

A GOOD OLD AGE: EXPERIENCING A SATISFYING LIFE

by

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DEDICATION

I would like to dedicate this thesis to my family because they supported me every step of the way in my Master's program, especially while writing my thesis. I would like to thank my dad, Robert, for going over hundreds of copies of my thesis and giving me advice on every copy. I would like to thank my mom, Dana, for encouraging me and believing in me when I was feeling anxious and overwhelmed. I would like to thank my husband, Daniel, for taking my mind off my writing by cooking delicious meals every night after I came home from the library. I would also like to thank Dr. Steven Patrick who passed away too early. Dr. Patrick was one of the kindest professors and friends who supported me throughout my undergraduate and graduate program. I could never understand statistics but Dr. Patrick was patient and would always do anything he could to help a student understand and learn. I wish he could be here to celebrate the finish of this thesis with my family and me.

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ABSTRACT

The definition of successful aging has been changing, however, there is a lack of current studies on existing aging trends and how to experience a good old age. The purpose of this study is to identify and describe themes and factors that can lead to an individual experiencing a good old age. This study is a qualitative, exploratory ethnography in which interviews were used to gather information on a good old age from adults aged sixty-five and older. The study revealed that there were several common factors throughout the interviews. Physical and mental health, social support, and financial stability are factors that can assist an older adult to experience a good old age. There is a need for future research to use ethnography and other tools to remain attentive to the experiences of aging elders. This will assist with the development of policies that can be implemented to ease obstacles to healthy aging.

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CHAPTER ONE: INTRODUCTION

Gerontology is an interdisciplinary field which includes biological, social, cultural, and psychological factors. Currently in the field of Gerontology the phrase *successful aging* is being examined and redefined. The aim of my study was to explore what experiences lead to a good old age or a satisfying life. Qualitative methods were used to explore factors that lead to experiencing a good old age. Through an exploratory ethnography, older adults were interviewed to collect personal stories in order to examine various factors that influence how an individual ages. I theorize that every individual ages differently and at his or her own pace, thus, a good old age can only be defined by an individual.

Redefining and developing aging policies is important throughout every generation and is imperative in the United States today. Julie Gerberding, the Director of the Centers for Disease Control and Prevention found that, “[t]he aging of the U.S. population is one of the major public health challenges we face in the 21st century. One of CDC’s highest priorities as the nation’s health protection agency is to increase the number of older adults who live longer, high-quality, productive, and independent lives” (The State of Aging and Health in America, 2007, p. 3). To develop new policies and modify older policies, it is essential to determine factors that can help individuals experience a good old age. In addition, exploring a good old age and experiencing a

satisfying life is important because aging does not only affect those in their sixties and older; it affects the entire population.

As each year passes, there is an increase in Americans transitioning into retirement and there may be a bulge on one side of the age spectrum. Brown (2013) from Gallup found “[t]he average age that current U.S. retirees said they retired is now 61, compared with 59 in 2003 and 57 in 1993. It is likely that the average retirement age will continue to increase in the years ahead, as more nonretirees expect to delay their retirement past age 65” (Brown, 2013, p.1). The minimum age I set for my interviews was 65 years old, which is the close to the typical retirement age in the United States. There are multiple factors that have impacted the growth of older adults. The CDC determined two main factors in *The State of Aging and Health in America* (2013), an increase in life span and the aging “baby boomer” generation.

According to the U.S. Census Bureau “... the population age 65 and older is expected to more than double between 2012 and 2060, from 43.1 million to 92.0 million...The increase in the number of the “oldest old” would be even more dramatic — those 85 and older are projected to more than triple from 5.9 million to 18.2 million, reaching 4.3 percent of the total population” (U.S. Census Bureau, 2013, p 1). The current projections show an increase in older adults in the American population and the need to ensure each individual experiences a good old age.

Learning about how to experience a good age is important and it will impact future generations. One way to learn about a good old age is speaking with adults from various ages to hear about their experiences, history, and advice through narrative. Social connections are important and they are potentially an easy way to learn about how people

actually experience aging. Every individual may have different experiences and may overcome obstacles in various ways. As we listen to each story, we can learn and potentially improve aging education and health policies. The personal experiences of past generations become the roadmaps for future travelers on the road to a good old age.

Throughout this study I will discuss past research and definitions, as well as current research being completed in the Gerontology field. Next I will discuss the methodology of my qualitative study. After discussing the outline of my study I will analyze the results of my interviews. In conclusion I will outline the themes I discovered throughout my interviews and suggest future research opportunities.

CHAPTER TWO: LITERATURE REVIEW

With the help of public health policies and medical advances, life expectancy of Americans, both male and female, has been steadily increasing. The CDC found that people in the United States are living into their 70s and beyond. Individuals in the baby boomer generation are steadily moving into retirement at a rapid pace. The CDC (2013) found that, “[s]ince January 1, 2011, and each and every day for the next 20 years, roughly 10,000 Americans will celebrate their 65th birthdays. In 2030, when the last baby boomer turns 65, the demographic landscape of our nation will have changed significantly. One of every five Americans—about 72 million people—will be an older adult” (p. 1). The steady increase of people entering retirement places the issue of aging at the forefront of issues that need to be addressed.

The definition of successful aging created by Rowe and Kahn in 1987 has been widely used and has been applied in multiple fields. In their definition, successful aging was achievable if three central components were met; these are “...low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life” (Rowe & Kahn, 1997, p. 433). Although this has been a popular definition of successful aging, new definitions of successful aging and interpretations of how to age successfully are emerging.

There is a focus on a “new” aging which has been developing since the introduction of the phrase “successful” aging. This new type of aging can be described in

multiple ways; “positive”, “successful” or “productive” (Katz & Laliberte-Rudman, 2009). Katz and Laliberte-Rudman (2009) found that the new aging “...is built on the ethics and responsibilities of self-care, creating a contradictory culture of aging in the process. While middle-aged and older people are encouraged to develop active and healthy lifestyles to protect them against dependency where they fail to do so they fall prey to being socially stigmatized as vulnerable and dependency-prone” (p. 140). The result of this development there has been an increase in programs and materials about living an active a healthy lifestyle to experience a good old age.

Changes in the definition of successful aging have resulted in new definitions of old age. How old is old in today’s society? The definition of old age will continue to transform with each year that passes as more baby boomers transition into retirement. Age is commonly defined chronologically. Currently, adults 65 and over are considered to be older adults because they have attained average retirement age. Yet age is also categorized as “young-old” (65 to 74) and “old-old” (75 and over) as these groups experience different obstacles. An obstacle in “young-old” category may be transitioning from working to retirement. An obstacle of “old-old” adults may be loss of independence (Ferrini & Ferrini, 2013).

Table 1.1 displays the American population by age and sex in 2012, 2035, and 2060. This table shows the baby boomer population increasing and advancing in age throughout the years. Aging issues are important to address because of the increase of people in the “young-old” and “old-old” categories in the United States between 2012 and 2060.

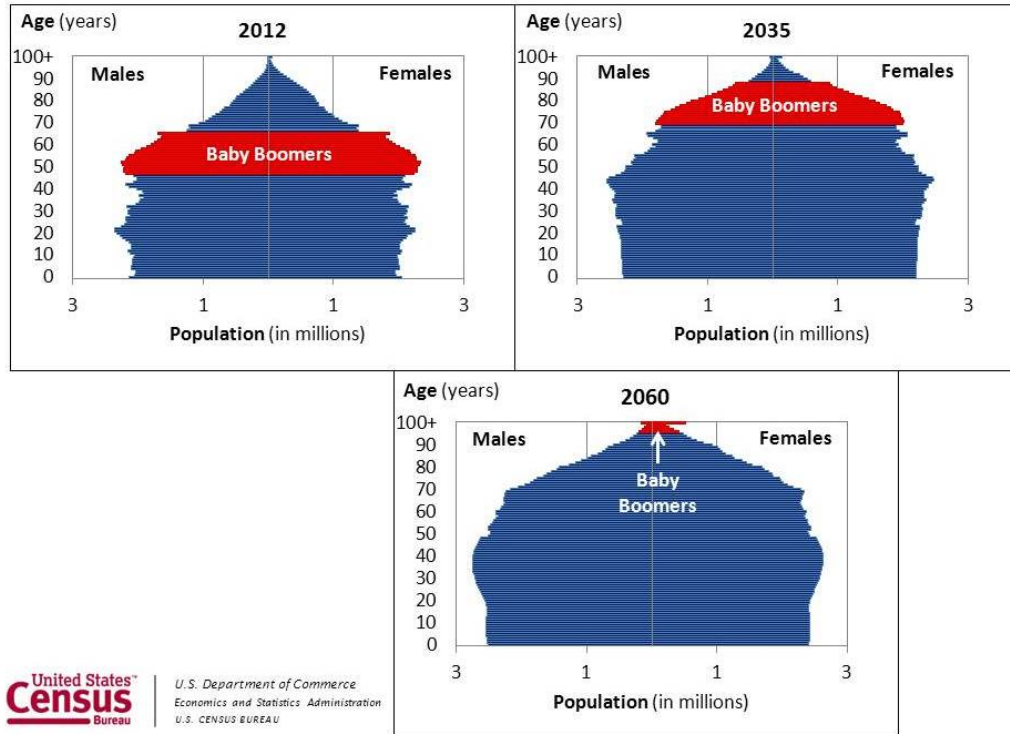


Figure 1.1 Population by Age and Sex: 2012, 2035 and 2060 (CDC, 2013).

There are few new approaches being developed to address the issues suggested by the data above. Recent articles in aging cite sources from the mid to late 1900s that do not directly apply to the present aging situation in the United States and around the world. There is a need for more current studies to be conducted and for the creation of demographic and qualitative theories and policies regarding aging. As the definition of successful aging changes, we need to study it, write about it, and discuss it in the community to improve policies.

In addition to the definition of successful aging changing, there is a parallel shift in quality of life studies. The Economist Intelligence Unit (n.d.) created an index for various determinants of quality of life. The quality of life factors this group found were: material wellbeing, health, political stability and security, family life, community life,

climate and geography, job security, political freedom, and gender equality. Out of 111 countries studied, the United States ranked 13th on the quality of life scale (Economist Intelligence Unit, 2005).

Although the United States is not one of the lowest countries ranked, it is also not ranked in the top five for quality of life. As the population of individuals 65 years and over grows, quality of life needs to be a priority. The U.S. Census Bureau (2013) found that in 2056, the "...population 65 and older would outnumber people younger than 18 in the U.S." (p. 1). There is a need to improve quality of life in older adults because the number of older adults will only continue to grow in the United States as more adults enter retirement. One method that can be used to explore quality of life in older adults is ethnography and oral history.

Qualitative methods have been used to gather stories and data from older adults in communities around the world. Ethnographic fieldwork methods are originally rooted in the study of indigenous people worldwide. The use of ethnographic interviewing within Gerontology began with case studies and has expanded into the ethnography of aging as a field of study (Singer, 2009). Just as the study of aging has expanded as an interdisciplinary field of study, the use of oral testimony and personal narrative as significant and important bodies of data, have also become more prominent. As new definitions of aging emerge the method of ethnographic interviewing and participants-observation will continue to be used to explore old age. There are numerous factors that impact aging throughout the United States. In the sections below, I will discuss the biological, social, cultural, and psychological influences on aging.

Biological Influences on Aging

Two biological approaches to the study of aging are genetic aging and nongenetic aging. Genetic aging factors are out of a person's control, for example, sex and heredity (Aitken & Rudolph, 2012). There are, however, nongentic factors that are within an individual's control. Nongenetic factors are lifestyle choices, for example, diet, physical activity, gender roles, and mental activity (Aitken & Rudolph, 2012). Although we cannot control our genetics, we can control our lifestyle.

Genetic aging defines aging as predetermined at birth and maintains that an individual's aging will not be affected by the various events that may occur during his or her life. Genetic aging theory uses the example of the "internal 'genetic clock' that determines the beginning of the aging process" (Aitken & Rudolph, 2012, p. 19). Everyone has a biological clock which starts at birth and ends at death. Aging is a process that occurs each day of a person's life, tempered by individual choices that are within his or her control.

