enter the participant's world. My introduction to the interview included a brief overview of SWB, a review of the interview process, and ended with my first interview question:

> I am speaking with older adults who are interested in sharing their experiences since they have turned age 65. I am interested in learning more about how you evaluate the quality of your life and see yourself as an older adult. I will ask you specific questions, but also

want to create a space for you to discuss any topics you feel are important to this issue.

How do you experience your own well-being now that you are [insert age] years old?

The interview consisted of 12 questions that helped illuminate the participants' experiences with aging and SWB. While specific questions helped guide the interview, I was able to modify or elaborate on specific questions based on participant responses.

Ethical Considerations and Researcher Bias

Given the double hermeneutic present within IPA, it was important to consider my own viewpoint and how this influenced the interview process. In my experience, personally and professionally, older adults engage in life review and assess their well-being through the sharing of stories and discussion of what is positive and negative in their old age. I have had personal experiences with older adults that have influenced my professional identity and my passion for working with the geriatric population. I relish older people's company and hearing their stories. Throughout my interviews, I remained vigilant of how my own personal and professional experiences with older adults may have influenced my reactions throughout the interview process. To achieve this, I provided each participant with a brief explanation of why I was conducting my research with older adults and disclosed my passion for working with this population. I remained mindful of my reactions and responses to participants sharing their stories. Additionally, I reviewed my data for evidence that I may have made assumptions. The first review for assumptions occurred during the transcription process and a second review occurred while analyzing the transcription. Finally, a colleague served as an independent rater and analyzed a sample of the transcripts.

Data Analyses and Synthesis

After the interviews, I analyzed the data using IPA methodology to discover themes associated with SWB and aging. Within IPA, the assumption is that the analyst is interested in learning something about the participants' world (Smith, 2008). Analysis aims to reveal the meaning participants make, rather than measure participants' narratives through statistical means. The researcher takes an interpretative stance when analyzing data obtained from interviews (Smith, 2008). IPA has a set of guidelines that are flexible and can be individualized by researchers conducting analysis of their data. Analysis is a "reflective engagement with the participant's account" (Smith et al., 2009, p. 80). However, a challenge when collecting and analyzing data is making sense of the of data itself and discerning salient topics (Bloomberg & Volpe, 2012). To reduce these challenges, I examined cases one by one and followed a six-step process as recommended by Smith et al. (2009). This allowed for a close reading of individual transcripts and a breaking down of the data into more manageable parts.

Reading and Rereading

To begin analysis within IPA, I had to immerse myself in the data. To ensure that each participant was the focus of analysis (Smith et al., 2009), I listened to audio recordings of each interview, transcribed the data, and subsequently read and reread each written transcript. Additionally, as suggested by Smith and his colleagues (2009), I also reviewed my behavioral observation and notes sheets for each interview, to fully reimmerse myself in the interviews as I recalled them, helping me enter the participant's world. In reading and rereading the transcripts several times I was able to glean the broad and detailed aspects of the interview, which facilitated the development of themes.

Initial Noting

Upon reading each transcript I made notes in the left-hand margins, examining the content of the interviews and identifying anything of interest. Smith et al. (2009) identifies this process as "close to being a free textual analysis" (p. 82). Within IPA, initial noting is not rule bound; I did not need to comment on each statement made by the participants, nor were there particular aspects of the interview that were more important than others. In developing these notes, I was able to identify when, how, and why the participants were making sense of their experience with SWB.

Emergent Themes

Following initial and exploratory commenting on the transcripts, I moved into developing emergent themes from the data. Deriving emergent themes from the data requires the analyst to delve into those exploratory comments and identify the connections and patterns within the data (Smith et al., 2009). I referred back to my initial notes and began making notes in the right-hand margins of my transcripts, creating concise statements about what was important in each account.

Superordinate Themes

Following the development of emergent themes within each transcript, I then began searching for connections within the data. This process involves examining the themes that emerged within a case and clustering similar themes together. The analyst may also decide to discard themes that are no longer important to the overall analysis of the individual case (Smith et al., 2009). Following the recommendations from Smith and colleagues (2009), I clustered like themes together, creating overarching ideas or superordinate themes. To do this, I created

Microsoft Word documents for each case and chronologically listed emergent themes in one column. Then I grouped like themes together in a second column.

Smith and his colleagues (2009) identify several ways to identify patterns across themes: abstraction, subsumption, polarization, contextualization, numeration, and function. The aforementioned techniques are intended to encourage a creative process when analyzing data rather than be prescriptive. When searching for superordinate themes within my data, I found myself employing some of these techniques. Abstraction, which involves putting like themes together and then developing a new name for the cluster of themes, occurred frequently in my analysis. I also engaged in the process of subsumption, where I found that the emergent theme I identified in the data became the superordinate theme itself. This clustering of themes facilitated the development of superordinate themes, as it became clear during this process how pieces of data fit together.

Case by Case

The steps outlined above were completed for each case. IPA analysis is an inherently complex and repetitive process that takes considerable time to fully immerse oneself in the material. Following analysis of individual cases, I then moved forward and examined my cases to look for patterns across them. This was an attempt to answer my research question regarding similarities and differences among participant's experiences. I looked for patterns across cases with the questions Smith et al. (2009) suggested to keep in mind during this stage: (a) "What connections are there across cases? (b) How does a theme in one case help illuminate a different case? and (c) Which themes are most potent?" (p. 99).

Identifying Patterns

Finally, after each case was analyzed, I looked for patterns across cases. This involved identifying connections across cases, determining which themes are most salient within the data, and examining how the themes inform each case. It was during this creative process where I was able to visually lay out all of the subthemes and superordinate themes within the data and determine how they fit together.

CHAPTER IV: RESULTS

Six participants agreed to participate in this study. I will provide a brief description of participants, with assigned pseudonyms to protect their identities. Participant 1, "Alice," was 68 years old at the time of her interview. She was a white female who was recently retired. Participant 2, "Peg," was a 67-year-old white female who was working a full-time job at the time of participation. Participant 3, "Stella," was a 67-year-old retired, white female. Participant 4, "Elaine," was a retired, white female and 90 years old at the time of her interview. Participant 5, "Louise," was a retired, white female and 88 years old. Participant 6, "Peter," was a retired, white male who was 87 years old at the time of his interview.

The purpose of this study was to explore: (a) how older adults experience and perceive SWB as they age, (b) how young-old and oldest-old adults' experiences are similar and different, and (c) themes and content that arise from each participant's narrative. This was achieved through identifying superordinate themes and subthemes via multiple iterations of data analysis. Themes were evaluated across participants to identify how participants may be both similar and different. I organized the themes and will present them in order of significance to the participants.

The results of this study identified seven superordinate themes: (a) Physical Health: "Welcome to the Golden Years," (b) Retirement, (c) Living a Meaningful Life, (d) Psychological Aspects of Aging, (e) Social Connection, (f) Coping with Change, and (g) Experiences of Loss. Within each superordinate theme, subthemes were identified to highlight the most salient aspects of these participants' experiences with aging as it relates to their own SWB.

Superordinate Theme 1: Physical Health: "Welcome to the Golden Years"

All six participants spoke at length about how their physical health impacted their SWB. This included both perceived positive and negative aspects of physical health as it related to their aging process. The majority of participants described the age-related challenges associated with changes in their physical health. These changes, in turn, produced varying levels of decline in their sense of well-being. While these changes occurred, participants stated that the decline in well-being was temporary, rather than long-lasting. Below are excerpts that highlight participant's thoughts and feelings about their physical health and how physical health impacted their SWB:

> Alice: My health is what brought me down…Well people always talk, they say, that the golden years, after retirement, it's so easy, it is great the way your life changes when you get to the golden years. Well the beginning of my golden years has not been that great because of my health. It's just a saying, you know, "Welcome to the golden years."
>
> Peg: Well, I work out six or seven days per week. They say that by working out not only are you exercising your body, your heart, you're also exercising the brain cells in your brain. In prevention of Alzheimer's disease and dementia, they say when you work out as much as I do you are adding on ten years to your life. I don't feel 67 years old, I don't think I act it. I have a lot of energy. I think that is because I take good care of myself.
>
> Stella: Well, you put a lot of weight on, gain more wrinkles. You cannot see as well.
>
> Elaine: My thoughts and attitude affect how my body is. I think there is a strong connection between your thoughts, emotional health, and illness. I have advanced arthritis and I have a lot of pain. I work to overcome it in other ways besides drugs and joint replacement and I think, I always feel like something is missing. Like there is a clue,

somewhere in me, a way to manage this without taking medications. So that's an example of a curiosity I have about pain management and being well.

Louise: I don't think there was any particular age necessarily, but I had an injury to my hip and back a year ago, which really threw me, because I've always been active, been able to get up and go, and suddenly I couldn't. It has been a long process for me, and I'm still not back yet, and the limitations were hard. And now I think, I have to figure out what I can and can't do, because before I would think "well I can do that," but now I realize "I can't really do that." And it helps to know that there are people in my life, that are here, who can help me with things, without even asking.

Peter: [I had] just a couple of health issues that have just come up. Those have affected me negatively. But the health problems I've had were thankfully temporary.

Additionally, I identified two subthemes within the interviews: (1a) physical health and sense of self and (1b) concerns about being a burden.

Subtheme 1A: Physical Health and Sense of Self

Each of the six participants shared their thoughts on how their physical health influenced their sense of self. In particular, each participant shared how specific physical health challenges impacted how they viewed themselves as an older adult, and in turn, influenced their sense of well-being. The following quotes highlight how physical health influenced their sense of self:

Alice: Well in the beginning, well that was not very nice. I started feeling better and like my old self again probably a good year after everything was said and done. I feel like I am a strong-willed person and I had to move on…It's just, I didn't want to be old to begin with, laughs, I did not want to get old. But there is no controlling it.

