AGE-RELATED ANXIETIES AND THE EFFECTS ON SUCCESSFUL AGING

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THE BEATITUDES ACCORDING TO THE AGED

BLESSED are they that respect my lame leg and my paralysed hand

BLESSED are they who understand how much effort my ear makes to hear what they say

BLESSED are they who do seem to realise that my eyesight is misty and that my thoughts travel slowly nowadays

BLESSED are they who do not only spend time to chat with me, but smile as they do so

BLESSED are they who never say: "You have told me that story before!".

BLESSED are they who know how to call up memories of days gone by

BLESSED are they who bring back to my mind that I have been loved and esteemed in the past, and that I am not rejected even today

BLESSED are they who through acts of kindness make easier the days which separate me from the day of my arrival in the Realm of Eternity

THE LORD WILL REMEMBER THESE BLESSED ONES

(Translated from a leaflet found in Brussels Cathedral, 1975)

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ABSTRACT

This study aimed to explore the perceptions of a sample of senior citizens at the Reuven Senior Centre in order to ascertain their age-related feelings and experience of the aging process.

Eighty respondents were systematically selected to complete an age-related questionnaire. Forty-seven questionnaires were completed and returned, which formed the data basis of the study. The nature of the research was exploratory - descriptive as it attempted to investigate and portray the perceptions of the respondents. The research design which was used, was quantitative in nature and a questionnaire was used for the purpose of data collection. Furthermore the study could be described as a correlational research design. This design assumes a cause and effect relationship.

Major findings included:

a. The senior citizen respondents expressed that they experience age-related anxieties. Major anxieties included the fear of failing health, physical ability and becoming dependent on others.

b. From the study, it would be inappropriate to suppose a relationship between the absence of age-related anxiety and the phenomenon of successful aging. Further research would be necessary with various population samples across the spectrum of age.

c. Fear of aging and of the aged may be more relevant to younger people who have not yet reached an older age. This may be referred to as a fear of the unknown. Social workers have a role to play in the re-education and positive reframing of age-related issues to allay unnecessary fears.

d. All the respondents seemed to exhibit successful aging. No overt depression or malfunctioning was evident.

Findings indicate that the senior citizen sample at the Reuven Senior Centre Complex exhibit qualities of successful aging. Despite old people having fewer resources for happiness than their younger counterparts, they have great adaption capacities. Old people should not be pitied but admired for their strength and wisdom.

OPSOMMING

Die doelwit van hierdie studie was om die persepsies van `n steekproef senior burgers van die Reuven Senior Burgersentrum, se gevoelens en ondervindings oor die verouderingsproses vas te stel.

Tagtig respondente is op `n sistematiese wyse gekies om `n vraelys te voltooi wat bogenoemde aspekte ondersoek het. Slegs 47 vraelyste is terugontvang en die data vorm die basis van hierdie studie. Die aard van die navorsing is eksploratief -beskrywend want die studie poog om die persepsies van die respondente na te vors en bloot te lê. Die navorsingsontwerp wat benut is, was kwantitatief van aard en `n vraelys is vir data-insameling aangewend. Verder kan die studie beskryf word as h korrelasionele navorsingsontwerp. Die ontwerp neem h oorsaak-en-gevolg-verhouding aan.

Hoofbevindings sluit in:

a. Die respondente het aangedui dat hulle ouderdomverwante vrese beleef. Primêre vrese sluit die vrees om gesondheid en fisiese vermoëns te verloor, en om van ander afhanklik te wees, in.

b. Uit hierdie studie sal dit nie gepas wees om aan te neem dat daar `n korrelasie tussen die afwesigheid van hoë ouderdomsverwante vrese en die fenomeen van suksesvolle veroudering bestaan nie. Verdere navorsing onder ander populasiegroepe van verskillende ouderdomsgroepe is nodig.

c. Die vrees vir veroudering en ouderdom, is meer relevant onder jonger persone wat nog nie `n hoë ouderdom bereik het nie. Dit kan moontlik toegeskryf word as `n vrees vir die onbekende. Maatskaplike werkers het dus `n definitiewe rol om te vervul met die opvoeding en die kweek van `n positiewe gesindheid ten opsigte van hoë ouderdomsverwante aangeleenthede en om die gepaardgaande vrese by te lê.

d. Al die respondente in die Reuven Senior Burgersentrum toon aan dat hulle suksesvol verouder. Geen uiterlik waarneembare depressie of disfunksionering kon geïdentifiseer word nie.