Figure 1.2 from the CDC (2013) shows the percentage of Americans affected by several classes of diseases. This figure displays the effects of disease on older adults from 2007-2009. Heart disease and cancer pose their greatest risks to adults 65, regardless of race or ethnicity. Other diseases that commonly lead to death for older adults are respiratory disease, stroke, Alzheimer's disease, diabetes and influenza/pneumonia.

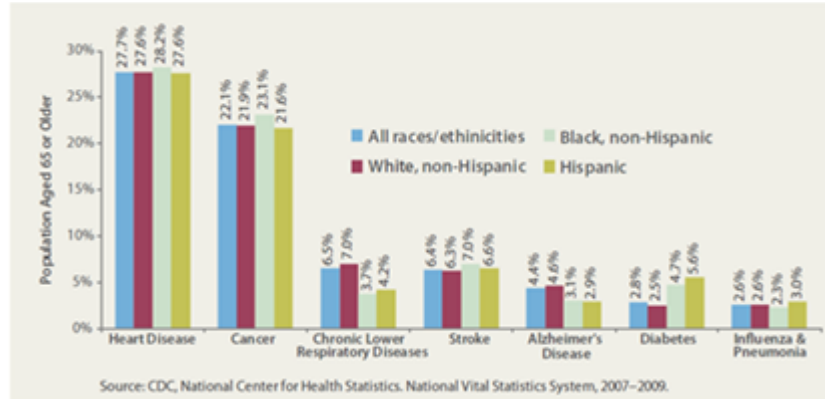


Figure 1.2 Chronic conditions were the leading causes of death among U.S. adults aged 65 or older in 2007-2009

Figure 1.2 displays the chronic conditions that are leading cause of death among adults 65 and older. Disease is an obstacle that many adults 65 and older may face throughout their life. It is important to assist older adults to provide support and assistance in various forms to ensure quality of life for each individual. Disease is not always avoidable and that is why it is important to manage nongenetic factors to experience a good old age.

Nongenetic approaches assume that the choices we have, diet, exercise, and attitude can mitigate aging obstacles but not alter our biological clock. Aging is determined by various events that occur in an individual's life that can accumulate over time (Aitken & Rudolph, 2012). These theories take into consideration what an individual experiences through his or her life and the effects they may have on an individual's aging process. A study conducted using identical twins showed the twins aging at a different pace. From this study researchers concluded that "...internal and external factors play roles in aging and, like other biological aging theories, wear and tear within the body accumulate through the years" (Aitken & Rudolph, 2012, p. 20). This study shows that

aging is an individual process and genetic factors only determine part of a person's aging process.

Nongenetic factors that are within an individual's control are physical activity, substance use, marital status, and social class (Aitken & Rudolph, 2012). Every factor can influence how an individual ages throughout his or her life but is not the sole determinant for experiencing a good old age. There is a higher chance of being physically and mentally healthy if an individual participates in physical activities, does not smoke, consumes little or no alcohol, and eats a healthy diet (Marquez, Bustamante, Blissmer, & Prohaska, 2009).

Overall, both genetic and nongenetic factors can impact how someone ages and if someone is able to experience a good old age. There may be nongenetic factors that assist an individual experience a good old age and beat their internal clock. For example, if cancer runs in a family, an individual could try to live a healthy and active life and still develop cancer, however it is how they cope with that life event that matters (Aitken & Rudolph, 2012). Increased knowledge and experience can provide important strategies for future generations (Sokolovsky, 1997).

During a cross-cultural study on aging Fry, Dickerson- Putman, Draper, Ikels, Keith, Glascock and Harpending (1997) found that in the United States, "[b]eing vital, active and involved with others are the signs of a good old age. Good health and comfortable pensions do not hurt either. Health problems can erode success in one's elder years, bring a social withdrawal and a more self-centered old age" (p. 188). They also found that kinship in the United States is weaker compared to less industrialized countries around the world. Our emphasis upon the independent nuclear family reduces

the extended family ties that support the aged in societies around the world (Thornton, 2005).

Aging affects every part of our bodies so it is necessary to take a comprehensive approach, both mentally and physically to be healthy (Marquez, Bustamante, Blissmer, & Prohaska, 2009). Mentally, it is important to have a strong support system in older age due to numerous transitions each older adult experiences between retirement and late adulthood. A result of having a weak support system is that an older adult may experience depression. Depression is defined by *Stedman's Electronic Medical Dictionary* as “a temporary mental state or chronic mental disorder characterized by feelings of sadness, loneliness, despair, low self-esteem, and self-reproach” (Cahoon, 2012, p. 22).

Social Influences on Aging

Social factors play a role in aging, similar to biological and psychological factors. Social factors that impact aging include family ties, friendship, and integration into society (Haber, 2013). As humans we are social creatures and seek relationships throughout different ages and stages in our lives (Haber, 2013). The lack of social ties can also negatively impact how an individual ages and experiences a good old age (Haber, 2013).

Social support and social networks have been strong influences on a higher quality of life for older adults. Research found that “social support appears to lower the risk of mortality in older adults” (Haber, 2013, p. 371). By making connections with family, friends, and other social networks, older adults will likely increase their own life

span and have emotional, instrumental, and informational support throughout their later life.

The role of family, friends, and an overall integration to society is important during the aging process (Haber, 2013). Durkheim's (1897) theory on suicide revealed the importance of being integrated into society. Durkheim explained that suicide is an individual act. When an individual becomes disconnected from society and the norms it has created, he or she may choose to commit suicide. According to Durkheim, there are three different types of suicide: egoistic, altruistic, and fatalistic.

Egoistic suicide occurs when an individual is far removed from social groups. Durkheim (1897) viewed suicide as an individual's choice to escape from society due to the lack of societal connection. He coined the term *anomie* to explain why individuals become disconnected with society.

The isolated person today would potentially be classified as a 'loner' (Berberoglu, 1998, p. 22). Also, in Berberoglu's (1998) writing on Durkheim, he found that Durkheim thought society not only taught morality but that being a part of a group is far more rewarding and it provides a feeling of belonging. This feeling of belonging can change during old age due to retirement, loss of friends and family, and the decline in health. Durkheim (1893) also coined the terms *mechanical solidarity* and *organic solidarity*. In *mechanical solidarity*, people feel connected based on their shared values and beliefs while the experience of *organic solidarity* is based on division of labor which encourages *individuation* (Merton, 1934).

Disconnection from society may occur for a variety of reasons. Depression is common in late adulthood and it often goes undiagnosed and untreated. Depression is

becoming increasingly common in later adulthood. The National Alliance on Mental Illness found that “depression affects more than 6.5 million...Americans aged 65 years or older” (Duckworth, 2009, p. 1). This means that over 18% of our entire American population is suffering from depressive symptoms. With older age comes an increase of depression risk factors. These risk factors include medical conditions, loss of friends and family, and physical/cognitive decline (Cahoon, 2012). Depression is not a requirement in old age even though at times it seems as if it may be.

Social support can help older adults manage through difficult times without experiencing feelings of depression. Haber (2013) found that having a social support system can decrease depression and anxiety while increasing motivation to live an active and healthy life. Examples of social support networks include the following: spouses, family, friends, lay support, online support and pet support. Every individual may have a different support system.

Lay support can also be referred to as lay health advisors, ““people to whom others naturally turn for advice, emotional support, and tangible aid”” (Haber, 2013, p. 374). An example of lay support is an advisor trained in the skills necessary to help people who need support. There are two programs created by the federal government that may foster lay support: the *Senior Companion Program* and the *Foster Grandparent Program* (Haber, 2013).

Online support is an effective tool used to help old adults (Haber, 2013). Online support groups allow individuals to have support without having to travel outside of their homes. The benefits of online support are that it is easily accessible and there are a variety of social groups available. In a rural community, for example, there may not be

support groups available. One drawback of online support is that there is no face-to-face contact. Interpersonal contact can be important to some people to adequately discuss how they are feeling and solicit the support they need (Haber, 2013). Also, online support does not always require someone to be trained to guide and assist individuals. Therefore the quality of life of online support may be marginal.

Finally, another type of support is pet support which may be administered through pet therapy. Pet therapy has been reported to decrease loneliness in older adults. Although there has been a benefit found, “[t]he majority of pet intervention programs have not been rigorous...” (Haber, 2013, p. 378). There has not been a substantial amount of research conducted on the value of pet therapy, yet the research that has been completed has shown positive results in the use of animals to decrease loneliness.

Overall, increasing or maintaining social support or social networks can increase the quality of life in older adults. Haber (2013) found if older adults have a social support system it tends to decrease mortality rates. People are social beings and seek connections with others throughout their lives; this tendency does not change when an individual reaches an older age (Haber, 2013). As people reach old age and they experience loss, it is important to have a social system to help them through the difficult times they may face.

Cultural Influences on Aging

Culture plays an important role in determining how people view aging and older adults. Robert N. Butler coined the term *ageism* which refers to stereotyping or discriminating against an individual based on their age (Katz, 2009). Katz (2009) found that “...the image of the aging population is that of a burdensome and cumbersome

behemoth that roves greedily across fiscal territories, demanding and consuming resources, and sacrificing the future prosperity of shrinking younger generations to the priorities of its own needs” (p. 13). Having a negative view of aging may impact how younger, middle-aged, and older adults view aging and how they experiencing aging.

There is a push to move away from the definition of successful aging from Rowe and Kahn (1997) and to create a new culture of aging. Instead of looking for success with age, our culture is moving towards redefining a person’s identity throughout the aging process. Katz (2009) found that the “...new aging cultures have replaced aging stereotypes of decline, disease, and dementia with empowering values of independence, activity, well-being, and mobility” (p. 16). Focusing on creating a positive view of aging can fight against the ageism that exists in our society. This can be done by using narrative, oral history, and ethnography.

Oral history and ethnography have a separate, but parallel development in their respective fields. The use of recorded historical materials can be traced to the recordings made by Alice Fletcher in the nineteenth century (Gay, Hoxie, & Mark, 1981). Fletcher used wax cylinders to record the songs and music of Nez Perce and other Native Americans in her research on Native American music (Gay, Hoxie, & Mark, 1981). Folklorist Robert W. Gordon (1938) also used wax cylinders in his recordings of dock workers and sailors on the San Francisco waterfront at the turn of the century. Many of these early recordings are housed in the American Folklife Center at the Library of Congress.

Within the field of oral history, the work of L.L. Langness, Gayla Frank, and Ronald Grele in the eighties firmly established the use of oral sources for a variety of

historical types of research (Langness & Frank, 1981). Langness and Frank (1981) were particularly instrumental in creating methods and theoretical discussions concerning biographical versus autobiographical fieldwork; while Grele (1985) focused more on the various levels of insight and method involved in the interview process itself (Yow, 2005). More recent research by Yow, Maynard and Purvis (1994), has further refined the use of oral history within both a multi-disciplinary and a feminist context (Yow, 2005). Feminist writers such as Ruth Behar and Deborah Gordon (1995), have challenged the male domination of the study of oral tradition, and in doing so have greatly expanded the methodology and the sophistication of the literature (Behar & Gordon, 1995).

In the parallel field of ethnography, the use of oral interviews and media documentation has also developed an expanding body of research. Boas & Rohner's (1969) use of photography and the use of film by Margaret Mead and Gregory Bateson (1942) for ethnographic documentation expanded into an international movement devoted to the study, preservation and teaching of ethnographic filmmaking. Karl Heider (1976) and Jay Ruby (2000) have published widely in their critiques and syntheses of these media representations of society and culture. A growing number of ethnographers such as Jean Rouch (1974) have seamlessly combined written ethnographic analysis with filmed material. The expansion of recording technology promises to greatly expand and democratize this process within and outside of the academy.