Peg: I have my health, which is huge. Especially as I age. Right. I see so many people my age that have problems, high blood pressure, high cholesterol, heart problems and I just don't want to fall into that category. And I heard that exercising like I do adds years to your life. And if there is something I can do that will benefit me why not do it? I want to be in great shape, right up until the end, I mean.

Stella: Yes. It's a pain you know. You get hip flexor issues, but you try to do things differently and try to do the best you can. I used to go to a chiropractor to manage my aches and pains. I've been very fortunate you know, I go to the gym four days per week, I do dance classes, stay active. Really, you have to keep moving.

Elaine: My primary care doctor says to me often, "I want you to live to be 100." That is her goal because my labs are so great [laughs] but that is not the whole story to a person of course. And then as I leave her office she says, "Now don't fall."

Louise: Do I appreciate being old? Not particularly. It's just there. It's kind of evolved. You know, it's like I'm here and I'm not moving as fast, hearing as well, seeing as well.

Peter: I am getting back to my old self and that feels pretty good.

Subtheme 1B: Concerns About Being a Burden

Three participants expressed concerns about being a burden as an older adult. One of these participants was in the young-old group and two were in the oldest-old group. Alice, the 67-year-old, was speaking about her concerns with being a burden as it related to a major health scare. Both Elaine (age 90) and Louise (age 88) spoke more generally about feeling like a burden in their older age. Below are excerpts from their interviews highlighting their concerns about being a burden:

Alice: Well I didn't want anyone to see me, I felt I looked a mess too. But people snuck in. I felt I had great support in that way. I am glad I am not a feeble old lady, because the outcome could've been quite different.

Elaine: I do sometimes feel like I am taking up a lot of resources.

Louise: I have this strong sense, I think we all do as we age, of not wanting to be a burden. You know, everyone needing to walk slow because mom can't walk very fast. Better to leave mom at home than have to go through that. My kids don't feel that way, but I don't want to be the one to be the burden. And I think that is normal. Most older people don't want to be a burden on anyone, especially their kids.

Superordinate Theme 2: Retirement

Each participant identified retirement as a salient point in their lives; a new life chapter. One participant was not yet retired but considering it, so she could readily imagine what her life would look like as a retiree. Overall, participants identified retirement as a much needed, positive change in their life. Many participants acknowledged how older adults can "fall through the cracks" (one participant's words) after retirement, becoming depressed, bored, or lonely. However, it was clear that awareness and careful planning contributed to the positive ways they viewed retirement. The excerpts below illustrate how participants perceived retirement:

Alice: Living life on my own terms since retirement is a huge benefit.

Peg: Especially with retirement, because people say it is supposed to be your next journey and the golden years and you want to be able to do things.

Stella: I did retire early. But we saved for retirement so we were very fortunate...I was running a blood pressure clinic for a while but I stepped down and what amazes me is no

one else stepped up to do the clinic when I retired. After about 20 years of doing it, I told myself I had to stop. I wanted to do other things during that time.

Elaine: I think I was alright with retiring, I was ready to move on.

Louise: At the point of my retirement I had thought I had done everything I knew how to do and with everything going on in the organization. It was good timing. That was my career. And when I left, I never looked back. I never went back and visited, nothing. I was not going to be one of those people who came back to hang around after retiring. But it was done. I was ready to move on.

Peter: And I had just gotten to the point where I hit max. I was ready to retire.

Within the superordinate theme of retirement, two subthemes were identified: (2a) adjustment and (2b) freedom and autonomy.

Subtheme 2A: Adjustment

Acknowledging the large transition that is retirement, four participants described an adjustment period after retirement, where they negotiated roles and figured out how they wanted to live life as a retiree. As previously mentioned, one participant was not yet retired but she shared her thoughts and feelings about how the adjustment to retirement may impact her well-being. Included are excerpts that highlight each of the participant's thoughts on adjusting to retirement:

Peg: Exactly. I am not going to let myself get bored, as I said. I plan on continuing to be busy. I'm not going to sit at home for hours and hours and watch television. I don't watch a lot of television now so why would I start in retirement? I might be bored at first, well it depends what time of year I retire too. If it is in the wintertime I may be more bored because I cannot get outdoors as much. But I think eventually it'll be an easy adjustment.

I mean, I'll find things to do. There is so many options, I mean you could go volunteer, there's endless things I could volunteer for.

Stella: [After retirement] we helped with organization and commerce. So, most places that we go we try and volunteer. We have gone to state parks across the country and volunteer for a month. For example, we did interpretative tours of lighthouses on the coast of Oregon for a month. We both are really big at giving back and I think that is a positive thing in life. And a lot of people are bored after retirement. I hear that a lot.

Elaine: So first I did feel a little out of sync, I missed my work culture in which I was involved. I had spent 30 years building connections with folks in the industry.

Louise: I did not have any trouble adjusting to retirement. I did not hate it. You know, I think in large part that was because I stayed home to raise my children. Not working does not mean you are not busy. That you have a life, a very busy life, and suddenly you are working, and I knew I would just go back to having a very busy life without a job. And ah, that is exactly what happened, you know.

Subtheme 2B: Freedom and Autonomy

Five participants disclosed that retirement enhanced their well-being, in part due to the renewed sense of freedom and autonomy that came with no longer being in the workforce. The one participant who was still working was able to discuss how she felt her well-being would improve after retirement, with more freedom and time to engage in activities she enjoys. Below are excerpts that highlight how freedom and autonomy in retirement enhanced SWB:

Alice: I do, and I have a choice to do it or not. You know, being able to choose when, how and where.

Peg: [I'm] not terribly [worried about retiring], you know I am looking forward to having time for myself, not living on someone else's schedule and being able to do things I enjoy like boating, working out, being outdoors. My husband is already retired so he is home a lot. What I won't enjoy is having more time to clean my house [laughs].

Stella: I was able to go on mission trips after retirement…I was able to do different things that were fulfilling…So I have never really had to worry about boredom. I directed sacred dance at my church for over 25 years, I plan all our trips. I've just always had a lot on my plate, so boredom is not an issue.

Elaine: Well again, a lucky thing happened and we were asked to travel for just over one year and that was exciting to me and fun to see other cultures. I really got a lot out of it right after retirement. Following that, I picked up a job part-time helping others and that was good, to keep busy.

Peter: And we were able to buy a second home and fix it up the way we wanted to prepare for retirement and enjoy the hobbies like art and gardening the way we wanted to… No, it just opened up new doors, new people, new friends, new opportunities. It was not bad at all…I have many hobbies you know, so I knew there was plenty to do to keep me busy.

Superordinate Theme 3: Living a Meaningful Life

Each participant described how aging has influenced their perceptions of what makes a meaningful life. Participants described a range of experiences that enhance their SWB as they have grown older. These experiences are reflected in the following subthemes: (3a) meaningful engagement, (3b) faith, (3c) generativity, and (3d) temporal awareness. Additionally, participants

reported their views on the stability of their SWB (subtheme 3e), which is best captured under this superordinate theme.

Subtheme 3A: Meaningful Engagement

Participants identified and discussed specific domains that enrich their SWB in older adulthood. Six participants spoke about the importance of meaningful engagement. Meaningful engagement is a broad concept; for these participants it included aspects of volunteering, participation in hobbies and activities, traveling, and engaging with others. The following excerpts highlight how meaningful engagement is important to these participants:

> Alice: Everything. I think everything is worthwhile [laughs]. I try to make everything worthwhile, even if it isn't necessarily worthwhile to someone else. What I do is worthwhile to me. For example, planting the flowers. I had my husband right here helping me, and that was worthwhile. Him wiping dishes and putting them away. That is worthwhile. A lot of my life is based on our relationship, so I try to make everything I do worthwhile.
>
> Peg: Well I like to read, spend time on a lake in my boat. I find it very um, it helps me, being on the lake. I don't know if it helps me calm down or makes me happy or what but it just helps me being out there. My dog, my bulldog, brings me a lot of joy. I don't have grandchildren so my dog is like my grandchild. I spend time with her cuddling, giving her attention, you know that brings me joy. Spending time with my husband, quality time.
>
> Stella: Oh yes. So now I think, we can do one overseas trip a month, in addition to what we do with our camper here in the States. And we like to volunteer when we travel. Even when we were in Europe we volunteered on a farm for two weeks.

Elaine: My latest, the thing that I have done, we have a partner at church in Africa and we write letters and have gotten to know a few people through letters.

Louise: Well, I think, I can do a lot fewer things than I used to be able to do, but the things I can do, I think they are worthwhile. Staying in touch with friends, helping where I can. If I am able to do something I do it. I am also kind of a political junkie, I have put my money where my mouth is, I've marched with groups, taken a stance on things, so I think those are worthwhile things. I think we need to speak up, um, and I you know, I try to do that. I don't write letters to the editor, but I do, I was working with a group sending out postcards and showing up to rallies, protesting. I can still do the postcards, not the protesting, but I can cheer them on. I can support it. Those are worthwhile things to me.

Peter: I do radios, I fix things, I like fixing things, and helping out the neighbors and community, worked for my local chamber of commerce and town boards. All the activities in my local community, I was often the first guy on the job and the last guy to leave. I'm usually the trash man [laughs]. I do that, I keep busy volunteering and staying active in my community.

Subtheme 3B: Faith

Four participants reported how their faith is an important aspect of their SWB. Specifically, participants discussed how their faith provides them with comfort, helped them cope, gives them purpose, and has enriched their lives. Below are excerpts demonstrating how faith influences SWB:

Peg: Yes. [My faith] is a comfort to me.

Stella: I have a very positive attitude about life, I have faith. I am very involved in church and church activities. Outreach is very important to me. I don't have to delve deeply into

the bible. For me, God is love. I feel it is my purpose in life to share his love with other people.

Elaine: I do believe there is another force. I do believe in God; however, I believe God is in everybody. Oh yes definitely, it [faith] has enhanced my well-being I would say. It's good to be in a room with other people even if you are full of doubts, where you are actually participating in something together. I think that is really vital for people.