Bevindinge toon dat die steekproef van senior burgers van die Reuven Senior Burgersentrum tekens van suksesvolle veroudering openbaar. Ten spyte daarvan dat bejaardes minder hulpbronne tot hul beskikking het om gelukkig te wees as hul jonger eweknieë, toon hulle baie goeie aanpasingsvermoëns. Bejaardes moet nie bejammer word nie, maar eerder vir hulle krag and wysheid bewonder word.

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The present South African President, Mr Nelson Mandela, emphasized in an interview with Maturity Today, April/May 1995, that "society has a responsibility to empower older people and to promote the concept of productive aging". It is however difficult and perhaps even an ideal to promote productive aging as society has, for generations, precluded older people from work activities. In many instances, pension is only payable to those who are not receiving any other form of income. Older people are thus deterred from being and remaining productive individuals. Their dependency on society is promoted.

If one assumes that "opinions, thinking and behaviour stem from hackneyed or conventional expressions and modes of thought"(Mortimer,1982:60) it follows that attitudes and behaviours towards aging may stem from a belief in stereotypes and myths. There is a tendency to think of aging and aged people in terms of one group who all look the same, have the same unreasonable needs, are all unreliable, unreceptive, and who have nothing to do but wait for death (Saul, 1974). Such stereotypes negate the uniqueness of each person and furthermore, the old person may lose his/her identity as a person with human attributes and needs.

1.2 MOTIVATION FOR THE STUDY

Aside from valuing people's uniqueness, people are usually valued in terms of their productivity and contribution. A functional and productive population is one in which it's various people are valued and active members of society. Such a society is indeed ideal. Present day societies are highly structured and industrialised where productivity and advancement are emphasized.

"Those who can contribute productively to the economy are highly valued; those who no longer can or are no longer allowed to, are not valued" (Lowy, 1985: 69). These people are largely the aged population who are denied their right to function as contributing and significant individuals. Such individuals are becoming increasingly marginalised due to society's discrimination on the basis of age.

Dickie (1995: 34) states that "We grow old from the day we are born". With this in mind surely cognisance should be given to the following statistics provided by The South African National Council for the Aged (1992: 2):

* The number of persons over the age of 85 years will increase by more than 70% over the next 20 years. Hence there will be an increase in the demand for frail care services;

* The migration of elderly people from rural to urban areas is expected to increase. Approximately 60% of elderly persons are expected to live in urban areas by the year 2010;

* The dependency ratio which compares the number of retired unemployed persons with the number of employed persons, is expected to increase, resulting in growing demands on taxpayers;

* The increase in the numbers and proportions of the aging population is accompanied by a change in the population's age structure. In 40 years from now, it is expected that the elderly will constitute 13,7% of the world's population.

From the above it can be seen that the South African aging society is a growing concern and furthermore, that nobody is immune to the process and effects of aging. Despite this, very few people accept and welcome getting old.

Youth is equated with beauty, progress and adventure whereas aging or growing old implies deterioration, stagnation and worthlessness. It is clear that youth and age represent positive and negative connotations respectively.

In the youth orientated society it might be hypothesized that negative attitudes towards aging promote anxiety about aging. One may therefore assume that the experience of growing old will be less stressful and dreaded if aging was viewed in a more positive light. The researcher is of the opinion that one's anxieties or lack thereof about growing old, influence the person's experience of actually getting old. It follows that increasingly positive views towards aging may result in increasingly successful aging.

1.3 PROBLEM STATEMENT

As social workers providing services within an agency oriented towards the aged, a commitment to the development of a healthy aged population and preventative services should be evident.