Specific use of oral history and ethnographic interviewing within the field of aging and gerontology began with case studies and has followed the expansion of both oral history and ethnography as fields of study. The research of Robert Atkinson (1998) combined a focus on the life-course and the use of interviewing as a central mechanism

of study and analysis. Just as the study of aging has expanded as an interdisciplinary field of study, the use of oral testimony and personal narrative as significant and important bodies of data, have also become more prominent.

Atkinson (1998) found that “[s]torytelling is a fundamental form of human communication” (p. 1). Storytelling is a form of narrative and exists in everyday life worldwide. Using participant-observation to gather stories from older adults “...is critical in developing an emic understanding of old age...” (Sokolovsky, 1997). It is important to collect narratives and also analyze them to explore and extract lessons and values from different generations. A study done using this method to examine global aging was Project AGE.

Project AGE was conducted between 1982 and 1988 in Africa, North America, Hong Kong, and Ireland. The purpose of the project was to gather data on how different communities experience and view aging. The researchers used participant observation and interviews to gather personal data from participants. Investigators found that a “...structured interview was an important component of our research to systematically obtain information on the life course, individual residential and work histories, kinship networks, health status and well-being. A major part of this interview was designed to investigate perceptions of the course of adulthood and changing concerns associated with aging” (Fry et al., 1997, p. 100).

The results of the study indicated four parallels between the communities examined: physical health and functioning, material security, family, and sociality. Although the researchers found similarities between factors that impacted aging in older adults, each community did not discuss each factor the same way. For example, while

discussing physical health and functioning participants gave different examples of strong physical health. While describing physical factors that lead to a good old age a participant named Herero said that “he has strength, cattle, no illness, sour milk and meat” while another participant said that being young and healthy is the most important factor for aging well (Fry et al., 1997, p. 103).

At the end of their study the authors asked themselves “Is a good old age possible? If it is, what is it?” (Fry et al., 1997, p. 118). The researchers involved in Project AGE found important factors that impacted how an individual experiences a good old age but not one solution that would fit people in various communities across the world. Culture played a vital role in how people in the different communities viewed aging and the use of qualitative methods provided a reliable and accessible record of these varying definitions.

Using narrative, oral history, and ethnography as tools for qualitative studies allow researchers to gather first-hand data from participants. The stories gathered can outline values and life lessons of different generations and cultures that can influence future generations. What is particularly relevant to this project is their utility as cultural and social texts. These spoken-word recordings extend well beyond their ability to capture individual performances, to reflect significant patterns of expression. In a similar manner, the interview materials collected for this project indicate both personal interests and repertoire, while they also suggest wider patterns of narrative that embody lessons and insights into the way elders “teach” the various techniques of aging well.

Psychological Influences on Aging

Rowe and Kahn (1997) found that older adults have two choices when it comes to experiencing old age; they can either live each day to its full potential while not taking a moment or opportunity for granted or they can let the challenges that an older adult may face force them to slowly wither away. The main theories used in aging are Activity Theory, Continuity Theory, Disengagement Theory, Erikson's Psychosocial Stages of Development, and Peck's Psychosocial Stages in the Second Half of Life.

Robert Havighurst's Activity Theory (1963) is the opposite of disengagement theory, which focuses on physical and mental activity as the keys to a successful aging. Successful aging was determined by the number of activities in which an older adult is involved instead of the value of an activity in each individual's life. This theory has been criticized because it "...excludes elders' physical well-being, past lifestyle, and personality attributes" (Aitken & Rudolph, 2012, p. 21). An additional criticism of Activity Theory is its focus on the number of activities instead of the value of an activity on an older adult's life.

Continuity Theory was primarily developed by George L. Maddox (2001). This theory describes how the lives of older adults change both internally and externally. Aitken and Rudolph (2012) explained continuity by stating that it "...does not mean that nothing changes; it means that new life experiences occur, and the elder must adapt to them with familiar or persistent processes and attributes" (p. 22). This theory focuses on overall well-being and also on importance of independence in an older adult's life, which is the contrary to activity theory.

Disengagement theory, was created by Cumming and Henry (1961), who determined that detaching from society occurred when people withdrew from their role in society and/or activities (Aitken & Rudolph, 2012). Although disengagement does occur during later years, it is a gradual process. In later years older adult loses family members and friends, there is a decline in physical and/or mental health.

Erik Erikson's (1985) theory of psychosocial development proposes life stages that explain potential conflicts, life events, and outcomes (Aitken & Rudolph, 2012). Originally, Erikson's theory contained eight stages that ranged from birth to death. Stage eight was the last stage of psychosocial development titled "late adulthood". This stage focused on ego integrity versus despair when an "[a]dult comes to terms with life's successes, failures, and missed opportunities and realizes the dignity of their life" (Broderick & Blewitt, 2010, p. 10). Joan and Erik Erikson created a ninth stage for elder ages 80-90 years old when they reached their eighties. This stage focuses on consecutively experiencing stages one through seven.

Peck's (1968) psychosocial stages in the second half of life contain three stages which expanded on Erikson's eighth stage (Aitken & Rudolph, 2012). The first stage of Peck's old age theory focuses on ego differentiation versus work-role preoccupation. In this stage, an older adult transitions from work to retirement and is struggling to redefine his or her identity. Many individuals' identities focus on his or her own success in their career or field; when an individual no longer works, it can be difficult to adapt and redefine their identity and values.

The second stage is body transcendence versus body preoccupation. This stage focuses on interests and relationships instead of physical and mental limitations. As

people age, physical and mental health tend to weaken. Although physical health may weaken, mental health does not need to weaken also. For individuals who place high significance on physical and mental health this stage is an opportunity to face those challenges and focus on the positive aspects of their lives. The final stage, stage three is ego transcendence versus ego preoccupation. The third stage concentrates on life reflection and emphasizes that older adults should enjoy the time they have left (Aitken & Rudolph, 2012).

Overall, there are multiple theories in the literature that provide different philosophies regarding the strategies that can be employed to age successfully or productively. There are multiple themes that are similar throughout the theories discussed above, including the need to stay physically and mentally active, adapting to changes and redefining one's identity, remaining connected with society, and a focus on the positive over the negative.

As adults continue to move towards retirement, aging issues will in significance. The definition of successful aging has been changing since the definition by Rowe and Kahn (1997) was introduced. This definition will change as more adults age. In the literature, the definition of successful aging is moving toward a focus on positive aging, productive aging, or aging well instead of gauging age on a success scale. There is also an increase in research that focuses on how to age and on the quality of aging over longevity.

Although the definition of aging is changing, there is still a focus in the field of aging on older theories and studies that cannot be directly applied to the current aging issues we are currently experiencing in the United States. With an increase in the use of

oral history, ethnography, and narrative, researchers can explore the experiences of a good old age from the perspective of individuals who are currently experiencing this stage of their lives.

CHAPTER THREE: METHODOLOGY

The focus of my study is to explore what experiences members of the “young-old” and “old-old” generation shared that prepare or prevent them from for experiencing a good old age. This study focused on a good old age instead of a successful age. This study is an exploratory ethnography in which interviews were used to learn about the experiences individuals of an older generation have had that may help them experience or prevent them from experiencing a good old age. I found similar themes to those found in past and present research in the field of Gerontology.

The definition I used for a good old age is similar to the definition Katz (2009) used. Katz (2009) linked physical ability and quality of life to remaining independent in later years and experiencing a good old age. My hypothesis is that there is no magical formula to experience a good old age. I believe each individual faces various obstacles and reacts to them differently. I theorize that experiencing a good old age is partially a choice that needs to be made by an individual(s) on a daily basis. Every person ages differently and so does his or her definition of a good old age. There may be similar definitions but each one is special in its own way to each individual. There is real aging and ideal aging. Real aging focuses on what someone actually experiences during the aging process and ideal is aging is what someone hopes to experience as they age.

For this study I interviewed 10 adults, five women and five men, aged 65 to 90 years. My goal was to listen to their life stories and memories to learn about the

experiences that may have helped or hindered them in experiencing a good old age. I began my interviews with Cocoa, who is 68 years old, retired, and is currently living in Boise. At the beginning of my study I only had planned one interview because I wanted the other interview candidates to come naturally and I wanted them to be interested in sharing their story. Four out of 10 participants were chosen through snowball sampling, these participants were Errol, Tony, Audrey, and Marilyn.

A qualitative ethnographic life history approach was used to thoroughly examine a small number of cases. This ethnography also included a life review in which the participants discussed experiences that revealed in a concrete, narrative manner how they dealt with challenges to construct a pragmatic approach to aging. The guide I used for the interviews can be found in Appendix A. The method of ethnography was chosen to gather information from real people who are currently experiencing an older age. Instead of using a survey method which only quantifies answers, I sat with each participant and listened to his or her story. From the stories I gathered, I was able to draw parallels between the factors that influence a good old age.

The ages of the female participants ranged from age 67 to 74 years old. The five women I interviewed were Cocoa (67 years), Sally (68 years), Audrey (69 years), Lee (71 years), and Marilyn (74 years). The ages of the male participants ranged from age 65 to 90 years old. The five men I interviewed were Robert (65 years), Errol (71 years), Tony (72 years), Jerry (77 years), and Rusty (90 years). The interviews ranged from 40 minutes to two hours.

I used open-ended questions to allow the participants to tell me their life histories and their views on aging. At the beginning of the interviews I outlined the interview and

the overall goals of the project and proceeded to ask questions about the participant's early life. I was interested in having the participants tell me their stories from their perspective and I was just an observer or guide while they told their stories. I wanted to act as an intermediary between the participants and society. By using an inductive method I let the categories from the interviewees teach me which stories were the most important to them. The interviewees discussed factors and memories that were important in their lives and how they impacted how they aged. As in a family, my approach provided me with an opportunity to learn the lessons of later life from those who are experiencing its challenges every day.

CHAPTER FOUR: RESULTS

After completing my research I found that there are multiple factors that impact how an individual experiences a good old age. The factors I found are health, social support and social networks, and financial security. Each individual discussed the three important themes in unique ways however I was able to draw similarities between each participant.

Throughout the analysis I found parallels between participant marital status and employment status. Out of the 10 participants, 30% of participants are widowed, 30% are not currently retired, 30% retired early due to health problems, and 90% have children. 0% of participants have been divorced and are currently married, 20% are widowed and have not re-married, 30% have only been married once, and 30% have been divorced and never re-married. Out of the all participants, Rusty has been married the longest. He has been married to his wife Betty for 71 years. Financial security was also an important theme throughout the interviews; 100% of participants discussed financial security either directly or indirectly.

Physical and Mental Health

Although physical health is important to remaining independent and financially stable, mental health seemed to be the more important factor in experiencing a good old age. Having good mental health allowed individuals to survive difficult times in their lives, whether it was the death of a spouse, personal health problems, or losing touch with

family. Having strong mental health allowed each individual to work through each issue. Out of the 10 interviewees, all discussed both physical and mental health on two or more pages of transcription.

I found that 40% of participants had little or no health problems throughout their early age and older age. The participants whose health played a positive role in experiencing a good old age included Lee, Sally, Audrey, and Jerry. The other 60% of participants experienced physical health problems of some kind that affect their life today. Among 60% of participants who experienced health problems, three participants were notable because they retired early due to their health issues.

During the interview with Audrey, she described how busy her schedule is each week and how she stays active with both physical and mental exercises.

A: I am a chunky monkey but I do like to swim, I do things that I enjoy doing. If I don't enjoy doing them I am not going to do it. I have friends that have been my friends since first grade and are still my friends and I am going to be 70 this year. We have known each other for 60 some years and to me, I enjoy these people, that's it. I am not a shopper; I go to Macy's once a year. I do like to lunch with my friends but I think if I hadn't worked all my life it would be very difficult for me because I find out that I get more done when I'm busy then when I'm not busy. I try to stay busy as much as possible.

K: So you swim, golf, what are the other hours of your day?