Peter: That is part of my faith, I live my faith. I have always done that, help the community, the government, individuals. This is what I do. I've always done that.

Subtheme 3C: Generativity

Five participants discussed the concept of generativity or being concerned with giving back to the world in some way, shape, or form. They identified ways in which they have guided younger generations, given something of themselves to their communities, and felt an urge to continue to be generative as they age. Interestingly, one participant in the young-old group did not report any ways in which generativity was prevalent in her life. Participants described how parenting and being active in their homes and community enriched their SWB:

Peg: Well with work, I feel like I impact the people I work with in a meaningful way. I had a client just the other day come up to me and shake my hand and thank me for a job well done. And that made my day. I carried that with me all through the day. I try to make things special at work and do things a little different than others. Put my heart and soul into it to make it special for the people I serve. It is rewarding and makes me feel good. It helps raise my self-esteem and enables me to feel good about myself. Especially when I get positive feedback like that.

Stella: And to be able to take another trip. See that is my love in life right now, is being able to travel. To see and experience other cultures. You know, when we went to Africa we were only supposed to be there for eight days but then we went on a 14-day safari. And I didn't just want to go on a safari, I wanted to stay and visit in the villages to be able to interact with the people. And while I was there I discovered that there was a need in these villages. So now I sew sanitary pads for young women to keep them in school in these villages. A lot of these girls have to miss school on days they have their period, some of them don't even have underwear so um, it's just another way that I am giving back. There are several aspects of my life that are geared towards giving back.

Elaine: My granddaughter is here now staying with my daughter and she has her own baby and I always wish, uh, every time I am with them, they look to me and I always wish I had a wise word to say to them. That just because I've lived so long I should be wise. I thought that when I got old, when I used to think when I was 60 or 70, well I'll be wise when I'm old laughs and sometimes I'm not wise. I'm still worried and fearful and uh, and but I want, I send out these little pleadings to whatever that I can help people by saying the right word or pointing them in the right direction. I feel the need to be doing that now that I am this age. Maybe, well I did feel it when they were growing up, like I was there to help them, lead them, but I made mistakes I think but nevertheless... Many of us have these opportunities as older adults. So much of it is just having someone to talk to, to listen. Someone you trust. Just being present with someone one-on-one. The goal is to help people make up their minds, guiding them, but mostly listening.

Louise: But my kids are established and I have done all I can for them, they will be okay without me. They will do fine.

Peter: Volunteering…giving some of what you have to others.

Subtheme 3D: Temporal Awareness

Most participants reported a temporal awareness around growing older and discussed how that intersects with their well-being. The notion of feeling one's age, becoming more comfortable with oneself, worrying about the future, and developing an understanding and acceptance for the finality of one's life were reported during the interviews. Participants questioned what it was like to be a certain age and discussed how that influences their sense of self. Below are excerpts that underscore temporal awareness:

Alice: Sometimes I sit and I think about it and I'm like how many more years do I have left to live? I wonder about that. And my husband says "We have at least 10 years." Well I hope we have longer than 10 years. But again, it goes back to not being able to control it. I'm trying to stay as healthy as I can and trying not to let anything else pop up.

Peg: Despite my good health, I do worry about it. I mean, I am getting older and nearing 70. As I get older I think there are more things that could potentially go wrong. I worry about vision sometimes. I have a fear my vision will worsen and if I can't see I cannot read.

Stella: I do have the tendency to think ahead and think about the amount of years, quality years, I have left in my life. And I'm sure other seniors do this. You know, as I said I love to travel. And I am 68. The type of traveling I love to do, I don't have 20 more years of traveling in that lifestyle. I have, 10 probably that puts me at 78 and can I still be active like that then? I mean we will still be able to travel but it'll probably be AARP bus trips, which are not my style at all.

Elaine: You are confronted with death and time, and no, I would say it was gradual that I came to this, uh, but I'm always aware that there is an end to this. And I sometimes wonder what the end looks like and I often wonder where are these people that I love so much? Where are they? I have that question in my mind, does it bring any solace to me? No. I live a life of questioning for sure, uh but it's only the past few years that I have begun to say to myself this bed really feels comfortable. I am feeling really comfortable right now and I am not in any pain and it is great. Actually, being able to appreciate the look and taste of things and how great it is…that [is something] I have come to this in the past couple of years. See all the time I have wasted? laughs When I could've felt that way forever.

Louise: My kids are grown, I have done everything I know how to do for them, there is nothing more I can do for them or give them. My friends and family won't always be here. And you know, I'll be okay. It's time, it is alright. I have no fears of an afterlife being a negative thing. I feel very okay with it all. You always hear stories about people who have come back or remain connected to people who have died, you know that would be cool.

Peter: Honestly, it [aging] hasn't gotten to me yet. It hasn't got here yet [laughs]. I am still doing what I have always been doing.

Subtheme 3E: Stability of SWB

In addition to the specific domains that participants identified as important to their SWB, they also discussed the perceived stability of their SWB over time. Within the semi-structured interview, I specifically asked the question: "Do you feel like your sense of well-being has changed over time?" Three participants reported that they felt their SWB remained stable over

time and three participants reported that their sense of well-being has been subject to fluctuations over time. Interestingly, the three participants who reported SWB as stable were in the young-old age cohort, while the three oldest-old participants discussed how it has fluctuated. Included are excerpts of participants' responses regarding stability of SWB:

> Alice: My well-being is steady, stable.
>
> Peg: That is a good question. I guess I don't really feel like it has changed over time. It's remained pretty steady. You know, I've experienced some difficult things in my life like the loss of my son, but I believe that those difficult experiences while they may change your mood or outlook temporarily they do make you stronger. So, in that way, my well-being may have changed in temporary hardships but never in a lasting way. That's all I can really say about that.
>
> Stella: I guess not. I guess because being the person I am, it has contributed to that. I have had a good life… I guess it's been stable all along.
>
> Elaine: If anything, it is higher, better, advanced. Yes. I think uh, I think all in all my sense of well-being let's see, I think I am well. People often ask me how I am doing and I say I am good enough, that is my answer these days. I think my sense of well-being has remained stable if not improved, maybe a little bit. Yes.
>
> Louise: I think it has changed all the time. I think it was, I think my sense of well-being was very insecure at certain points in my life, and then was very strong at other points. So, it has really fluctuated. I don't think it has curved in one direction, I think it has gone up and down. And depending upon how old I was, what was going on in my life, so I think, I do think, this last year has been a, a traumatic year, in the sense that I feel less secure now, mostly physical.

> Peter: That sense of well-being starts early and you bring it along with you as you age. So, no, if anything it has become stronger, because of what I have done for myself, my family, and my community. I've been intentional in living life and enhancing my well-being as I have aged and experienced growing older.

Superordinate Theme 4: Psychological Aspects of Aging

Six participants spoke throughout the interview about the psychological aspects of aging. This included the presence or absence of mental health issues, perception of the self as "old," experience of positive emotions, and experience of negative emotions. Each participant spoke about how they feel about growing older and how those feelings impact their SWB. Within this superordinate theme, three subthemes were identified: (4a) positive emotions, (4b) negative emotions, and (4c) perception of self. Notably, participants identified more positive emotions and did not speak as readily about negative emotions.

Subtheme 4A: Positive Emotions

All participants described positive emotions. Participants discussed how they experienced positive emotions (e.g., happiness, gratitude, hope). Positive emotions were reported to enhance overall well-being and quality of life. Additionally, some participants discussed an evolution in experiencing positive emotions—and more of them—as they have aged. Below are excerpts that demonstrate how each participant discussed positive emotions:

> Alice: I could be a lot worse. I think I act pretty positive, I'm pretty positive about the whole thing. But that is what I mean about getting old, all these things pop up. But I feel good about being retired, I love the fact that I can enjoy the day and just relax, go out on the boat. I feel my quality of life is pretty good.

Peg: Age helps your self-esteem. I feel better about myself, I have had a lot of lifetime experiences, you know been here and there. Been there done that.

Stella: Yeah. It's pretty cool. I am not a worrier. Some people worry about a lot of stuff. Like my mother always used to worry about the weather and I would listen to her and just be like why worry about it? Why worry about something you have no control over. I am a very positive person... And that is a beautiful thing. It is a beautiful thing to be at this stage in life.

Elaine: Well, I feel um, pretty glad to be alive at this time. Although I wonder why I am still alive. I never expected to be this old. Really because longevity does not run in my family. I never thought I would be 90. Therefore, anything beyond 70 really has been a gift. Maybe that's how I've looked at it.

Louise: I think as you grow older you make adjustments and just decide I'm not going to let that bother me anymore. I'm not, you know, happiness is something you can decide…to be happy, so make that choice and find it.

Peter: Well you have to have an inner spirit, number one. You have to have an inner desire to want to get up each day and do what you have to do. And not just sit in a chair and melt away. I refuse to do that, I am not going to do that.

Subtheme 4B: Negative Emotions

Participants also explored their experiences with negative emotions as they relate to aging and SWB. Worry, fear, sadness, anger, and frustration were some of the emotions described and explored during the interviews. Additionally, most participants discussed life regrets or negative aspects of aging that have impacted their SWB. Below are quotes from each participant related to negative emotions:

Alice: It is just frustrating not being able to do what I used to do.

Peg: I guess that is something that I worry about, losing my independence when I get older.

Stella: This is one thing in my life that I have regrets about [fight with son], and I will share it with you.

Elaine: Fear is a very invasive thing and I would say that I have fear, but I recognize it at least, if that helps.

Louise: I am always dealing with a certain amount of discomfort and that is quite frankly very annoying and frustrating.