The researcher was employed for a time at JAFTA - Johannesburg Association for the Aged and worked at two of it's Senior Citizen Centres, Beehive Club and Reuven Club. These clubs were recreation centres where members could socialise, spend leisure time, enjoy nourishing meals etc. All services were offered at a nominal cost to the senior citizens, most of whom were sub-economic pensioners earning a state pension of R390-00.

JAFTA's mission is to improve the quality of life of all aged persons. The large majority of services are offered by 14 social workers who have noted time and again, the high number of aged people who are isolated from society and who are subsequently depressed.

Due to the researcher's preference for work with older people and from personal experience of exposure to content (coping) and discontent (non-coping) people, she feels it is important to determine the effects of anxiety on successful aging. From this, the social work profession will be better prepared to diagnose potential problem anxieties and develop appropriate intervention strategies to enhance positive attitudes and adaption to aging.

In addition, as social work sees the person-in-environment as the unit of attention, it may be assumed that if an understanding of age-related anxiety and actual aging is attained, more appropriate environmental responses to aging would be forthcoming. The aim is thus to promote an understanding and supportive environment to aging people.

From the aforementioned motivation and problem statements, the following goals and objectives for the study can be formulated.

1.4 GOAL AND OBJECTIVES

The goal of the study is:
to develop an effective social work response to the needs of the aging population.
This will be done from analysing the results of this study.

The objectives of the study are:

1. to explore Reuven Senior Centre members' perceptions of growing old;

2. to identify and describe common fears / anxieties concerning growing old; and

3. to report the effects of age-related anxiety on the process of aging with the goal of developing an effective social work framework for intervention. The framework, which will be preventative in nature, will aim to address age-related anxieties prior to them becoming symptoms of a dysfunctionary behaviour.

1.5 RESEARCH METHODOLOGY

All research initiatives are procedural in nature and certain decisions concerning units of investigation, sampling procedures, and choice of research tools need to be made. These decisions will be discussed here under.

1.5.1 Nature of Research and Design

According to Tripodi et al. (1975: 59) the research study can be classified as exploratory-descriptive in nature. The nature of this research is appropriate for the study as it attempts to investigate the fears or anxieties of the sample and the effects of aging, and consequently sets out to describe the relationship between the two variables, namely anxieties and actual aging, with the aim of developing an appropriate social work response to age-related anxieties and the experience of aging. This type of research is effective as it defines concepts from the respondent's point of view and subsequently induces premises. Exploratory-descriptive research explores a research area by yielding initial information which lends itself to further research and additional findings.

The reaserch design that was utilised in this study, can be classified as a correlational research design where there is an hypothesized relationship between two variables, namely fear or anxiety and age. More inductive thinking is characteristic of this design where statistical hypotheses are generated, but which eventually allows for a qualitative interpretation of quantitative data (Rubin and Babbie, 1993: 276).

1.5.2 Units of Investigation

The respondents of the study were the residents and members of Reuven Senior Complex. This allowed the researcher access to her respondents which was essential where they were frail and / or immobile.

1.5.3 Sampling Procedure

The total number of Reuven members at the Reuven Senior Complex on a specific date formed the research population. The size of the population is 165 people. From this population, a sample of 80 respondents was systematically selected.

1.5.4 Description of the Research Tool

A questionnaire was administered to the sample for data collection. It was necessary to conduct a pilot test prior to administration of the questionnaire. The pilot test allowed for changes and clarifications to be made to the questionnaire.

A study of appropriate literature was undertaken which constituted the theoretical basis of the thesis and helped to substantiate the aims of the study.

1.5.5 Main Hypothesis of the Study

The study was formulated around a principle hypothesis. This hypothesis is as follows:
If one experiences anxiety and fears about growing older, these fears will affect the physical aging process. Furthermore, if people are able to identify their fears and deal with these, the experience of aging may be more positive.

1.6 DEFINITION OF TERMS

Terms and concepts are used throughout this study which have meanings specific to the context of the study. The following definitions attempt to provide an understanding of terms.