A: I do spend some time with my husband, my husband enjoys, he came from a family where his mother was very educated, she had a master's degree in Journalism from Marquette university and that was a long time ago when women didn't have jobs, not that she did anything with it. She had it.....I play Mahjong, I don't play bridge. I play with the tiles and the ladies. My husband likes that I cook lamb shanks and I cook prime rib and he likes that sort of thing. Every night we have a good meal, it's not soup and sandwiches (Audrey, 2013, p. 7).

Audrey is active both mentally, physically, and socially. While Audrey is not doing physical exercise, she meets with a group of people to play Mahjong to stay

mentally active. Although being active is important to Audrey, she also stressed the importance of eating well. However, she did mention that she views herself as a 'chunky monkey' so I was not able to conclude what types of food choices she makes.

While discussing health with Jerry, I found that he has not suffered from many health problems and is remaining active by traveling and also by staying connected with social groups and friends. In response to my question about health and staying healthy, Jerry responded by saying:

Yes I have. I have been very blessed by the medical establishment. I have had good health care, I have always been able to get to a doctor, I have had every other year some surgery. If I would have been in India [he wouldn't have had the same level of care/access to medicine]. I've had rotator cuff surgery on my shoulder, I had a back program that was taken care of by a rather small surgery, I had a hernia, then the hernia broke and needed to be repaired almost died, but there I was at St. Luke's. They hauled me in and eventually figured out what to do. I am very healthy now; I can do anything I want to, I have never had impediments. That is just good fortune. I am active. I bike, I walk the foothills, I backpacked for a long time, I haven't gone for the last couple years (Jerry, 2013, p. 7).

While discussing backpacking I asked Jerry where he backpacks, he responded by saying:

J: The Sawtooths, all over the Sawtooths. I have got the six maps of the Sawtooths on my wall; I was trying to figure out if I could walk from one end to the other later this summer.

K: Are you going to try it?

J: I don't think I will. [Talking about wanting to walk the Sawtooths] I am putting together a group that is going to do one hike that my friends will be willing to do. I have got a buddy; we have breakfast every Saturday morning and go for a walk, usually about 2-3 hours. We were at Bogus for 3 1/2 hours this Saturday.

K: You guys do that every Saturday?

J: Yes. It is actually the first friendship I have had to that degree of spending time with someone.

K: How long have you guys been doing that?

J: Oh, four months.

J: You know the research that people as they age, their relationships, their social connections are the most important thing to predict their welfare, their survival, their health. It is huge (Jerry, 2013, p. 7).

Jerry is well educated and also is conscious about aging; he discussed how people age during this section of his interview. He also stressed the importance of being active and having social connections. Jerry stays integrated into society by traveling and spending time with friends. In the last two years Jerry has traveled to India, South Korea, and Guatemala to explore cultures, learn traditions, and volunteer in various communities. While he is not traveling he is spending time in Idaho and enjoying the outdoors. Recently, Jerry started meeting a friend to go hiking every Saturday. Being physically and socially active were the top factors identified as part of a good old age during this interview.

Role of Work

The three participants who retired due to health problems were Cocoa, Marilyn, and Errol. Cocoa was diagnosed with a virus which later led to legionnaire's disease. Marilyn was diagnosed with breast cancer and Errol endured kidney failure and skin cancer.

While Cocoa and I were talking, we discussed how her health problems led to an early retirement at the age of 59. In response to my question about when she retired she responded by saying:

October 2005 after I got that virus. It was on a business trip to Paris. I think it was the plane. So that virus just really destroyed my auto-immune system. Ultimately, it got into the heart and so I had the heart surgery. So I was sick, deathly sick, for like a year and a half. I just ultimately decided, because they called when I was

out on medical leave for the heart surgery, there was a reorganization and they said they were going to announce this in another month and here are the positions, which one would you like. I just thought, this just doesn't sound really exciting, so I sat down with my portfolio manager because before then we had always done our own but I was trying to figure out how to migrate from growth to income producing. I sat down with her and said that if I was to retire this is the pension I would get and financially how would it look? She said she doesn't understand why I am working now because you are financially secure. Save money, it's a big thing! I called them [IBM] back and said I am going to take an early retirement. I retired when I was 59, 2005. They called two or three times to try and convince me to go on another year medical leave because I really needed to recover and I would feel differently (Cocoa, 2013, pp. 8-10).

In response to my question about whether or not she ever reconsidered her retirement she said:

I did kind of, because they were right ... a year later I was feeling good and I was really pooped. That thing [the virus] had worked its way through my system. So then, the result of the auto-immune system being destroyed, so I ended up in Croatia and got legionnaire's disease because my system can't fight stuff off any more. It is important to figure out how you keep going, don't let your brain turn into mush, and I have always been active. I think if you always active, and I watch my friends who have spent their entire lives as sort of these delicate flowers, women who didn't get out and do things, and you die. Which doesn't mean you have got to run a marathon all the time but if you are not active you are going to die (Cocoa, 2013, pp. 8-10).

This excerpt from the interview covered several topics that influence experiencing a good old age. Cocoa retired in 2005 due to a virus she contracted on a business trip to Paris, France. Financially, Cocoa was able to retire early to focus on her health and decided not to return to her job after recovering. In this passage, Cocoa also said that saving money is important because a person does not know when he or she may become ill. Although Cocoa's physical health is weak because of a virus and legionnaire's disease, she focuses on her mental health by staying active and being involved in the community.

Marilyn also retired early because of her health, Marilyn retired after being diagnosed with breast cancer. In my response to my question about how the transition was between being working and retirement Marilyn said:

M: Such a relief [she laughs]. Actually I got cancer that last year so I was pretty sick so it was just really too much to do and so that was good, so I could just concentrate on doing, I did the chemo while I was still in office and then I did radiation when I was out. With radiation you go every day, with chemo you go once a month, every two weeks, so chemo was regular but radiation was every day so that was helpful to do that when I was out of office cause then I could just drive myself every day to radiation.

K: Did that push you to retire earlier?

M: I had done two terms and two terms is enough in that job, if you are really working it you are working 12 hours a day and you are on it all the time because you are trying to anticipate what is coming down, you are managing a really large staff, you have to be ahead of the curve, you have to know what people are thinking before they think it. I had really good people working with me so that's a good thing.

K: What type of cancer did you have?

M: I had breast cancer and so I had a mastectomy.

K: After two years were you okay after your surgery?

M: Once I went through the surgery, chemo and radiation then you just hope you stay well.

K: Has it affected your health currently?

M: Mostly, see this arm is swollen [her right arm was swollen from her shoulder to hand] and so that is called lymphedema and it comes from losing lymph nodes and so I am having a little trouble with this right now because I am having trouble moving the lymph out of this arm (Marilyn, 2013, p. 5-6).

Marilyn seemed very open and light-hearted when speaking about her transition to retirement even though it was due to health issues. After surviving breast cancer and having issues with her arm because of lymphedema, she still has a smile on her face. Marilyn is still working part-time and found that she failed retirement because she likes to keep busy and went back to work after recovering from breast cancer. In previous

generations cancer may have been seen as a death sentence but for Marilyn, she fought cancer and won and continues to live a happy and fulfilling life.

During my interview with Errol he focused primarily on his work, hobbies, and family until the last part of the interview when we discussed his health. Errol retired early after his kidneys failed. When I first asked Errol he did not let on that he had many health problems; I asked him if his health was good and he responded by saying:

E: No, it's lousy.

K: Why?

E: No it's pretty good.

K: Do you think you will remain healthy throughout the rest of your life?

E: I hope so. One of the things that precipitated my retirement and had it not, I would probably be like Tony, still teaching, my kidneys failed, there they went. I had to go on dialysis because they didn't work anymore then I got a kidney transplant which gave me a new life.

K: When was that?

E: 2006 is when they went kaput and I was on dialysis for no more than 6 weeks to 2 months and got a kidney. The beginning of 2007 which was the same year I retired I got a kidney and had the six year anniversary of that not too long ago (Errol, 2013, pp.9-10)

I asked Errol if he is relatively healthy now and what effect his kidney failure had on his life, he responded by saying:

E: Now I am a freak, I have three kidneys, two of them don't work but I have got the one.

K: Does any other medical problems come with that?

E: Yes, not so much daily life but you have to go on immune depressant drugs to keep your body from attacking that foreign thing in your system and immune depressant drugs carry with them terrible risks. Skin cancer, which I have, lymphoma which I don't yet, for the most part those are the two biggies.

K: Did you get skin cancer after your transplant?

E: It opened the door for it. Every time a cold comes wandering through, Errol gets it. My dad had what they call actinic keratosis which was pre-cancerous

condition of the skin and so I inherited that from him and instead of actinic keratosis I get skin cancer, so I have had oh my gosh, so many, all these little white spots [he points to the top of his head] around on my head and they go in there and cut out the cancer. There have been several basal cell and squamous cell cancers, squamous cell carcinoma they call it, and they take it out.

K: Is that the only way they can treat it?

E: They cut it out and hope they get it all and they have some topical chemotherapy that you take that turns you, it's chemotherapy it's terrible. It is on your skin but at the same time it hurts your skin and it just kills everything, I have had that done twice and tried to stay out of the public's eye when that happens because I am not very presentable. I am not very presentable anyway but what the hell, this is even worse. That goes along with it, hand and glove. It's getting to the point where it is getting a little discouraging, my mother died from it, my sister died from it, two of my nephews died from it, the last nephew just died three weeks ago. On top of that, I gave it to my two daughters and passed it on to them (Errol, 2013, pp.9-10)

When I sat down with Errol I would not have been able to guess that he has experienced so much difficulty with his physical health. Errol has a strong passion for traveling and being involved in the university where he worked before having kidney failure. After our conversation about his health I asked Errol how his health issues have affected how he lives his life and he said that “it zaps that concept of immortality” (p. 10). Errol was the only participant who discussed immortality and that all people have to come to terms with the fact that they will not live forever.

Although these individuals retired early they are still extremely active in the community. Originally, physical health seemed to be the most important factor in experiencing a good old age. After my interviews I determined that mental health was more significant in experiencing a good old age compared to physical health. When an individual is faced with an obstacle such as cancer he or she needs to have a strong mental health to work through the difficult time and continue his or her satisfying life.

The three participants discussed above are good examples of overcoming difficult obstacles and coming out on the other side with a positive outcome.

Social Support and Network

The second theme that was frequently discussed is integration into society through support systems and networks. Research has shown that connections with family, friends, and society have increased an individual's chance at living a good old age (Haber, 2013). Through the study 100% of participants discussed family, friends, and integration into society through hobbies and social activities. When reading through the interview transcriptions, 100% of participants discussed the theme of social interaction, both in their early life and late adulthood, on three or more pages.

Social support and social networks seemed to be an important theme because throughout the interviews 70% of participants discussed a favorite memory from their childhood or later life. There were no participants who stated that their favorite memory was the day they retired or were financially stable. Every participant who discussed having a favorite memory described a family experience or a memory involving his or her significant other.

Rusty said that he does not have one favorite memory because of all his memories are his favorite, his memories all involve his family and friends (Rusty, 2013). Robert's favorite memory was from growing up in Texas, "I had a very happy childhood, I always hung around my aunts and uncles and cousins, and they were all likable. The family was very close, it was always close" (Robert, 2013, p. 5).

Two participants' favorite memories recalled spending time with family on holidays. Marilyn's favorite memory was celebrating the Fourth of July with her family. She said that on the Fourth of July they had picnics "...where everyone got together so I had a lot of fun with my cousins growing up. We did a lot together, we square danced and so forth in the winter, we had parties and played cards, things like that. Sounds pretty wholesome huh?" (Marilyn, 2013, p. 3).

Cocoa described the importance of family in one significant memory from her childhood:

In 2nd grade my father sat me down on the couch, I have never told anybody this, my father sat me down on the couch and said, cause I had a report card, he was supposed to sign it, and he said you know you are always going to do well in school cause you are really smart so just let that happen, don't spend a lot of time focusing on it. And, go out and learn how to work well with other people because it doesn't matter how smart you are, you can't get stuff done by yourself, you have got to be able to work with other people (Cocoa, 2013, p. 4).