Subtheme 4C: Perception of Self

Each participant commented on their perception of themselves as old. Some rejected the idea of being an older adult, while others felt growing older was a wonderful stage of life. Included are passages from participants about their thoughts on being older and how that influences their sense of self and well-being:

Alice: I don't want to be old. I don't want to be [laughs]…My health is number one. The number one factor in that. And frustration of not being able, which points to my health, of not being able to do what I used to be able to do. Physically. Mentally I think I am okay. You know, not remembering certain things, but I think that is normal with age. It's not a big deal. But it's my health, that is what makes me hate getting old more.

Peg: I would say being 67 is no different than being 60. I don't feel 67. A lot of people look at me and say wow you are 67. I feel good about myself.

Stella: You know, for example, three years ago my husband and I went to Europe and pretty much backpacked the whole time. So that is one thing with aging that I do look at.

Turning 50, 60 didn't bother me. Turning 70 will probably bother me some, and by 80 I'll have accepted it. But you know, um I do look ahead at that.

Elaine: It's like now when I go places people say to me "I just can't believe you are 90. You don't look 90." Well what is 90 supposed to look like anyway? You aren't just an elder you are a person.

Louise: I know nothing about this, you know it just kind of creeps up on you. And you never feel old, I don't anyway. I feel like I felt at 50. I have to think more, you know, when I get up out of a chair or something, but I don't think about aging. I don't um, I don't you know, a lot of old people talk about being old, but young people never talk about being young.

Peter: Honestly, it hasn't gotten to me yet. It hasn't got here yet [laughs]. I am still doing what I have always been doing. No seriously, I haven't stopped doing what I always do. Planting the garden and such. I have not slowed down all that much, very little in fact. I just haven't gotten there.

Superordinate Theme 5: Social Connection

Important to each participant and their SWB were relationships and social connection. Every participant spoke about the nature of their relationships with others, whether it was friends, family, or a partner. Additionally, they disclosed the importance of social connection as you age and explained how these connections enhance their SWB. Participants noted how lack of connection can be detrimental to one's well-being. Some participants spoke about the importance of having a variety of social groups, including young and old, from different backgrounds. Five participants spoke about the importance of quality over quantity, in reference to both their relationships with others and time spent. Identified within this superordinate theme were two

subthemes: (5a) partnership and "aging with," and (5b) family support. Below are excerpts highlighting how social connection is paramount to enriching their SWB:

> Alice: Going out with my friends, go out to lunch with my girlfriends [is important].
>
> Stella: I want to be involved in my grandkids' lives. And we take them, spend quality time, hiking, biking, to a museum, something. We don't often buy them gifts, we do things to spend quality time with them.
>
> Elaine: I have a good life, a large circle of different kinds of friends, and that is very important to me, and a good thing and I see it with everyone. That connection, talking with one another, mostly listening however, is vital.
>
> Louise: And I have other solid units in my life. You know, I have a book club I've been a member of for 55 years. And we've lost people, picked up a few new members. A few folks are in theirs 90s, most are my age, and the youngsters are in their 60s and 70s. and I'm not socially active with all of them, but if something happens to one of us, we are a solid group and band together to help each other. It's a group you can count on.
>
> Peter: That is incredibly important as you grow older to have a solid friend group. To help stay connected. It's important to have real friends, to share.

Subtheme 5A: Partnership and "Aging With"

Five participants spoke specifically about their spouse. Four participants noted the importance of having a partner to experience aging with and one participant spoke about the impact of the loss of her spouse. Included are excerpts that demonstrate how participants view having a partner:

> Alice: Yes. He cannot do what he used to do either. We've worked through that together. Accepted aging together.

Peg: Well I enjoy spending quality time. We both realize we are getting older. We joke about who is going to die first. How if I die first he can't afford to live where we are now, you know, financially, and vice a versa. But he is retired now, so he is home. He does a lot for me now getting me off to work, helping me. But I know it'll be different when I am retired because right now I am off to work during the day and he is home all day.

Stella: It's huge [having a partner]. I see it in other people too. You have a partner to do life with. If you lose your spouse to death or divorce, I have friends who have lost their partner and they are miserable. A lot of people once they stop working or lose a spouse, they don't keep their connections in the community. I have my own friends and get together with them you know, and it is very important to keep your connections as you age.

Elaine: I sometimes think I did not process it much…. I sometimes resent this, my husband is gone and I have to deal with things, the creaking noise in my car or whatever, and I have to deal with all this.

Peter: Yeah it really is. And thank goodness we can do life together you know? Well I really feel that she enhances my life. Having a partner, especially as you age, is huge. I couldn't imagine doing it on my own. I am just very grateful for her.

Subtheme 5B: Family Support

All participants disclosed the family support while aging is crucial to their overall well-being. Some participants related this to their physical health and having increased support with age-related challenges they may experience. Other participants spoke about how their families have changed and evolved as they have grown older, through growth and loss. Overall

each participant noted that familial support and love positively impacted their SWB. The following are quotes from each participant about their experiences with family:

Alice: My family is very supportive.

Peg: I think it has kind of stayed the same. I know some people feel like as they grow older that quality time is suddenly more important. Like the clock is ticking away, but I have always found it important. It has changed a little with my sister over the years, since we have gotten older we get along better. When we were younger we did not have the closest relationship. But now, in fact, she has been a big support in the loss of my son.

Stella: I guess for me the two biggest things in my life are family and giving back.

Elaine: I have three adult children in the area, I have support for sure. But I don't like to ask if I don't have to.

Louise: My family is always worthwhile. My friends, my friends and family are wonderful…I am surrounded by people who have a wonderful sense of humor. No matter how bad things are they come up with something to make you laugh. That is a real positive for me.

Peter: My daughter needed help, so we took the grandkids and took care of them for a while. We did it. In fact, that was a real joy in my life, I loved having my grandkids here, I would do it again now if I had to. We did the whole works, had them living here, schooling them, taking care of them. They were part of the inner family, you know? I knew them better than any of the other grandkids because we took care of them and they lived with us. I feel that really enhanced my well-being, looking back I feel it was a blessing, sometimes we don't have any choice in this stuff laughs but it really ended up being a beautiful thing.

Superordinate Theme 6: Coping With Change

Each participant described and discussed the impact of age-related changes on their SWB. They disclosed how they have adapted and accommodated for age-related losses and were also able to describe some of the perceived gains that they have experienced as they have grown older. Each participant shared their perspectives on how to cope with change and explored how particular changes influenced their well-being. Three subthemes arose from participants' narratives regarding change in older adulthood: (6a) reconnecting with the self, (6b) accommodating for loss, and (6c) recognition of gains. Below are excerpts highlighting participant's views on coping with change:

> Alice: Yeah because you realize it isn't worth it to get stressed about things in your life. I mean, something major, of course you get stressed.
>
> Peg: Life is too short. I have had experiences, such as losing my son and other experiences, and I've realized that life is too short to get your blood pressure up high about incidental things. It's not worth it. Life is too short. I would say I feel that way because of aging, along with other things that have happened in my life.
>
> Stella: I did struggle with that for a long time, but probably about four years ago I turned it over to God and let it be. I had to put my faith into it.
>
> Elaine: Well I have always had the attitude or interest in being able to look at something in a different light. And as I have gotten older, I have been able to do that more. But that is not to say I have never been anxious or angry or emotional over things in life. But I was always able to come up with another idea or another way of looking at things. I believe everything is attitude, or not everything, but much is attitude. My mantra might

be, if I used it, is "look again, look again, look again." Look at problems from all sides and issues.

Louise: I think as you grow older you make adjustments, and just decide I'm not going to let that bother me anymore.

Peter: You know, when I got sick a few months ago I had to keep going. Keep that in mind. I had to adjust of course at the time, slow down a little to get myself healthy again, but now that I am better, I am right back to what I was doing before and keeping that same energy.

Subtheme 6A: Reconnecting With the Self

Three participants disclosed that the change of reaching older adulthood influenced their perception of themselves. In turn, participants noticed this enhanced their SWB, as they were more comfortable with who they were. More specifically, participants described the ways in which they felt reconnected to themselves. Included are quotes from participants regarding this subtheme:

Peg: I used to be, when I was real, real young, maybe late teens and early twenties, I would be intimidated in getting up in front of people. I don't do that anymore. I probably have better self-esteem…. I'm at the point where I don't care what people think of me. Whereas in my thirties I used to think, "Oh she's probably going to think I am stupid," but now I really don't care.

Stella: Yes, that has been my experience. It's very true. You get more comfortable with who you are and you don't care. I have a friend who unfriended me on Facebook and in the past, I may have been bothered by that, but now that I am older, I was not. And I think age has a lot to do with it. Just caring less about those kinds of things. So be it.

Louise: I think there are strengths in it [getting older]. I wish I was as strong in my opinions and ability to stand up for myself 50 years ago as I am today. I think as I have gotten older and more independent, more aware and changed as a woman.

Subtheme 6B: Accommodating for Loss

Five participants spoke about the age-related losses they have experienced, how those influenced their SWB, and how they have accommodated for those losses. Most participants disclosed that the easiest way to accommodate was to accept the loss as it occurred and adjust life based on what works best in one's individual circumstance. Awareness of available resources, one's proclivity to be realistic or positive, and determination to maintain one's independence were discussed. Below are excerpts demonstrating participants' thoughts and feelings on accommodating for loss:

Alice: I didn't want to get old. I wanted to stay 45 [laughs]. I didn't want to accept the fact that I was getting old. But you cannot change that. And I just go with the flow. If I cannot do something I limit my activities to what I can do and that's it. For example, I can't clean my whole house in one day anymore.

Peg: But now my eyes aren't as good and I don't like driving at night. Because of my age, I get up early in the morning now and I'm just not a night person.

Elaine: I had a chance to grow and I can't exactly say I'm not taking credit for it but I think I have a gift. The gift is that things can be really depressing and tough and yet some days, sometimes, the feeling of well-being bubbles up in me, and I've been noticing it, in spite of my depressive state sometimes, and I noticed that there is this feeling that bubbles up and it is probably a gift and I enjoy it.