* **Fear of aging**, within the context of this study, refers to the fear associated with the process of one's personal aging. This involves one's personal worries and is also referred to as "negative affect".

* According to Lasher and Faulkender (1993: 247), **age-related anxiety** is "the combined concern and anticipation of losses centred around the aging process". Age-related anxiety refers to concerns in respect of income, physical health, physical appearance, housing and end - of -life- issues.

* For the purpose of this study, **old, elderly, aging or aged person**, is a person who is over the age of 65. Perceptions of what is considered to be old differ and are relative to various age groups, thus the age of 65 is only a guideline. Respondents for the present study, who were considered to be "old" / senior citizens, ranged from 56 - 89 years of age.

* Despite there being various definitions of **successful aging**, for the purpose of this research study successful aging denotes: "a person who feels satisfied with his/her present and past life" (Havighurst in Beaver, 1985: 110). Successful aging is linked to a positive feeling of psycho-social well-being.

* The **Reuven Senior Complex / Centre / Club** refers to JAFTA's service centre for the aged. This is both a recreational and luncheon complex. Although membership to the centre is encouraged and enables members to enjoy concessions, the services are available to all senior citizens at nominal charges, for example a full three course lunch costs members R4-00 and non-members R5-00.

1.7 SYNOPSIS OF CONTENTS

In this chapter the problem was identified, the motivation for the study revealed and the research methodology to be used was briefly outline. Furthermore goals and objectives and definitions of terms were explained.

The extensive body of literature on the aged and the aging experience is reviewed in Chapter 2 and placed within a social work oriented theoretical framework. Attention is given to the issue of loss related with old age and the central concepts of "aging anxiety" and "successful aging" are clarified.

Chapter 3 gives an account of previous relevant research conducted in the field of aging and the core terms of adaption, successful aging and psycho-social well-being are described.

Of note is the description of the Anxiety About Aging Scale (AAS) developed by Lasher and Faulkender (1993).

Chapter 4 described the research methodology as well as instruments developed and utilised to measure the relationship between aging anxiety and the experience of aging. Certain limitations of the research study are delineated.

The presentation and analysis of data follows in Chapter 5 where results obtained are examined and explained. A full description of the study sample is offered in this chapter.

Chapter 6 serves as a summary of the study. In addition, main findings of the research study are presented and conclusions, based on theoretical and practical implications for the social work profession are offered. This chapter culminates in recommendations for future research.

CHAPTER 2

THEORETICAL PERSPECTIVE

This chapter will provide an overview of literature studied relating to the subject of aging and the aging experience. Central concepts of longevity, ageism, age-related anxiety and loss associated with old age will be described. Stereotypes related to aging will also be reported on and furthermore, theories of aging and successful aging are presented. Finally, cognisance is given to the social work profession in providing services to the aged.

2.1 THEORETICAL APPROACH TO THE STUDY

The study undertaken, which is based in the discipline of social sciences, emerges from the ecological (adaptional) perspective which places focus on the interaction between man and his environment. "This model views human development and functioning - including health and illness - as outcomes of continuous exchanges between the individual and the social environment, the physical setting and the cultural context" (McKendrick, 1990: 141). Three core concepts of this model are pertinent for social work practice in health care:

*Adaptedness

"When exchanges go well, a state of adaptedness, or person-environment fit, is said to exist between the individual's rights, needs, goals and capacities and the qualities of the environment" (Germain, 1984: 58). As people are always developing and never stagnant, the ability to adapt is a necessary and continual response to change.

*Stress

Contrary to the notion of adaptedness, stress denotes a poor person-environment fit. Stress is the result of an incorrect appraisal of what resources are needed to fulfil a specific demand. Resources that are available to the individual are previous coping experiences, beliefs, environmental

features, support systems, etc. Age-related anxiety can represent perceived demands that might exceed the aged person's perceived resources, and so forms a source of stress.