When I asked Lee a memory that stood out from her childhood, she related two narratives. First, Lee talked about a present she received as a child: "I remember the first horse I got, my dad brought it home it was on a Valentine's night, he came in late from a stock sale, he got me out of bed and had a valentine for me. I went over and I had this beautiful beautiful horse and I was like 6 and that has stuck in my head a long time" (Lee, 2013, p. 3).

The second memory Lee discussed was spending time with family and friends:

The thing that I remember most fondly, of course in a small area like that you make your own entertainment and so people would drop by for dinner on Sunday, I had a, went to high school in Grangeville which was about 4,000 in our class. I went from a 30-40 room students in 8 grades; my high school class was 52, just my class that was a real change for me. I had a friend from high school, her parents were fairly affluent but she would come down to White Bird and stay with

me and even though we had no indoor plumbing we always had a great time. She was quite shocked because one weekend she was there, my family of three children and my mom and dad, by the time my mother served Sunday dinner there were 17 of us that sat down at the dinner table. We had a big cellar; we would go out and get another bottle of something from the cellar. But those kind of memories, the visits, the card parties, the social activities that we made for ourselves (Lee, 2013, p. 3).

Social Integration

Rusty is currently still living in his home with assistance from his family, friends, and employees from the Boise Veteran's Affairs Medical Center who help him with keeping his house clean. During the interview with Rusty I said that it must be nice to have your family living next door. He responded by saying:

I couldn't get by if it wasn't for Pat [his sister who lives next door]. I have got it made. I have got Neil next door; you'd never find a better guy in your life than that guy that lives next door. He comes over here every morning at 8 o'clock for a cup of coffee and has for twenty years, every morning. You don't get your garbage cans out, don't worry about it, somebody between Pat and Neil will get them. If your flowers need watered, don't worry. You can't beat that guy or these guys [he points to the house where his sister lives]. I have got these gals who mother me around and pamper me and everything and neighbors are good, what more could I want (Rusty, 2013, p. 8).

Rusty has been married for seventy-one years to Betty and is currently living in his home in Emmett, Idaho without his wife. Betty moved to an assisted living facility in Boise, Idaho about a year ago after being diagnosed with Dementia. Even though Betty lives in Boise, Rusty is still able to visit with the help of his family. Rusty's family not only supports him so he is able to remain independent in his own home but they take him to visit his wife at least once a week. When talking about how long he has been married, Rusty said, "[i]n July is will be 71 years, that's a long time, when you make those vows, let them mean something to you. When I say I do, I will, you can count on me. It's not easy, any one that's been married any length of time will tell you that" (Rusty, 2013, p.

9). From the amount of support Rusty has, you can see how much he values family and being integrated into society, even at 90 years old.

During the interview with Lee she discussed her marriage to her husband Jerry who she married when she was twenty-five and Jerry was thirty-two years old. Lee and Jerry both worked for the same company so they were together every day. Due to their joint working relationship, Lee did not spend much time with people outside of her husband and son. When I asked Lee about her marriage, Lee described how she did not do many activities without her husband:

We really did [have a wonderful marriage] and as a consequence I didn't really do much outside of our marriage as far as, we had a lot of friends in common but as far as developing any like friendships with book clubs or anything like that, I didn't really do that, now I do that and I am enjoying that immensely too. He didn't necessarily enjoy all the things I did but I enjoyed everything he did so that is what we did. I think now if he could see me he would be thinking, oh thank god I don't have to go with her on that one (Lee, 2013, p. 8).

Sadly, Lee's husband passed away from cancer, however, the memories she discussed were full of happy memories and an abundance of laughter. The value that Lee placed on her relationship with her husband and son showed how much she valued family.

He had cancer, he was diagnosed two years ago in May, in fact on our 44th anniversary with Melanoma and they gave him about 5 months to live and he did. He was very philosophical he was very accepting. He said Lee, everybody has to die, and he said I am no different, I am 77 years old and my time has come so it's just what it is. He maintained his good humor throughout and I was going to go fill his prescriptions once and he said, maybe you should just get half of it filled, one of my funniest stories. That five months was a good time because we had lots of time to talk and lots of things to discuss and in a strange sort of way he wanted to talk about what I would do when he was gone and we were always happiest when we had a project so it was an interesting time. I remember saying to him because he and Charlie were very very close, they had lunch together about three

or four times a week and when he was diagnosed, why Charlie brought his shirts and his toothbrush up and said I am just going to come up and hang out with dad at night and he did which was wonderful because they were really good friends [Charlie moved in with them]. Jerry and I were having a chat one day and I said, boy things are really going to change for Charlie and I and he looked at me and with his quizzical eyes and he held up three fingers and I thought, oh yeah it's going to change for all three of us [she laughs]. I was horrified to think that I was that short sighted but when I told Charlie he just roared (Lee, 2013, p. 8).

Lee and her husband both lived a life full of laughter and humor which has been an important factor in Lee's life and overall happiness. She talked about the importance of humor in her life:

Yeah, it's important to maintain a sense of humor. I kind of grew up in that environment at home... as long as the nuclear family was safe, that is really all that mattered. We didn't have a lot of physical possessions anyway but he [her father] decided finally to remodel our house and I was probably a freshman in college and put in an indoor bathroom and that sort of thing, so in the process, we had a wood stove, in the process somebody had shoved some things in the attic and while everyone was gone one day, they had shoved it against the chimney, well those things caught on fire and the house burned down. One of my brothers was close by and he came and saved the photographs of all things and nothing else, it was all gone. When my dad counted noses and everyone was fine, nobody was hurt, he said something to the effect, well, because was redoing his house, he said I was going to have a house warming anyway I just didn't intend to get it this hot and off we went (Lee, 2013, pp. 8-9).

The value of humor in Lee's life stems from her value of being close with her family, both her husband, son and her parents. Lee values possessions but she does not think that possessions are the most important aspect in her life. Lee grew up with family as an extremely important source of support and that has stayed true throughout her life.

Overall, being socially integrated was important to all participants in their own special way. Each participant discussed the importance of having family support, whether it was given by his or her husband/wife/children or parents. Also, being active in the

community by volunteering, traveling, and being active in athletic groups was important to each participant.

Financial Security

Financial security was an important theme throughout the interviews. Each participant discussed financial security directly or indirectly during his or her interviews. There were three individuals that I interviewed who are not currently retired, including Robert, Tony and Lee. Robert just turned 65 years old in 2013 and is considering retiring in the next few years. Tony who is 72 and Lee who is 71 have no current plans of retiring because they are enjoying their jobs.

Robert was the only person I interviewed who is currently experiencing the transition from working to retirement. He is having a difficult time making the decision about when to retire. When I asked Robert if he thought he was going to retire from teaching in the next few years he replied by saying:

I don't know that's what I am trying to decide. Some of the things I want to do, I want to go hiking in Switzerland, obviously you are going to do that in the summer, you aren't going to do it in the fall. I may make a trip next year and see how it feels. I always want to teach in the fall because I love the falls here. The only time I don't want to teach is the winter semester. I don't want to walk away from the best job in the world. This is the best job in the world. I am not going to run off and regret it. I see two types of people, one type of person like Dana [a friend] who's got so much to do she barely has time and she's fully retired and the next person I see turns around and gets a job immediately because they are going nuts. I don't know which one I am going to be but if I walk away from a job, I don't want to walk away from something I like when I control my time. I teach 9 credits, I keep 6 office hours a week and I am gone. There's my window on my job and I have got one at home that is just as nice [points to his computer]. I don't know and I don't know what the answer is. I am really thinking hard about it, I can't really figure it out. I want to go hiking in Switzerland, I want to hike to Machu Picchu, and the other big trip, I may want to do Kilimanjaro but they are all big trips, Kilimanjaro I don't know if physically I can do it, it's 19,000 feet. I want to do those before I have another big breakage [health wise]. Besides that I see myself doing one trip a year that costs money and the rest I will do in my RV.

I want to work my up the Oregon coast one fall and I want to take the Trans Canadian Railway. It's not much money, you go to Vancouver and get off at Toronto, it's a couple thousand dollars, so there are some things I want to do like that. I may try to find someone to travel with; I may just go on these trips that specialize with singles and solos, because there are lots of people that are divorced or their partners died and go find people to do those things with. You will find other people who will find the passion to travel. It's like you hiking in the Alps, who's ever on that trip and paid to be there wanted to go hiking in the Alps so those would be cool people to meet.

The fact that I can't load you and Austin into the car and go have my partners to go somewhere is like a different thing to. It's a transition because it wasn't Bob party of 1, it was Bob party of 5 whether we were camping or going to Belize or whatever. I have got to sort of make sense of it but I am thinking I may do a trip that's on my to-do list next summer, Switzerland first, and then I will see what it feels like... For another couple of years I may knock off a few of my trips and see what it feels like and stay working. I won't want to rush into it, I like what I do (Robert, 2013, pp.10-11).

This excerpt from the interview with Robert touched on multiple themes. Robert discussed the difficult decision of retirement because he would like to go on many trips around the world but those need to be funded. The transition to retirement is still on Robert's mind and he is considering delaying retirement until he does a few trips on his list to see how they go. Through participating in the interview, Robert was able to tell his story and his thoughts about re-defining his identity and potentially retiring. This interview was a mechanism that may assist Robert in weighing his options and feelings about retiring. Additionally, Robert discusses the importance of family. It is a difficult decision to retire and travel around the world without a companion or family to share your memories.

The second participant who is currently not retired is Tony. Tony does not have any plans to retire. In my interview with Tony he discussed his plan to continue working after discussing his health. I asked Tony if he had any health problems, he responded by saying:

T: All my problems besides the arthritis are self-inflicted. I keep telling my son, he is 49, he still plays soccer like me, I was 49 there [in the soccer photo he showed me]. I said hey, I had a friend who died at the age of 49 on the soccer field because he was like me and didn't warm up and my son is the same way. He plays golf too I said stick with golf. I wish I would've played golf because I could've still done it. I don't have any hobbies now besides the writing, what am I supposed to do, sit in front of the god damn TV? What are you supposed to do if you are retired? I like writing, to me it's no different then somebody who enjoys painting or working wood or whatever it's a hobby, you are putting words together instead of painting or pieces of wood, I like it I enjoy it.

K: How long do you think you will keep working?

T: As long as I can, I want to drop dead in this place. You can make money on that too, I made about \$26,000 from royalties, I don't do it for the money, in fact I make the most money from the books I didn't enjoy writing as much. They are textbooks, I enjoy writing monographs on particular subjects (Tony, 2013, p. 7).

Financial security is important to Tony but it is not the reason he is still working; he genuinely loves his job and it has become his main hobby after his health has limited his other hobbies (soccer, karate, and guitar). Tony has three rental properties and he also publishes articles and books. He said he will continue to work and has no plans to retire.

Lee also continues to work full-time and has no current plans to retire. In response to my question about hobbies, Lee stated that she has remained active. Lee discussed her current hobbies and work:

L: Mainly, I walk nearly every day, walk a mile or two. As far as being mentally active I am still working full time. I took on this class at BSU [she took a Spanish class this past spring semester] and I read a lot, I love to read. I stay busy.

K: I didn't know you were still working full time.

L: It's great, when it quits being fun I'll quit.

K: Do you think you will keep doing it for a while though?

L: I can't say that Katie, I don't know but I'll see I've got some things. I own the house next door [she points out the window] and it's a tear down and so I've got an architect friend who is designing a house for it and we are getting close to final drawings and putting out the bid, if I can afford it Charlie [her son] and I will move in it and if I can't, we will do something else. That is taking a little bit of time and I understand what summers are for, I am so glad to be rid of that Spanish

class. Now I have 20 free hours in the week that I didn't have before (Lee, 2013, pp. 9-10).

As is clear from the excerpt above, Lee does not directly discuss the importance of financial stability but she is currently working full-time while also building a second home. Lee found that working keeps her mentally active but in addition to working to stay mentally active, she also recently took a Spanish class at Boise State University which kept her busy 20 hours a week. It seemed important for Lee to fill each day with something that would stimulate her mentally while also remaining active by walking almost daily.