Louise: I have also taken great pains not to put up a good front. To not, to force myself to do things. I can do it myself, when in fact I am thinking "I'm not sure I can do that." And everyone always says "Well are you sure?" and I say "I'm sure," and you know what, nine out of ten times I do it myself. It's like, well that's reinforcing. Don't feel sorry for yourself, just go ahead and do it. And I know I can always call and ask for help.

Peter: Yeah, well you know, if you are satisfied with what you have and you want to keep being satisfied, you have to accept the new challenges that come your way. Whatever they are, you know?

Subtheme 6C: Recognition of Gains

Each participant reported the positive aspects of aging, or what they perceive to be the things they have gained as they have grown older. They reported that the gains associated with aging positively impacted their SWB. I have included quotes from each participant that highlight their individual gains associated with aging:

Alice: What I've gained is not letting things bother me as much as they used to. Not getting all riled up over comments made or things happening. That's what I've gained. When I was younger, I would let things bother me a lot more. Now I don't. I don't let them bother me. I gained quality time I can use as my own, less responsibility for things, and not being as stressed out like I used to be.

Peg: So age isn't all bad. I think you mature and have experiences and learn and I think that is a plus. I mean, as I said, I don't feel 67. I don't think I look it either. I am always told by others that I look good for my age. I don't feel 67.

Stella: It's about adjustment, being able to be flexible. My friend, who has some problems, she can't do things like she used to and she is really having a hard time with it.

No one to share a life with, physical problems. It's hard if you are in that situation. I am very fortunate. Very satisfied.

Elaine: Well yeah you just have to look around. I can see, I can hear with hearing aids. There are many things that I have that I see other people do not. Sometimes I am not particularly comforted when someone says that. But my own practical attitude, you have to be able to look at things and see things the way they are. I am really pretty lucky considering. I still can drive and get out and that is good. I feel very fortunate.

Louise: My family, friends. As I mentioned, I feel those are positive.

Peter: Let me tell you, it is an experience I never thought I would have. Old age is such a great, such a wonderful thing. I've experienced so many things during this time that it is really wonderful…faith, family, and friends. All those. You put them all together and you really have a great life I believe.

Superordinate Theme 7: Experience of Loss

Five participants disclosed their experiences with actual and anticipated loss. This included discussion of their individual experiences of loss of independence (N=4) and thoughts and feelings on death and dying (N=5). Regarding a loss of independence, participants described the emotions they experienced when they lost some of their independence and reported they felt it negatively impacted their SWB. One participant in the young-old age cohort wondered about future loss of independence as she continues to age. Two of the oldest-old adults spoke about their experiences with losing independence and how that intersects with their thoughts on death and dying. Below are excerpts highlighting a loss of independence:

Alice: I had recovery that lasted six months, then I had a reversal surgery. I mean, I was going to the doctor every week to make sure there were no complications. My doctor was

very happy with my results. So, it was probably nine months or so. I couldn't drive. And every once in a while, I get like a twinge in my stomach and think something else is going to happen but…

Peg: I often wonder about the future. If there, for example, will come a day when I will not be able to drive. And that is taking away your independence. I guess that is something I worry about, losing my independence when I get older. You get maybe into your 80s and might not be able to drive. And I don't like that because I am a very independent person and I wouldn't want to rely on anyone for something like a ride.

Elaine: In my opinion the best things in life are being able to garden, take walks in the woods and doing things like that, are the things I love to do, and I can't do them. Unless I screw my head around and take another look at it, that's all. If I am going to live I want to try to see the best I can with what I have and I try not to get discouraged…My independence has shifted over the last few years, prior to that I was in control of my own life.

Louise: Well I think life is kind of that way. By the time you get old and your body starts to break down a little, you think, "You know what, it's okay. Life isn't what it used to be, it's not as much fun." And when it isn't fun anymore you start to question do you want to be here?

Additionally, five participants shared their thoughts and feelings on death and dying. Each participant reported experiencing the death of loved ones (e.g., mother, father, spouse, children). Participants described feeling closer to death as they have grown older. Additionally, participants pondered about their futures and wondered what dying would look like for them. Below are selections from participant interviews related to death and dying:

Alice: And my husband says, “We have at least ten years.” Well I hope we have longer than ten years but again it goes back to not being able to control it. I’m trying to stay as healthy as I can and trying not to let anything else pop up.

Peg: I am fearful. Nobody wants to die. Losing family and friends, going to what I believe in eternity. I know there is a place after here I just don’t know what. I firmly believe that my son is up there waiting for me.

Stella: It would be [difficult] if I had health issues. But I am also a big believer, because of my faith, and it’s not like I live dangerously, but if it is my time, it is my time.

Elaine: I guess intellectually anyway I’m fairly comfortable with the end, which is coming. And I know that it is there and I am not struggling to stay alive, but rather accept what I have. The other thing I learned is that your grief is your grief and you cannot compare it to anyone else’s. People say they know how you feel when someone close dies, but they don’t know how you feel. Your grief is your own. I’ve learned that in the past couple of years actually.

Louise: I go to sleep and it takes me no time to fall asleep. That’s a gift I think. And I think that death is kind of like that, where I will just slip away. And I’ll be okay. What I fear, and I think that is what we all fear, is getting there. Will I suffer? I certainly don’t want a ventilator, something stuck up my arm. I wonder how hard is it going to be to leave? How hard physically?

CHAPTER V: DISCUSSION

The results of this study revealed several findings. While the meaning of these findings is limited and cannot be generalized to the older adult population at large, they are still important and informative in their own right. In listening to each participant's individual account of aging as it relates to their own SWB, I found that there are many nuances to older adulthood. Older adults often emanate a level of life experience and wisdom that young age cohorts do not necessarily have, simply because of the quantity of years lived. It also appears that there are aspects of life that come into clear focus, or are more centrally important to older adults, given the entrance into what is the "final" chapter of life: old age. In this current study speaking with a 68-year-old versus a 91-year-old revealed subtleties in the experience of aging. These subtle differences are important to keep in mind when speaking with older adults, especially in the context of treatment.

In addition, while I derived broad themes from these narrative accounts of aging and SWB, the individualized circumstances become apparent when reading the excerpts from each participant. Within the broad themes, each person made individual meaning and sense out of how said themes fit into their lives and influence their SWB. This chapter will offer an interpretative summary of the results presented in the preceding chapter. Additionally, I will discuss how I believe the results of this project fit into the existing literature on the topic of older adults and SWB. Finally, I will highlight the limitations and implications of the current study and introduce potential directions of future research on this topic.

Making Meaning of SWB

This study examined the accounts of six participants via semi-structured interviews in an attempt to answer three research questions: (a) how do older adults experience and perceive

SWB as they age?, (b) how are young-old and oldest-old adults' experiences similar and different?, and (c) what themes and content will arise from each participant's narrative?

Seven themes originated from this study, which reinforces the notion that SWB is a complex construct with many facets. The following superordinate themes emerged: (a) physical health, (b) retirement, (c) living a meaningful life, (d) psychological aspects of aging (e) social connection, (f) coping with change, and (g) experiences of loss. Each of the six participants discussed various aspects of these overarching themes and how they fit into their lives and influenced their own SWB. Important to note is that these themes were not directly asked about within the semi-structured interview; participants guided the interviews in the direction of these themes as they relate to their individual experiences with aging. Some of these themes are present in the current literature, while others are not.

Physical Health and SWB

One of the main findings of this research was the notable impact physical health has on one's sense of SWB. Physical health problems and decline vary from person to person, but all six participants discussed how physical health has both positively and negatively affected their SWB. Some participants described feeling grateful because they were in good health and had very few physical problems. They noted that engaging in proactive health behaviors (e.g., working out, eating healthfully) contributed to their ability to remain healthy in older age. This in turn enabled them to feel good about themselves and enhanced self-esteem, positively influencing SWB. Several participants reported the negative impact physical health declines had on their SWB. In some instances, participants described chronic health conditions that had a negative impact of their SWB. However, these declines in SWB were minimal given their ability to adapt and adjust to their health conditions. Age-related declines in physical health are often

inevitable; participants acknowledged that while their sense of well-being declined, they were able to accept and accommodate for losses. In turn, changes in SWB were viewed as temporary and in some instances improved once the adjustment period associated with physical health decline subsided.

Participant's experiences with physical health in older age and the influence physical health has on SWB align with current literature on this topic. SWB and health are closely related and bidirectionally influence one another (Diener et al., 2018). In a mixed-age (50 years old and older) group study, Jivraj and colleagues (2014) found that those with poorer health had lower levels of SWB. While none of the participants in this study described their health as poor, it was evident that specific health problems or age-related physical decline did affect their SWB. Some participants also noted that an awareness of their physical health and its impact on their well-being often led them to engage in health behaviors that enhance SWB. Kansky and Diener (2017) found that high levels of SWB are closely linked to engagement in proactive health behaviors.

This study illuminates the idea that physical health as a domain of SWB is, by itself, multidimensional. A qualitative study examining the domains important to SWB found that health was prioritized by older adults because they had more experience with "negative health events" (Douma et al., 2017, p. 234). In some instances, participants' experiences of aging were centered around the nature of a physical health problem. This supports the existing literature that demonstrates that different health problems have varying impact on SWB (Wikman et al., 2011).

In this study, participants spoke at length about how their physical health influenced their sense of self and in some cases amplified their concerns about being perceived as a burden in

older adulthood. These two aspects in turn impacted their SWB. To my knowledge, there are not any studies that address these two aspects of physical health as it relates to SWB specifically.

Retirement and SWB

What I found related to retirement and SWB was surprising. Retirement is a well-known adjustment period for older adults. In this study, each of the six participants reported that retirement was a salient point in their lives that provided new opportunities, increased autonomy and freedom, and increased focus on activities and hobbies that enhance SWB. None of the participants in this study viewed retirement as negative; five participants had planned for retirement and described feeling ready to move on from working life when they retired. These findings were surprising because I did not initially consider how retirement might influence SWB. In a brief review of the literature, I found research that echoed similar sentiments as the current study: SWB does not change in the short-term following retirement. In fact, it tends to develop more positively in the long-term following retirement (Schmalzle et al., 2019). This makes sense and is supported by findings in this study where participants describe how retirement led to new opportunities and improvement in overall well-being. It is possible that economic advantage may be related to the above findings. Older adults who retire without sufficient financial stability would likely view retirement differently than those who are of a higher socioeconomic status.

Meaningful Life

In asking older adults how they think and feel about their lives, it is plausible to expect that they will discuss what is meaningful to them. In creating this superordinate theme, I attempt to best capture the most salient points discussed by the participants as they relate to living a meaningful life. While this particular theme is not specifically mentioned in the existing

literature, I will discuss how aspects of this theme are outlined in the existing research on older adults and SWB. Of course, Erikson (1959) described the final stage in life, "Integrity vs. Despair," as one where older people attempt to make meaning out of their life experiences. A sense of integrity is contingent on feeling both a sense of accomplishment and fulfillment. Despair is experienced when older adults evaluate their lives more negatively, fostering feelings of shame, disappointment, or regret. Overall, the participants in this study expressed very little regret in life and reported substantial life satisfaction.

The six participants in this study identified the ways in which they feel their lives are most meaningful and explored how these aspects enhance their SWB. Of primary importance was meaningful engagement. Every participant spoke at length about the importance of meaningful engagement in their lives. This included engagement in hobbies, activities, traveling, and volunteering. Meaningful engagement fundamentally included social aspects of what makes life fulfilling. Additionally, four participants identified their faith as an aspect that influences their SWB. Faith provided comfort, security, and a sense of belonging. Participants also explored how their faith has helped them find meaning in older age. Generativity was another concept discussed by five participants (Erikson, 1959). Aligning with psychosocial theory, the participants in this study described feeling generative in their older age. This included giving back to the world through their children and grandchildren, volunteering, and helping those less fortunate. Participants reflected on how enriching their families and communities by sharing something of themselves in turn positively impacted their SWB.

As to be expected, this group of older adults commented on their own temporal awareness of aging. They discussed the importance of accepting one's age in lieu of concerns about the future. Feeling more comfortable with one's age was also encapsulated within this

theme. Finally, the stability of SWB was discussed by all participants. As mentioned in the results chapter, three participants reported a stable sense of SWB while three participants reported fluctuations in their SWB over time. Notably, none of the participants reported a consistent decline in SWB.

The above findings relate to the existing literature in several ways. It is well documented that aspects of meaningful engagement (e.g., participation in hobbies, activities, and volunteering) enhance the quality of lives of older adults (Douma et al., 2017; Wilhelmson et al., 2005). Additionally, Diener and his colleagues (2018) identify faith, in particular religion, as an important domain of SWB. While I labeled the subtheme within this domain as "faith," it is important to mention that it captures both the personal and broad aspects of religion. Participants spoke about their religious beliefs in the context of their faith. Some reported that their faith provided comfort when confronting their own mortality and one participant noted how their faith informed their beliefs about an afterlife. Participants described the social benefits of religious affiliation. Further supporting what the participants in this study described, faith and religion are noted in the existing literature to enhance SWB by providing a sense of morality, fostering altruistic behavior, and providing comfort in the face of difficulty (Tay et al., 2014).

When conceptualizing older adults and SWB, lifespan development theory was at the forefront of my mind. I suspected that older adults likely perceived generative behavior as positive and something that enhanced their SWB. I did not anticipate the concept of generativity to be so prevalent within the data, as five participants commented on this experience. I see this unexpected finding as adding to, rather than being support by, existing literature. To my knowledge there are not any studies specifically studying this phenomenon as it relates to SWB.

As mentioned in my review of the literature, stability of SWB is debated and still being closely studied. The findings in the present study do not offer more insights into the stability of SWB in a broad sense. Participants varied in their reports of the stability of SWB; some found it to be stable while others believed it to fluctuate or grow stronger as they age. Interestingly, none of the participants reported their overall SWB declined as they have aged. Participants did not describe the U-shaped dip many studies describe in mid-life (Blanchflower, 2020; Blanchflower & Oswald, 2008; Diener et al., 1999; Diener et al., 2018) nor did they deny the impact aging has on SWB. In fact, they noted that growing older is related to increases in SWB depending on individual circumstances and what they have determined to be important to them.

Psychological Aspects

SWB is in part evaluated by the presence of positive affect and absence of negative affect. Participants in this study shared the positive and negative emotions experienced while aging. Research demonstrates that aging is associated with higher levels of positive affect and low levels of negative affect (Kunzmann et al., 2000). Many participants in this study revealed that the experience of positive emotions and an overall positive attitude has served them well in their older age. This fits well with the extant literature related to this topic; it is posited that the experience of positive emotions helps individuals see negative life events as more manageable, which in turn leads to better SWB (Kansky & Diener, 2017). Participants also described their experience of negative emotions as they related to aging. Interestingly, negative emotions were not discussed by every participant nor were they extrapolated upon to the degree participants spoke about positive emotions. When participants did acknowledge that they experience negative affect, they also reported that they tend to try and control what they can, rather than focus on what is out of their control. While healthful coping mechanisms are universally important

regardless of a person's age, this finding serves as a reminder that the development or utilization of coping skills is an important factor in maintaining levels of SWB. Research does highlight that older adults tend to have more resources available to them to cope with negative emotions and additionally, lower levels of negative affect at baseline—with the exception of oldest-old adults (Charles et al., 2001; Potter et al., 2020). In this study, there appeared to be no glaring differences in terms of levels of positive versus negative affect in young-old and oldest-old adults.

Interestingly, another unexpected finding arose within this theme: the perception of the self as old. The participants in this study commented on their experience of aging as one that involved seeing themselves differently. Whether it was rejecting the idea of being old or embracing old age, each participant felt that how they viewed themselves influenced their SWB. Many participants noted that with older age comes increased confidence and self-esteem. Some felt like old age crept up on them or questioned what old age was supposed to feel like. In hearing the participants explore these ideas, it brought up an interesting question for one participant: what is growing older supposed to be like anyway? In the dominant cultures of the United States, societal and cultural expectations of getting older, typically negative, influence perceptions of older adulthood. However, the findings of this study suggest that when one is in older adulthood, it feels, to a certain degree, just like any other point in one's life. Awareness of these perceptions of "feeling old" by older adults could have implications for combatting ageism and normalizing growing older on a broader scale.

Social Connection

Evident throughout each individual interview was the importance of relationships in older adulthood. Participants spoke at length about how specific relationships (e.g., their spouse,

children, grandchildren, friends) and staying connected in their old age enhances their SWB. Some participants spoke about the necessity of remaining in a variety of social groups as one ages. They commented on other older adults in their social circles and noted how isolation and experiences with loneliness can be detrimental to SWB. They described the importance of quality time and relationships. Additionally, five participants spoke about the importance of having a partner to age with. Each participant also spoke about how familial support was paramount in old age.

The findings within the current study align with extant literature. A qualitative study by Wilhelmson et al. (2005) revealed that social relations, including contact with friends and family, active engagement in clubs and organizations, absence of feelings of loneliness, and feeling needed influenced SWB in older adulthood. A second qualitative study identified the domain of social life as most important to older adults' SWB (Douma et al., 2017). Important to note is the age-related difference Douma and his colleagues (2017) discovered: adults in the oldest-old category did not mention friends or involvement in clubs or organizations as important to their SWB and few identified having a partner as important. While I initially wondered if there would be stark contrast between age cohorts related to social connection, and, in particular, partnership, I did not find that to be the case in this study. All participants mentioned friends, family, or both as important to their SWB. In a study examining the nature of relationships on SWB, Borglin and his partners (2005) discovered the importance of "access to significant relations," which encompassed aspects of social support, involvement, and loss of relationships (p. 211). Within this study, only one participant spoke about widowhood. Research suggests that those who experience widowhood experience declines in their SWB with a slower return to levels of SWB pre-widowhood (Diener et al., 2018). Of note, the participant in the present study who spoke

about losing her spouse did speak about the nature of her grief, which she felt was largely unprocessed, and the resentment she now felt as a result of having to live life alone.

Coping With Change

From a lifespan development perspective, older adults inevitably contend with changes as they grow older. Some older adults handle these changes well, while others have more difficulty. Of course, successful aging is the desirable outcome for most (Villar, 2012). It is reasonable to assume that a certain level of adaptation is required to achieve this goal. The majority of participants in this study described the variety of changes they experienced as a result of old age (e.g., mobility issues, new health diagnoses, loss of relationship) and how these changes influenced their SWB. Participants noted that they felt that they had to both adapt to and accommodate for age-related changes. Some attributed their ability to adapt and cope with change to their attitude and outlook on life. Others reported they grew into change by way of personal development, becoming more self-aware. These findings aligned with Borglin's et al. (2005) study where older adult participants also identified the necessity of accepting and adjusting for age-related (specifically physical) challenges. The participants of this study echoed similar sentiments as the participants in the current study: older adults who accept and adjust to perceived losses in old age reduce the impact of these losses on overall well-being. Interestingly, Borglin and his colleagues (2005) captured experiences of older adults aged 80 and above, so the present findings also add a new perspective on young-old participants' experiences with coping with change.

What I found to be a unique theme within three participants was the notion of becoming more comfortable with oneself as they have aged. This comfort found within was reported to enhance their overall SWB. Participants described a sense of freedom that they felt as they were

able to let go of concern with being judged by others. While it does not seem unusual for a person to become more comfortable with who they are over time, I find it striking that these older adults specifically noted it was not until their older age that they felt this way.