Out of the sample, 30% of the participants were still currently working, the other 70% were retired, and some were continuing to be involved in various projects after their retirement. Financial security was important to each participant although not every interviewee discussed his or her finances directly. During the interviews with the older adults each theme overlapped, for example while discussing finances, a participant might have also discussed the importance of mental and physical activity. Although financial security was important to each interviewee, no participants said it was the most important factor that influenced their happiness or aging. Being financially stable was a vital factor but not the most influential.

Experiencing a Good Old Age

Experiencing a good old age can be defined in many different ways. Each person may rate important factors differently; for example, some may value physical health as the uppermost important factor in healthy aging with financial security second. Also,

someone may value spirituality as the most important determinant in his or her life.

Although everyone in the world grows up with the same basic needs that center on food, water, and shelter, we all age differently because of our backgrounds and our values.

Unfortunately, experiencing a good old age and satisfying life is not as easy as making sure to check off every factor on a pre-set list on aging. We can learn experiences or factors that may give us the best chance at aging well by listening to the experiences of elders. During the interviews there were three participants, Rusty, Lee, and Jerry, who addressed their ideas of what experiences may lead to a good old age.

First, when discussing his health, Rusty touched on a few different factors that may lead to a good old age. In response to my question, “Were you healthy your whole life until these last few years?” Rusty responded by saying:

R: Pretty much. I think I have been pretty healthy all my life and I think that's why I have got by as well as I have. I am no kid, I think the reason I have got by is I have a good attitude, I have always taken it as it comes, I make a lot of effort to avoid situations, I have lived a long time and nobody owes me anything. If I died today, it's been a great life; I have enjoyed it, every day of it. I will enjoy a lot more of them if I can.

K: That's wonderful. It's nice that you are still able to live in your own home also.

R: I have never been unhappy. I have always been happy and my kids are happy. We lived in a happy home. I think my kids will tell you the same thing, they are happy, they are fun to be with [he has three children, seven grandchildren, and eightgreat grandchildren]. We get together and always have a good time, the whole family does. Our family background and family relations are excellent (Rusty, 2013, p. 9).

During this part of the interview Rusty focused on the overall happiness he experienced throughout this life and the importance of family in his life. Rusty did not look back on his life and discuss the role of financial stability or being healthy as being

the most significant indicators in experiencing a good old age. Overall, Rusty's social support network was the prominent indicator in experiencing a satisfying life.

Towards the end of the interview with Lee, she discussed her views on experiencing a good old age in response to my question about what she thought people could learn from her generation to experience a good old age. She responded by saying:

L: I am not sure I know the answer to that. There is a lot to enjoy and a lot to be grateful for. I don't know if I would have any formula.

K: I don't know if there is a formula.

L: It's a process and I think people have different levels of acceptance and there are different circumstances. The circumstances, I think about people who maybe are not in good health and or maybe not sure what they are going to eat tomorrow, what makes them happy and content would maybe be a lot different than what makes somebody else happy and content. That is a real hard one to answer. I think about my folks who had very little and they worked really hard. My mother would can 1,000 quarts of fruit and vegetables to get us through the winter and we had wood heat so we had to chop the wood and bring it in and yet there was an underlying sense of what's important and what isn't. I think that does transcend a lot of other benchmarks if you will. The one that I think about is if you are in ill health, if you had pain every day and how do you keep your spirits bright, not necessarily bright but positive at least and how do you deal with that. A lot of people do but boy...

K: Also, someone that is in good health may not be very happy.

L: That is what I think is so important about your work [this thesis] really is you can, I assume some of this would be applicable but letting people know that things can be different, they don't have to be unhappy and you can find good or bad, depends on what you look for in your situations. Of course it's a lot easier to find the good when you are feeling good and you are full. I would think it would be more challenging if it switches but there are plenty of people that handle it just fine. It is really an, to some degree, a mental conscript. When I went back to my 50th class reunion, it was interesting because we had all aged at different speeds and I think it depended on your marriage, depended on your circumstances, depended on whether you had employment, how your relationship with you children is, there are so many things that cause people to age at different times and that's reflected in our eyes and in our face. It was quite interesting to see how different everybody looked. The ones that had been married for 40-50 years they seemed happy. I just think environment, particularly if we are unconscious of our environment, can really affect our health, affect our outlook, affect our happiness, mental, physical, monetary, economic, if you have lost a child for instance or if

your spouse died unexpectedly. It's hard, one shoe doesn't fit all (Lee, 2013, pp. 12-13).

As Lee discussed her view of a good old age, I could not help but think it was in the same line as how I view a good old age. Lee talked about the 'formula': is there such a formula in the world, a how to guide on aging? Lee found that each individual views a good old age differently because everyone experiences different challenges or obstacles during their lives so one formula does not fit everyone. She also touched on the importance of the way each person looks at different situations that arise in his or her life and how he or she reacts to them. By talking to people from different backgrounds who have had different experiences, we can learn more about how positive and negative factors impact their aging.

During the interview with Jerry, we discussed the topic of happiness. There is a drive in our society to find happiness and the ways people can do this varies. Jerry discussed his thoughts on why people push to find happiness:

I think my assumption is, you do these certain things, you live a certain way, it will pop out as happiness like a gum ball machine. One thing follows another and you end up happy, so if you don't and your marriage doesn't work out very well, wow, what did I do wrong. I hadn't written that I think this generation is going to have to figure out how to be happy on less. That is going to be hard because the whole culture says more is better, you can buy your way to happiness. I think there is a level of what people call happiness, I go to my reunion, I am going to my 55th college reunion in two weeks and I bet, I will see, my classmates are pretty content, maybe that's those are the ones that show up. They seem very comfortable in their own skin. One guy even told me, I have never even really had any troubles in my life. It is kind of a natural thing.... Anyway, I think my generation had the idea that you do this, do that, and they had a measure of idealism, they did good things for good reasons (Jerry, 2013, p. 6).

Jerry's example of the gum ball machine paints an interesting picture of the younger generations. The members of this generation maintain the idea that happiness is a material object that can be purchased or is attainable through certain steps. Jerry compared his generation to the younger generations and how values have shifted throughout the years. Whereas he felt his generation was taught to work with what they have, positive or negative; the current generation "...is going to have to figure out how to be happy on less. That is going to be hard because the whole culture says more is better, you can buy your way to happiness" (Jerry, 2013, p. 6).

The Impact of Life Challenges on a Good Old Age

There are factors that can lead to experiencing a good old age and there are life challenges that can impact how someone experiences a good old age. Through my interviews I found several examples of challenges that impact how an individual ages. Overall, I found that there was an imbalance in one of three influential factors to help an individual experience a good old age and these are health, social support, and/or financial stability. The factor that was not balanced with others in two interviews was social support and a social network.

The two participants whose social support or social network was unbalanced were Audrey and Sally. Both of the interviewees are currently married and are healthy both mentally and physically but there are strains in their relationships with their families. Audrey is full-blooded Basque and grew up in Boise, Idaho where she lived with her grandmother and mother. In addition, Sally also grew up in Boise, Idaho and grew up with nine siblings and both of her parents. Growing up with so many siblings, her

relationship with her parents and a few of her siblings suffered because of the stress and responsibility she had to take on from an early age.

During my interview with Audrey she opened up about her childhood and her relationships with her family. When Audrey talked about her mother she referred to her as weak and Audrey seemed to look up to her grandmother and admired the strength she had:

...My mother worked for the Department of Law Enforcement down here on State Street as a title examiner. She was never very active, she just didn't have time in her day I guess I don't know, or didn't make time. My mother had Alzheimer's and that really scares me because they say if your father had it then you are not going to get it, but if your mother had it you have a tendency, that has always scared me. She had dementia and then went into Alzheimer's and so I attribute that to her not being physically or mentally active. I mean she would read the newspaper but that is about as far she went, exercising her mind. I am on the computer all the time, I read all the time, I try to keep myself stimulated. Playing Mahjong, you have to, we play with a card from the national Mahjong league, and you do the deal. People play Mahjong online which is completely different, it's more concentration. You are matching things up online, when you are playing Mahjong in real life you are playing with tiles, there are 144 tiles, I think. You have bamboo... all the deals. What you do, you are given so many tiles and you have to form your hand. It's almost like cards in a way, but it's done with tiles. It's very interesting but it does keep your mind active (Audrey, 2013, p. 9).

During our conversation, I asked Audrey to look back at her life and the challenges she faced and asked what was the most challenging aspect of her life. She responded by saying:

The most challenging thing in my life was probably having children and raising them. It was very difficult for me, being an only child, I had very little patience. I guess I pretty much, my girls say I'm a perfectionist, I have to have everything lined up in the closet a certain way, I'm very much like Joan Crawford I guess. I don't like metal hangers. I'm very opinionated. I like things just a certain way, it's my way or the highway a lot of the time. It was very difficult for me with the girls, I never wanted to be their friend, I always wanted to be their mother. I was a real disciplinarian and we are friends but distant. They don't want to raise their children like I raised them, I think that was the most difficult thing for me is

too, I had great expectations for them. I didn't want them to marry too young, because I had done that. I wanted them to go to college because I didn't finish college. I wanted them, socially, I was popular, I was a cheerleader that was important to me. The things I didn't accomplish in my life, I want for them to accomplish. I think at times it was going to happen regardless of what they wanted. They were going to go to college, Teresa is a CPA and Patty has two degrees, one in finance and the other in sales and marketing. I didn't give a damn what it was going to be in, but it was going to be done. And they weren't going to marry bums, not that I married a bum, but I could see a great deal of value in both of my children and I was just very demanding of their boyfriends and their friends. I just didn't want them wasting time with people that I thought were trouble. I think both of them have carried that on. Teresa's more strict but Patty isn't as strict with the girls as I was (Audrey, 2013, p. 11).

While reviewing her life, Audrey discussed the challenge of having and raising her children. Audrey was raised as an only child by two women. She saw her mother as weak and her grandmother as strong. The way Audrey looked up to her grandmother could have played a role in how she raised her own children. Audrey went on to discuss her relationship with her children when they were grown up and had moved out on their own:

Well I did get involved with Teresa which she was dating this guy, he came from a very nice family, they lived back in Connecticut, they were both going to Idaho State, he was a football player, but he wasn't very bright and he was going to go into the service. I know what Teresa is like and I just said to her, when they got engaged, is this what you want? You want to live on a military base the rest of your life? It really ruined our relationship for a while, but she came home one day, she drove home from Idaho State and said no I don't want to marry Mark. Then she married Jeff who was already in the service, she was working for MK and he was in the coastguard and I said again... but she said Jeff's not going to stay in the coastguard, he's a pilot in the coastguard and he is going to go to work for Delta or somebody. I said okay I am not going to butt in again, but not she has been married for 20 some years. He's a captain, one of the youngest men to be Captain with Alaska Airlines. He also is a real estate guy, they've got lots of money, and both my girls have got lots of money. Patty lives up in the Highlands in one of those great big houses on the top. Her husband and she both work hard... I'm very lucky but I am also a real asshole but there have been times where I have cut myself off from my kids because I didn't like what they had done. That was my way, as in my way or the highway. It was that important to me that I would rather have nothing to do with them then to go along with how they were going.

At times I think it has been hard for me, to have this relationship. Because I grew up all by myself, I did these things to myself also then I impose them on my children. Maybe that wasn't right. In my life, divorce has never been an option, I'm Catholic. The girls are both Catholic... to me, I guess, because of my background, I didn't go into anything, particularly marriage, thinking that if it doesn't work in a couple years we would divorce and I'd find someone else. But I wanted that for the girls because I came from a divorced family, I know how difficult that it was. In the culture, Basque didn't do that, and at a time where everyone else didn't do it very often... But now it seems to be such a throwaway society. I just wanted my children to be able to value; I wanted them to realize that you don't make a mistake and scratch it off, because there are consequences to every mistake that you make. I know the consequences from my parents, in a divorce and I didn't want that for my kids or my grandchildren. I think that's why I'm such a bitch about things (Audrey, 2013, pp. 11-12).