This finding may illuminate a unique experience of older adulthood that may not have previously been considered and poses an interesting question for mental health providers conducting therapy: how can we best help older adults feel more comfortable with themselves, given the unique social, cultural, and individual factors that contribute to their experience of well-being? One qualitative study on older adults and SWB addressed how aspects of self-identity and self-value are important to overall SWB. Rose and Lonsdale (2016) reported that older adults who engage in the notion of "reimagining" through art therapy connect their past self with their present self (p. 58). Age-related changes of environmental and individual circumstance play a role in overall well-being. While this study examined a specific intervention to use with older adults, it still provides insight into how older adults view what Rose and Lonsdale (2016) call their "older age identity" (p. 58).

Also, within this superordinate theme, I found that participants were able to identify positive aspects to their aging experience. That is why I chose to label this theme as "coping with change," because not all change is necessarily bad. According to lifespan development theory, while there are losses throughout the lifespan, there are also gains. Participants spoke about the perceived positive aspects to growing old. While some participants reported they did not want to get older, they were still able to explore how the positives of aging have enhanced their SWB. Relationships with family and friends, changes in perspective, and gained wisdom and maturity are just a few of the reported positive aspects of getting older.

Experiences of Loss

Within this superordinate themes two subthemes arose: loss of independence and thoughts and feelings on death and dying. Experiences of loss are noted to have negatively impacted SWB, especially when regarding loss of independence. Participants in this study explored how losing independence is worrisome and is intertwined with thoughts on death and dying. Some participants noted that these concerns weigh on their mind and impact their SWB negatively. In line with findings from Wilhelmson et al. (2005), who found that functional abilities are of primary importance to high levels SWB, participants in the current study expressed their thoughts and feelings on their own ability to do the things that are important to them and not having to rely on other people to accomplish tasks.

As mentioned, death and dying was prevalent among participants' narratives. Kansky and Diener (2017) remind us that it is normal to experience a decline in SWB, especially after negative events (e.g., widowhood). However, people tend to recover from such losses. In his study, Lucas (2007) discovered that those who are widowed reported more positive than negative feelings, despite lower overall levels of SWB. Douma and his colleagues (2017) found that loss decreased older adults' physical living space and social circles, especially in assisted living settings. While all of the participants in the current study were living in their own homes at the time of this study, some did comment on how and why their social circles have changed as they have aged. One participant in the oldest-old age cohort identified herself as a widow.

Finally, five participants described their awareness of death. In some cases, this was an emerging awareness, especially in the young-old participants. As one gets closer to the final chapter of life, it is inevitable that thoughts and feelings on death and dying become more pronounced. Some studies note that perceptions of death and dying are detrimental to overall

well-being (Borglin et al., 2005). In this study, thoughts about death and dying are presented in a few ways. For example, while worried about dying, one participant described the comfort her faith provides her. In another instance, a 90-year-old participant described an acceptance of death, which enables her to live in the present moment. Another participant noted how her feelings on dying prompt her to try to control the uncontrollable. While another participant described placing her faith in God's hands; when it is her time, it is her time. Finally, one participant explored her fear of what will occur before dying, while she is not fearful of death itself. While participants did not identify these perceptions on death and dying as inherently negative or detrimental to their SWB, it does underscore the idea that time and space should be left for older adults to express their thoughts and feelings as they relate to these concepts. To my knowledge, there are no current studies directly examining the link between feelings about death and dying and SWB.

Age Group Similarities and Differences

I did not find stark differences between age groups like I initially expected. This may be due to the homogenous participant pool; participants were all self-described as successful, educated, and each had strong family backgrounds and social support. Based on findings from this study, we know that some of the above factors influence experiences of aging and SWB. However, the similarities among participants certainly surpassed the differences. When discussing physical health, retirement, social support, positive and negative emotions, coping with change, and experiences of loss, these participants were not as different as originally anticipated.

Some general observations of the data offer insight into a few differences. I found that the oldest-old participants spoke about living in the present moment versus the young-old

participants who, at times, wondered about how aging would impact the SWB of their future selves. Stability of SWB was perhaps the most glaring in terms of difference between age cohorts. Again, young-old adults reported a stable sense of SWB while oldest-old participants reported fluctuating SWB. Notably, and across groups, participants did not report a steady decline in SWB as they aged. These findings demonstrate the need for further investigation into the stability of SWB in older adulthood.

Limitations of My Study

It is necessary to discuss the limitations of this study. The first major limitation of this study was the small sample size. While IPA recommends a smaller sample size for a study of this nature, reflecting on my experience, I believe that a larger sample size may have better helped me answer my second research question. I was interested in learning more about the similarities and differences between my two selected age cohorts and I found it difficult to make any broad statements of this nature given I only interviewed three individuals in each age category. A larger participant pool may have provided more distinct similarities and differences between them and thus provided a clearer picture of how to answer this question.

Related to sample size, it is important to reiterate that the results of this study are not generalizable to the older adults as a whole. This study captures the experiences of six older adults as they reflected on their lives and own well-being. While their narratives feature important aspects of the aging process and demonstrate how they influence SWB, I am careful not to make a generalizable claim about what this means for other older people. As I learned in my interviews with my participants, everyone's experiences are intrinsically unique and distinct.

Third, while the interview was semi-structured and allowed for flexibility, I feel that the broad nature of my interview questions may have produced another limitation for this study. I

asked people to initially reflect on the whole of their lives, which may have been overwhelming for some. In figuring out how to best answer the question "How have you experienced your own well-being since ___ years old?" I found that participants needed to ponder on that question and then decide where to guide the interview. In reflecting on this, I realized that it may have been too broad of an interview to allow for a honing in on specific topics that were important to participants. Additionally, this produced what I perceive to be a fourth limitation: in asking older adults to reflect broadly on their experiences, I relied on their subjective recall of what was important to them. Relying on their self-report does not leave any way to verify this information. It is also likely that biases played a role in what information participants shared during the interviews. For example, social desirability, or the participant having a need to be accepted or liked, may have influenced their choice in how to answer interview questions, perhaps resulting in a positive bias in what they reported.

Additionally, due to the demographic and racial characteristics of my sample, it is difficult to make cross-cultural generalizations in this study. All six of the participants in this study identified as White. Five participants self-identified as female and one participant self-identified as a male. Attempts were made to include more culturally and racially diverse participants. I reached out to several organizations (e.g., senior centers in located in different cities), but received no inquiries into my study. This has several implications. First, SWB has been evaluated cross-culturally and research has demonstrated that individuals within different cultures may have varying conceptions of SWB (Diener & Tov, 2007). While there are "universal features" of SWB, a more culturally diverse sample might have illuminated different themes that may have been more culturally specific (Diener & Tov, 2007, p. 6). Second, five of the participants were women. While this study did not focus specifically on gender differences

and SWB, it is likely that the majority of participants being women impacted the results. Women are often stereotyped as inherently more social. It is possible that the emphasis on social connection, generativity, and aspects of meaningful engagement would be different if this study had a more balanced gender representation. Third, it is important to consider the possible cohort effects within this study. The participants in each age group shared common historical and social experiences which likely influenced their goals and values. In turn, when reflecting and reviewing their lives, it is likely that said experiences influenced their SWB. Gender roles and socioeconomic status may have influenced perceptions of themes like retirement and meaningful engagement. Furthermore, older adults tend to experience fewer negative emotions (Charles et al., 2001). This might have influenced the reporting of negative affect, mental health concerns, and life regrets within the current study.

Finally, researcher bias is a limitation for this study. To manage bias, I utilized two methods. During the analysis of my data, I recruited a doctoral-level colleague to review the de-identified interviews, so they could identify themes within the data. This strategy was used to ensure the reliability of the emergent and superordinate themes that I identified within the data. Additionally, once the data was analyzed, I utilized member checking to ensure accuracy of my interpretations. Two participants could not be reached, but four confirmed the accuracy of the interpretations.

Conclusion

The findings of this study underscore the individualized and contextual nature of SWB as it relates to aging. Even within superordinate themes, participant responses were unique; informed by life experiences, personality, and social and cultural factors. Each participant had something important to say about aging as it related to their own SWB. The above findings

illuminate what may be important for those in old age, especially regarding enhancing or maintaining high levels of SWB. This group of older adults shared similar narratives to older adults in other qualitative studies, expressing common concerns, thoughts, and feelings about aging and how they live, and be, in the world. A consistent finding in the literature demonstrates that social support, physical health, and meaningful engagement support high levels of SWB. This study also adds to the body of literature by highlighting other aspects characteristic of aging that enhance SWB, including retirement, loss and coping, and positive and negative emotions.

Interestingly, the older adults in this study were open, willing, and fully engaged throughout the interview. Older adults are often stereotyped as closed off, uncooperative, and senile (Chrisler et al., 2016). This group of participants seemed to fully enjoy the opportunity to offer something of themselves to help inform others. In conducting this study, I hoped to give a select group of older people an opportunity to share their voice. Participants seemed to value the opportunity to discuss how aging has influenced their SWB.

High levels of SWB lead to good outcomes. Studying SWB as it relates to older adults is important because good outcomes are still relevant, even in older age.

Implications

I do not believe the limitations discussed above make my study any less meaningful. I wanted to provide a sample of older adults with an opportunity to make meaning of and share their experiences of aging and SWB. In participating in my study, each older adult that was interviewed felt that they had something meaningful to say about growing older and how that has influenced their SWB. In turn, I feel I was able to capture their individual experiences as they have aged. This study presents findings similar to the limited research conducted on this topic with the older adult population. Moreover, it adds to the body of literature on this topic. In

listening to individual accounts of aging and SWB, I have derived salient themes that may be important to discuss with other older people.

I aimed to explore how older adults discuss and therefore make sense of their own SWB. The primary implication from the present study is that SWB is a complex, multidimensional construct that is influenced by a variety of factors and life experiences. Additionally, this study underscored the positive and negative aspects of growing old and facilitated conversations about aging. Discussing aging is not easy, especially in the context of the ageist society in which we live. Some participants reported initial difficulty with two aspects of participation: (a) talking about themselves and (b) thinking about aging. This study offered insight into the value of discussing aging and reinforces the importance of providing older adults with accessible means to have said discussions. It is my hope that the deeply personal thoughts, feelings, and beliefs about SWB and aging shared by participants will begin to help debunk stereotypes, normalize aging, and reduce ageist beliefs within the healthcare system.

While this study was just the tip of the iceberg, I hope it will also inform clinicians interested in working with older adults to learn more about what may be important to discuss in treatment. In addition, I hope it will help clinicians begin to think about how we can help older people maintain current levels or experience higher levels of SWB in the face of age-related changes and loss. Throughout my research, I often wondered how psychologists could help older adults with their SWB. Educating older adults on aging, enhancing coping skills to preserve SWB, and encouraging proactive health behaviors are examples of possible interventions that may be useful in treatment. A better understanding of older adults and SWB can also influence care decisions across the interdisciplinary spectrum. Furthermore, psychologists often treat older adults with family members involved in care. From an ethical standpoint, a better understanding

of SWB can help educate families, who may be holding competing beliefs or expectations for their older loved ones. Finally, I hope that the results of this study can help older adults, their families, and providers better understand the complexities of SWB and aging.

Future Directions

This study explored how six older adults experience and perceive SWB as they age. Future research exploring older adults' experiences of SWB should aim to include larger, more diverse samples. In turn, more distinct similarities and differences among older age cohorts may arise in future studies. It may also be of benefit to consider how the specific themes discovered in this study further intersect with the construct of SWB and aging. For example, are there particular physical health problems that influence SWB more than others? Within the current literature there remains question about the stability of SWB across the lifespan. Participants in this study were split in their opinions on the stability of their own SWB. It is possible that the differences in stability are accounted for by the mere fact that the young-old adults in this study simply haven't experienced as many age-related changes as those in the oldest-old cohort. Oldest-old adults have had more time to experience the ups and downs of aging and thus have experienced more events that impact SWB. Future studies may consider examining the stability of SWB and how that may change in older adulthood.

This study revealed salient aspects of aging and SWB. Each participant provided anecdotal evidence of how they maintain high levels of SWB, through things such as meaningful engagement and proactive health behaviors or by having a positive attitude and strong coping skills. However, assessing the ways in which SWB levels can be maintained or even improved among older adults is worth consideration. Within the current literature it is noted that there is much to be studied regarding how SWB may inform clinical practice. One of the reasons people

attend therapy is to enhance the quality of their lives. A better understanding of SWB will inevitably provide psychologists and other mental health providers with the tools to help people live more fulfilling lives. Diener and his colleagues (2016) note that interventions to raise SWB in the therapeutic context come with a few caveats: it is not yet known if they are efficacious for those who suffer from mental illness or for how long the interventions are beneficial. Given that our older adult population continues to increase, it is paramount to continue the study of how SWB can be used in clinical practice with the older adults seeking mental health treatment.

Reflection

I have a longstanding history of enjoying older people and listening to them share their stories. As a young girl, I can recall listening to my great-grandmother share her life experiences and sage advice, I have always had strong relationships with my grandparents, and I cherished regular visits with a neighbor, turned adoptive grandmother. It was because of these early formative experiences with older adults that I chose to pursue a path helping older adults in my professional career. In tailoring my education, and through intentional pursuit of training experiences and clinical work, I fortified my love for working with this population. In recent years, I have also discovered my passion for working with older veterans, who gave so much to this country. It has truly been an honor to serve those who have served.

This project was another way for me to learn more about the population for which I am most eager to provide services. Learning more about how older adults experience their own SWB as they age will inevitably influence my future clinical work. I have gained greater insight into what may be important or relevant for older people. I hope this project inspires others to pursue research that explores how to enhance and maintain high levels of SWB within the older adult population. Older adults are a group of people who will frequent our treatment rooms more

often in the coming years and it is vital to provide them with comprehensive, competent treatment.

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APPENDIX A: RECRUITMENT LETTER

Dear _____,

My name is Averie Zdon and I am currently a doctoral candidate in Antioch University New England's Clinical Psychology (PsyD) program. As part of earning my degree, I am trying to learn more about the experiences of older adults. I am writing to you to provide you with some information about a study I am conducting in hopes you may be interested in becoming a participant.

Specifically, I am interested in learning about older adults' experiences of subjective well-being. Subjective well-being is how a person experiences the quality of their lives (e.g., life satisfaction). This study is important in helping psychologists better understand how older adults view their quality of life. I am looking for older adults who fall into these age categories: 65 to 74 years old or 85 years old and above. If you are interested in getting more information about participating in my study, and fall into one of the above age groups, please contact me at [REDACTED] or e-mail me at [REDACTED].

Thank you for your time, I look forward to hearing from you.

Sincerely,

Averie Zdon

APPENDIX B: INFORMED CONSENT

Subjective Well-Being and Older Adults

My name is Averie Zdon, and I am a doctoral student in clinical psychology at Antioch University New England. I am inviting you to participate in a research project that I am doing as part of my doctoral training. I am interested in learning more about how older adults describe the quality of their lives as they have aged.

This study will include an interview that will take between one and three hours. We will take breaks whenever you need to. If the interview takes more time than you can comfortably finish in one sitting, we can set up another interview time. The interview will take place at a time that is convenient for you, and in a location where you would feel most comfortable, which could be in your home, in my office, or somewhere in the community. All interviews will be audio taped.

During the interview, I will ask you to tell me about experiences you have had while growing older and how you think about your life. I will listen to your story and may ask questions to learn more about you. I will also ask you basic information like your age.

After all of the interviews have been completed and I have worked to understand the stories from various participants, I will contact you by phone to share my results with you and make sure I understand what is most important about your interview.

If you agree to participate in this study, parts of what you said may be printed in my doctoral dissertation, which will be available to the public. However, all identifying information about you, the people you talk about, and locations will be changed so that the readers of my dissertation will not be able to identify you. As the primary investigator of this study, I am making every effort to keep the information you provide me confidential to minimize any risk that you may be identified as a participant. Your name will not be included in any part of the final document or any of the draft versions, and you will be known only by a made-up name.

There are benefits to participation. You may benefit from learning about yourself and your experience of this topic. In sharing your story, you will additionally be contributing to the advancement of research involving older adults and their experiences.

When recalling and sharing aspects about your life and experience, you may experience difficult or intense emotions. There are aspects of aging that are difficult and stressful, therefore it is possible you will remember these difficult events from your life during the interview. At any time during the interview you find that recalling these events is too painful, we will discontinue the interview. Should you have a desire for referral to mental health services, those will be provided.

You have rights as a voluntary participant. You can decide at any point before or during the study that you do not wish to participate up until the data are analyzed. You may also decline to respond to any part of the interview. There will be no consequences to you in any way if you decline to participate or end participation at any time.

Questions are welcome and encouraged. You will be given the opportunity to provide me with feedback on your experience during the research project. If you have any questions about this research project, please contact me via e-mail at [REDACTED]. If you have any questions about your rights as a participant please contact the Antioch University New England Institutional Review Board Chair, [REDACTED], by phone [REDACTED] or by e-mail at [REDACTED]or by mail at [REDACTED].

Consent Statement:

I have read and understood the above information. Averie Zdon has answered all of my questions and I understand the risks involved in participation. I have been given a copy of this form.

I consent to take part in this study of older adults and subjective well-being.

Signature: _____ Date: _____

Witness: _____ Date: _____

APPENDIX C: RELEASE FOR RECORDING

Due to the nature of this study, I, Averie Zdon, am requesting to audiotape your interview. Audiotapes of these interviews will be helpful to make sure I have accurately transcribed your interview for data analysis. However, no recording is ever done unless the participant has given permission to do so. Therefore, this consent form is used to obtain your permission to audiotape your interview session(s). Feel free to ask Averie Zdon about the purpose of taping or the use of the tapes.

Your signature below indicates that you give primary investigator, Averie Zdon, permission to be audiotaped and that you understand the following:

1. I can request that the tape recorder be turned off at any time and may request that the tape or any portion thereof be erased. I may terminate this permission to tape at any time.
2. The purpose of taping is for use in research and supervision of research. This will allow the above referenced primary investigator to consult with her dissertation chair in an individual supervision format, to review the tapes for research purposes.
3. The contents of these taped sessions are confidential and the information will not be shared outside the context of the research study.
4. The tapes will be stored in a secure location and will not be used for any other purpose without my explicit written permission.
5. The tapes will be erased after they have served their purpose.

I, _____ give my consent to be recorded during the interview process.

_____
Participant's Name (Printed)

_____ _____
Participant's Signature Date

_____ _____
Researcher's Signature Date

APPENDIX D: FORM FOR DEMOGRAPHIC DATA

Demographic Information Sheet

1. How would you describe your gender? ___ Female __ Male ___Transgender ___Other
2. How old are you?
3. Do you identify with a particular race or ethnic group?
4. What is your primary language?
5. Describe your current employment status.

APPENDIX E: INTERVIEW PROTOCOL

Participant Name: _____

Today's Date: _____

Type of contact: ___Phone

___In person

1. How do experience your own well-being now that you are [insert age] years old?

2. What about your experience has been positive?

3. What about your experience has been negative?

4. How has aging affected your well-being?

5. How would you respond to this statement: I am satisfied with life? Please explain.

6. What about your life would you change?

7. Overall, to what extent do you feel that the things you do in your life are worthwhile?

Sample follow-up questions depending on the direction of the interview:

8. You mentioned earlier that you [work/are retired]. Can you tell me more about that?

9. You mentioned earlier that you [suffer from a chronic condition]. Can you tell me more about that?

10. You mentioned earlier you [lost your spouse]. Can you tell me more about that?

11. How have the above factors [e.g., retirement, illness] impacted your SWB and quality of life?

12. Do you feel like your sense of well-being has changed over time?

*Interview questions will be followed by follow-up questions (e.g., tell me more about that) and additional interview questions, as they become areas of focus in the interview.