While discussing the challenges she has faced, she discussed several views she had of herself and she seemed to realize that she was strict with her children while they were growing up. As she continued to discuss raising her children I could see that she pushed them to do activities in their lives a certain way because she did not want her children to make the same mistakes she did. Although her overall intentions seemed good, she distanced herself from her children and she did not agree with how they were living and this damaged her support system.

During my interview with Sally I learned her family relationships were strained. I asked Sally about her siblings. She responded by saying:

I have 9 siblings, I was the oldest girl, I had two older brothers and I was the oldest girl. There were two boys, three girls, four boys, and a girl. So my youngest sister is 14 years younger and my oldest brother was 20 when she was born so they didn't... We kind of had our family divided, not intentionally, there were the five oldest and then the five younger ones and we kind of grouped that way, in my mind, not intentionally for anyone else, but in my mind because I was the oldest girl of three, right together, I had a lot of responsibility and also you know because I had a lot of younger ones so I was always taking care of a kid, a baby or.. And my brothers, my two older brothers, my oldest one was four years then me but my second oldest brother was only eleven months. He and I were pretty close. My oldest brother not so much but we, I don't remember what we did together; I was so wrapped up in my own world. I did my thing with my friends,

in between taking care of my siblings; there was always a baby around. We were living in Lewiston and I think, I have brothers that are twins, and they were the last ones born in Lewiston, my one brother and the twins, I am not sure if my sister was born there (Sally, 2013, p. 3).

She went on to discuss her parents and her siblings:

My dad worked long hard hours and my mother was a stay at home mom and she, bless her heart, she had a nervous breakdown after my twin brothers were born. She was in major depression. I don't remember, my younger sisters remember, they remember my mother like sitting in the bedroom with the shades down and just ignoring anything else going around and my grandmothers took turns, well they both came to stay with us for a while, but I don't remember at what order. My mom was in the hospital in Spokane for a couple of weeks, then came home, I guess she was on medication, I didn't know that at the time, of course. She got better. Part of that, I think, because my dad worked a lot and was gone a lot and she had total responsibility for all the kids (Sally, p. 3).

While Sally was growing up she had a lot of pressure to help take care of her siblings. Sally described her home as being a traditional household in which the girls would help with the children and household responsibilities while the boys did not have to help around the house. The responsibility she was forced to accept compared to those of her siblings put a strain on their relationship from an early age. Also, her mother had a difficult time during Sally's childhood and that affected her mental health. Next, I asked Sally if she was if she was close with her siblings today:

I am close with my sisters, my three other sisters, two of which live here, my other one lives in Portland. She and I are 2 1/2 years apart, we are the closest, we have always been pretty darn close. We have had some issues in the past, we were kind of at a standoff kind of, we worked through that. My brothers not so much because my two oldest brothers have since passed away, I am the oldest surviving. I tell them all, I am the matriarch, you have to have respect for me, that doesn't happen. And my one brother, the oldest boy now, he is living in Florida. I have stayed in touch with him, I have tried, he and I aren't really close but we communicate and we get along good. My other brothers, the twin boys and my youngest brother live here, but oh my gosh, they have so much going on in their lives and so much drama that I don't know if I want to be included in the middle

of that. My two sisters that live here, we try to, we have kind of fallen off the wagon the last six months or so, not communicating real well. Patty has, she's still working, she is divorced, been divorced for 20 some years, she had children and grandchildren that live with her and they take up a lot of her time. My youngest sister Mary, she is still working and her children, her two kids are grown, she is just involved with her job and her kids. It's just like me, I am not as involved with my, I only have one grandson that lives here, and he is almost 21 so I don't really, at that age, they don't want to be around grandma a lot. He loves me, we have a great connection. My grandparents weren't the first thing on my mind, of course I stayed in touch. My mother's parents lived here my other grandmother lived in Portland. I didn't get to see her as often but I still had a good connection with her, she'd come to Boise to visit. I never knew my grandfather on my dad's side; he died before I was born. She and I we had a good connection. My grandmother that was here, I always thought it was so special because when I was in junior high, I think, I got to go out there on Saturdays and spend the night and I actually had a bedroom to myself and that was really special because I got to stay up late and I had their attention, it was just the three of us there. Those were special times, after I got into high school and was dating, you know, I was like hi grandma, no big deal. After my grandfather passed away and my grandmother was living alone I would spend more time with her. I would go on my lunch hour, she'd fix me lunch. On the weekends my mother, my grandmother, and another friend of mine would get together and play pinochle once a week, Friday or Saturday night or something. That was really special. I was with my grandmother actually when she died. I was with her when she took her last breath, I was sad I understand that it's just the life cycle. She was 81. I didn't have any guilt that I didn't spend enough time with her, you know (Sally, 2013, pp. 4-5).

Although Sally had a large family, her relationships with her siblings are not very close, even those who live locally or in other states because everyone is busy with their own families and lives. While discussing her relationship with her grandmother, I could see how close Sally was to her. Sally's parents are both deceased. Sally's mother passed away at the age of 62 from lung cancer and her father passed away from Parkinson's disease when he was 81 years old.

Near the end of the interview I asked Sally if she thought there were any parts of her life that she would go back and change if she could to be happier. She responded by saying:

S: I can't say I am happy with everything but I recognize that I had to go through those things to get where I am. I can't change the past, so I don't think about what I should have done or could have done. If anything, I probably would like to have been a better mother, more hands on. I was working too and at that time I did what I could. My boys love me, I know that, they are appreciative and they didn't have any contact with their father really after we divorced so they don't have a relationship with him. They are good to me. I don't think about it too much because I know I can't change anything. I am happy with my life the way it is, obviously there are things I would like to be different, better relationship with my siblings and maybe my grandchildren, spend more time with them.

K: So more family relationships?

S: Kind of yeah (Sally, 2013, p. 13).

While looking back at her own life, Sally discussed the desire for a closer relationship with her siblings and grandchildren. Although she is not currently in close touch with either and there is a lack of a social support system or social network, she wants a close connection to her family. Sally has a close relationship with her children and her husband Larry but would like to see her other relationships improve. I found from my interview with Sally that family and social connections were important to her and strengthening those is her current goal.

Throughout the interviews I did not find anyone who said that they regretted not being more financially stable or more physically or mentally active throughout their life. I did find that people would like stronger relationships with family or friends. To experience a good old age, there are factors that can help an individual have the best chance at being content throughout the aging process. When one or more factors are out of balance, a good old age may not be achievable.

Audrey and Sally both discussed relationships in their lives that were not strong in their lives. Sally's interview indicated that she would like to see her social support network change to include her siblings and grandchildren. While both participants wanted

to improve their relationships with their families, they both had a strong social support network consisting of friends. The support of friends in Audrey and Sally's lives potentially filled the void of close relationships with family.

Limitations

The sample for my study was small and it is not a representative sample of the population. I chose 10 interviews because I wanted to give each individual time to tell his or her story. After completing the interviews I did not want to put the transcripts into a computer system and pull out how many times each participant said the word family or finances, I wanted to analyze each story and draw comparisons between the interviews. Additionally, being an ethnography in which interviews were used, there was not a concrete set of questions that each person answered.

The questions asked during the interviews were mostly open-ended questions in which the interviewee guided the direction the interview went. Using open-ended questions in an interview can be seen as a limitation because it is more difficult to compare the participants answers. Participants do not respond to questions the same; for example, a participant might give you a story about their childhood to a question about their views on how to experience a good old age. Using an ethnographic approach, I allowed the interviewees to take the lead in choosing topics of interest to them. I did not use a standardized set of questions.

In conclusion, ethnographic interviews were used to gather life stories and living data from 10 participants aged 65 to 90 years old who are currently living in Idaho. By using open-ended interview questions the participants were able to tell their stories and share their memories from their childhood through their middle-age until their current

age. This method allowed me to explore strategies older adults are using to experience a good old age. There are many life challenges that older adults may face; for example, transition to retirement, loss of independence, and loss of a support system. Each participant experiences similar obstacles in their old age but the strategies used to get through difficult times varied.

CHAPTER FIVE: CONCLUSION

Gerontology is an interdisciplinary field that includes influences from biology, sociology, and psychology; I found to this to be true during my research. The aim of my study was to explore what experiences lead to a good old age and a satisfying life. The three main themes that did emerge within all the interviews were physical and mental health, social support and social network, and financial security. My original hypothesis was that every individual ages differently and at his or her own pace, thus, a good old age can only be defined by an individual.

In previous and current research there are many factors that impact aging and how an older adult experiences a good old age. I found that research focuses on the impact of biology, sociology, culture, and psychology on aging. In biology, life expectancy continues to increase in the United States (CDC, 2013). In addition, there are genetic and nongenetic factors that impact how people age (Aitken & Rudolph, 2012). Socially, family ties, friendships, and integration in society are all important factors that influence how an older adult experiences old age (Haber, 2013). American culture negatively impacts how people view older adults and aging (Katz, 2009). Psychologically, there are multiple theories that address aging and these can be used to improve quality of life in older adults (Aitken & Rudolph, 2012).

Also, the definition of “successful” aging is changing and is being redefined. In the field of aging some researchers are criticizing Rowe and Kahn’s (1997) definition of

“successful” aging and are replacing that term with terms such as “positive”, “productive” or aging “well”. Although current research is beginning to redefine aging and how to experience a good old age, there is still a lack of qualitative studies being completed that explore what older adults are currently experiencing. It is important to explore what adults are experiencing to assist older adults experience a good old age; and to listen to the knowledge these elder command. There is a substantial number of older adults heading towards retirement age and the older population will continue to grow as all the baby boomers enter retirement.

I began by examining Katz’s (2009) definition on a good old age which linked physical ability and quality of life to experience a good old age. I used an exploratory ethnography to interview 10 adults from the ages of 65 to 90 years old to learn about a good old age first-hand. My hypothesis was that there was no one set formula that fits all older adults about how to experience a good old age. Lee discussed this idea in her interview “[i]t’s a process and I think people have different levels of acceptance and there are different circumstances. The circumstances, I think about people who maybe are not in good health and or maybe not sure what they are going to eat tomorrow, what makes them happy and content would maybe be a lot different than what makes somebody else happy and content”. I found my hypothesis to be valid after completing my research.

I used guiding questions to move the interview in a general direction however the participants took the reins and told me their stories in a way that made them feel comfortable. The benefits of an ethnographic life-history approach were that it allowed me to spend time with older adults and hear their stories, memories, and what factors in their life have led to experiencing a good old age. Stories told between generations carry

personal values and life lessons about life and aging that can be passed on (Atkinson, 1998). A limitation to this method is that it is difficult to have a large sample because of the time it takes to interview each interviewee. This may also be a benefit because I gathered more in-depth data on each individual instead of general information from a larger sample.

There were many parallels I found among the 10 interviews I completed with older adults. All of the participants discussed health, social support, and financial security in their interviews. Although all participants discussed these three themes, not all participants discussed the themes in the same ways. For example, several participants directly said that family was important in their life while others described several fond memories of being with their family throughout their childhood and in recent years.

While discussing health, 40% of participants said that they had little to no health problems in their old age whereas 60% of participants said that they have experienced health problems that have impacted their lives. Out of 10 participants, 30% of participants said that their health problems significantly impacted their lives and also caused them to retire early. I found that both physical and mental health were important to experience a good old age. There were not many participants who touched on mental health directly, however it did play a role in how the 60% of participants with health problems overcame difficulties and continued to have a positive outlook on life.

All participants discussed social support and having a social network. Throughout the interviews, 70% of participants discussed a favorite memory from their childhood or their later life. Out of the 70% that discussed having a favorite memory, 100% of the memories were related to a time spent with family and friends. I found that social support

systems and social networks were the most significant factor in determining whether or not an older adult would experience a good old age. Every participant who was interviewed discussed his or her childhood, the role of family throughout his or her life, connections to friends, and social groups in his or her community.

I found that participants who were disconnected with their social support system seemed to regret not being closer with their friends or family. Audrey and Sally are both examples of how being disconnected from a social support system can affect how a person experiences a good old age. Both of these older adults are married with children however their relationship with their children or extended family is fractured. Having a strong support system or network is important to stay engaged in society however it cannot be the only factor in an older adult's life to allow his or her to experience a good old age. Other factors play an important role in assisting older adults experience a good old age and, these are strong physical and mental health and financial security.

The final theme I found throughout the interviews was financial security. Out of 10 participants, 30% are still working while the other 70% are officially retired. Out of 10 participants none directly said that financial security was the most important factor in their aging. I am not sure if the participants did not say it was the most important factor because they are all financially stable and it is not a worry, or if they genuinely found that other factors were more important in their aging.

Recommendations for Future Research

The main factors that emerged during the interviews were physical and mental health, social support and social network, and financial security. The small sample examined in this exploratory study did not produce a representative sample so there is a

need for continued research to gather data on a larger population. From my study there was a focus on maintaining an active lifestyle, both mentally and physically, remaining connected with society, and adapting throughout the aging process.

Biologically, there needs to be an increase of qualitative research to determine what genetic or nongenetic factors impact how adults experience a good old age. This is important because people are not able to control their genetics but they are able to control the nongenetic factors in his or her life. It is important to educate people of all ages to give them a guide of how to make positive decisions that will increase their quality of life throughout the aging process.

An increase in aging education across all ages would be beneficial, while placing a special focus on youth education. By educating individuals about aging earlier, we can teach about the true aging process and avoid ageist attitudes and perspectives. McGuire and Mefford (2007) found that “[i]ndividuals with positive attitudes toward their own and others’ aging and knowledge about aging will live more fully each day and have the ability and self-confidence to adapt to aging” (p. 85). Teaching communities about aging is not only for health policy but to prepare each individual for his or her own aging. If we continually work on learning skills to adapt and overcome obstacles, old age likely will not be as difficult of a transition.

Future research can be done to explore the impact of social support systems on experiencing a good old age. It would be beneficial to learn if family, friendships or outside support groups were for helpful to experience a satisfying life. From my research I found that social support systems and social networks in later adults are important to

improve the quality of life later adults; examining this on a larger scale would provide us with a better understand of the importance of the link between social support and aging.

By determining the most important type of social support, we can determine if there is a need in communities to increase nontraditional systems and programs that can be used to increase a good old age and experiencing a satisfying life. As individuals age their social networks and support systems tend to decrease. By increasing social systems and networks we may be able to prevent or combat depressive symptoms. Also, studying the effects of isolation on older adults and if that impacts how people experience a good old age. If isolating old adults in retirement communities and independent living facilities hinders them from experiencing a good old age, researchers can hypothesize solutions to integrate older adults into the community.

Although financial stability was not always addressed directly throughout the interviews, I found that there is a potential connection with finances and remaining active and connected with society. Without having financial stability an older adult may not be able to afford the best health care to avoid or overcome illnesses and disease. Also, an older adult may not be able to afford assistance so he or she is able to remain independent in his or her own home.

It would be beneficial to further explore the link between financial security and experiencing a good old age. Some older adults may want to continue to live in their own home for as long as they can but may not be able to afford assistant services such as home delivered meals, assistance with house cleaning, and car services for medical visits. By increasing qualitative research in aging researchers can learn first-hand what older adults value and what obstacles they are experiencing. Sitting down with older adults and

hearing their stories researchers can gather data and then brainstorm potential solutions to current aging issues. The sole use of exploratory ethnography and life histories to gather information on the link between financial security and experiencing a good old age may be limiting. It would be beneficial to do a follow up with a survey after completing an interview to gather financial information on a participant.

Each individual's view of a good old age may differ and those different views need to be understood by nurses, counselors, family members, friends and policy makers. Overall, individuals experience aging in different ways; there is no right or wrong way to age because it is can only be defined by an individual. There are many factors that researchers have found to be beneficial to experience a good old age. These are physical and mental activity, connection with society and overall adaption through the aging process. It is important for more ethnographies to be performed to truly document what older adults are experiencing and tailor policies to fit with current and future aging populations in the United States.

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APPENDIX A

Operational Definitions

A Good Old Age: In the United States Fry et al. found that, “[b]eing vital, active and involved with others are the signs of a good old age. Good health and comfortable pensions do not hurt either. Health problems can erode success in one’s elder years, bringing a social withdrawal and a more self-centered old age” (Fry et al., 1997, p. 118).

Depression: is defined by *Stedman’s Electronic Medical Dictionary* as “a temporary mental state or chronic mental disorder characterized by feelings of sadness, loneliness, despair, low self-esteem, and self-reproach” (Cahoon, 2012, p. 22).

Ethnography: Singer (2009) reported that ethnography is the method of “...studying people within their own cultural environment through intensive fieldwork: The researcher goes to the data, rather than sitting in an office and collecting it. It typically involves in-depth investigation of a small number of cases, sometimes just a single case” (p. 191).

Gerontology: “is the term used to describe the study of aging. Gerontology is a multidisciplinary field with a major focus on the biological, behavioral, and social sciences” (Ferrini & Ferrini, 2012, p. 3).

Healthy Aging: “Healthy aging is a process—it is a journey, not the end” (Hansen-Kyle, 2005, p. 45).

Life Review: "...an autobiographical effort that can be preserved in print, by audiotape, or by videotape. The review is guided by a series of questions in specific life domains, such as work and family..." (Haber, 2013, p. 406).

Snowball Sampling: "...one picks up the sample along the way, analogous to a snowball accumulating snow. A snowball sample is achieved by asking a participant to suggest someone else who might be willing or appropriate for the study" (Sommer, 2006).

Social Network: "...are defined in terms of structural characteristics: the number of social linkages, the frequency of contacts, and so on" (Haber, 2013, p. 371).

Social Support: "Social support can be defined as the perceived caring, esteem, and assistance that people receive from others. Support can come from spouses, family members, friends, neighbors, colleagues, health professionals, or pets" (Haber, 2013, pp. 370-371).

Successful Aging: "...low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life" (Rowe & Kahn, 1997, p. 433).

APPENDIX B

Interview Questions

Early memories

- When were you born?
- Where did you grow up?
- What memories come to mind when you think about your childhood?

Family life

- Tell me about your family.
- The transition from working to retirement (if applicable)
- Influential factors in your life

Current life

- What do you enjoy doing now?
- What are specific hobbies you enjoy?
- What challenges have you had to face? Can you think of a specific example?

Future

- What is next for you?

APPENDIX C

Photos of Male Interviewees



Photo 1: Errol, 71 years old

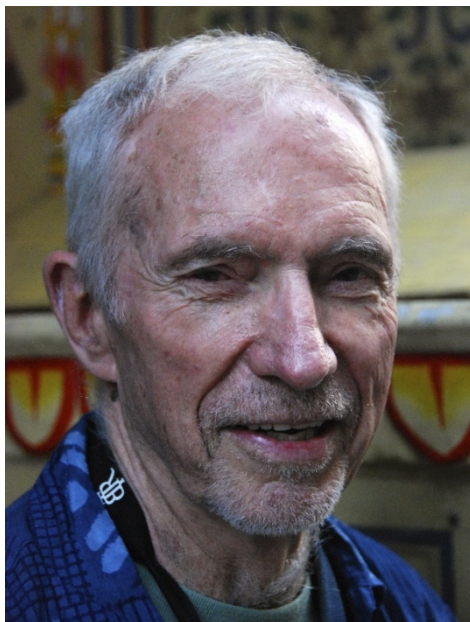


Photo 2: Jerry, 77 years old



Photo 3: Robert, 65 years old



Photo 4: Tony, 72 years old

APPENDIX D

Photos of Female Interviewees



Photo 5: Sally, 68 years old



Photo 6: Audrey, 69 years old

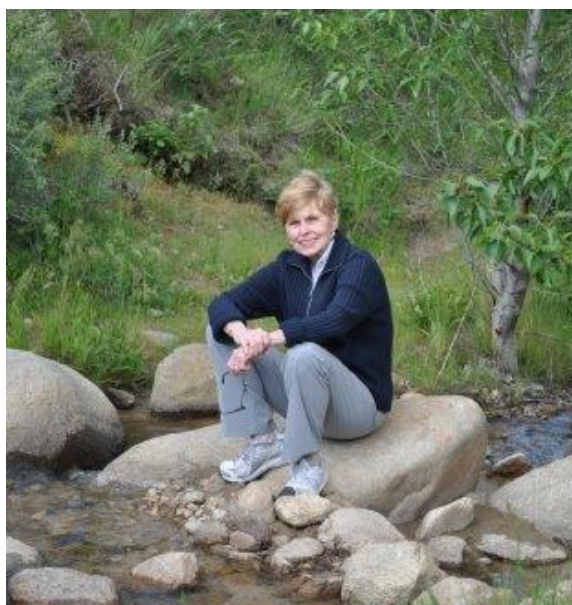


Photo 7: Lee, 71 years old

APPENDIX E

Informed Consent

Principal Investigator (PI): Kaitlin Thimann

Co-Investigator (Co-I): Dr. Robert McCarl

Study Title: A Good Old Age

This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known inconveniences and benefits that could arise from participating. We encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form and I will keep it as a record of your agreement to participate. You will be given a copy of this form to keep for your records.

➤ **PURPOSE AND BACKGROUND**

You are invited to participate in a research study to learn about what a good old age means to you. The information gathered will be used to better understand the impact of different lifestyle factors on a good old age. You are being asked to participate because you are an older adult over the age of 65.

For interview:

➤ **PROCEDURES**

If you agree to be in the study, you will be asked to participate in one interview and one possible follow-up interview if more information is needed. Each interview will last approximately one hour. During the interviews, I will ask you to speak about your life and your memories. The interview will be audio-recorded and the researcher may take notes as well. Also, your first name will be included in the interview, transcriptions, and ultimately in the thesis written by the researcher. The researcher will give you the option of being photographed after the interview; photos are helpful to connect a story with a real person. You can decline to have your photo taken. There the interview the researcher will transcribe the audio-recordings.

_____ Please initial here if you agree to have your photo taken and used.

➤ **RISKS**

Some of the questions asked may make you uncomfortable or upset. You are always free to decline to answer any question or to stop your participation at any time.

➤ **BENEFITS**

There will be no direct benefit to you from participating in this study. However, the information that you provide may help Gerontology students better grasp what different factors can lead to a good old age.

➤ **EXTENT OF CONFIDENTIALITY**

Participation in research may involve a loss of privacy; however, your records will be handled as confidentially as possible. After the interview the researcher will transcribe the audio-recordings. After the audiotapes of the interview have been transcribed, the recording will be kept in a locked filing cabinet in the Co-Investigator's office inside the Sociology Department. Only the PI and co-I will have access to the research data. Data will be kept for three years (per federal regulations) after the study is complete and then destroyed. Your name will be used in the publication.

➤ **QUESTIONS**

If you have any questions or concerns about your participation in this study, you should first contact the principal investigator at Katie.thimann@gmail.com or (208) 870-1417. The second contact is Dr. Robert McCarl, the co-investigator at bmccarl@boisestate.edu or 208-426-3406.

If you have questions about your rights as a research participant, you may contact the Boise State University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (208) 426-5401 or by writing: Institutional Review Board, Office of Research Compliance, Boise State University, 1910 University Dr., Boise, ID 83725-1138.

➤ **PARTICIPATION IS VOLUNTARY**

You do not have to be in this study if you do not want to. If you volunteer to be in this study, you may withdraw from it at any time without consequences of any kind or loss of benefits to which you are otherwise entitled.

DOCUMENTATION OF CONSENT

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I understand I can withdraw at any time. I have received a copy of this form.

Printed Name of Study Participant

Signature of Study Participant

Date

Signature of Person Obtaining Consent

Date