*Coping

This concept also refers to a person-environment relationship. The experience of stress or anxiety gives rise to coping responses which in turn lead to adaption. Coping can either be effective, which results in stress being alleviated or reduced, or ineffective, which results in unrelieved and continuing stress. Stress which is not dealt with may lead to physical dysfuntion, emotional disturbance and social disruption. It might therefore be assumed that psychological stress related to aging is linked to physical aging, albeit successful or unsuccessful aging.

The aging individual cannot be studied in isolation from his / her specific environment due to the fact that a person-environment relationship is evident in the processes of adaption, stress and coping.

The main aim of this research as mentioned in Chapter 1, is to describe the relationship between age-related anxiety and successful aging. In order to do this, an understanding of two central concepts namely health and aging is necessary. Health concerns the physical, psychological, social, emotional and spiritual well-being of an individual. From the early 1900s social work has been concerned and involved with the promotion of health. The profession operates from the person-in-environment paradigm and aims to assist the individual in achieving the best possible "fit" and adaption thereby resulting in a healthy, well adapted individual (Germain, 1980:42).

Growing old is generally equated with slowing down, becoming ill, burdensome, lonely, and all that which is undesirable (Zastrow, 1986: 313). Younger generations are selfishly ignorant of their aging parents and dismiss the aging process as something too far in the future to be given cognisance now. Stella Clayden (in Mortimer, 1982: 50) suggests that "The impoverished image of age in our society is part of the impoverished vision of man, and contributes to the belittling of human life". The universal phenomenon of aging must be addressed and respected as that which is a part of our lives.

This study focuses on a specific aged population and gives attention to those factors which impede or promote effective functioning. Concepts that are discussed include longevity, ageism, age-related anxiety, loss and successful aging.

2.2 LONGEVITY

Longevity refers to a long life or high chronological age. It must be remembered that age is relative to different generations, for example a 50 year old person may be considered to be old when viewed from a 20 year old person's perspective, however when viewed by a 70 year old person, 50 is considered to be young.

The ancient Hebrews viewed long life as a blessing as opposed to a burden. The book of Genesis highlights numerous examples of unsurpassed and prosperous longevity. Adam lived to be 930 years old, Seth died at the age of 912, Noah lived to be 950 years, and Methuselah reached the ripe old age of 969.

The twentieth century has been marked by great achievements for the elderly. The most impressive being the gain of some 25 years in average life expectancy. "This longevity revolution, attributed to a combination of better public sanitation and personal hygiene, improved nutrition, and general medical progress" provides the basis for the ensuing discussion (Butler, 1991: 4). In addition to these environmental influences on longevity, there are genetic influences which indicate that aging may be inherited. For example, short life spans may be inherited due to a predisposition to a fatal or genetic condition such as cancer or heart disease. Gender also affects longevity, with the female having the advantage.

It must however be remembered that genetic factors need to be viewed in relation to physical and social determinants. Botwinick (in Beaver, 1983: 65) points out that ".. . favourable cultural traits may run in a family. The children of the wealthy not only have more money, but they also tend to be healthier than the children of the poor. A higher economic status results in better nutrition, better housing, and better sanitation, all of which makes for a longer life".

Although longevity (viewed as long, healthy, happy life) is an envied quality, those who have it and who are seen as the elderly population are often discriminated against.

2.3 AGEISM

Ageism refers to the prejudices and stereotypes that are applied to older people solely on the basis of age. Ageism labels people without allowing them to be individuals with their own unique ways of living their lives. "Prejudice towards older people...is an attempt by younger generations to shield themselves from...their own eventual aging and death...It provides a rationale for pushing older people out...without spending much thought on what will happen to them..." (Butler,1991: 243). Ageism allows younger generations to view older persons as being different from themselves, thus they cease to recognise their elders as human beings.

A response to ageism was outlined by Kalish (in Cavanaugh, 1990: 47) who terms the nonageist way of viewing aging as the "personal growth model". This model rests on the basic premise that it is possible and natural for older people to continue to grow because:

* aging brings relief from earlier responsibilities such as child rearing and work;
* older people are often less concerned about other peoples' opinions of them and are therefore freer to concentrate and pursue their own interests;
* the elderly have more leisure time;
* and there is an aspect of emancipation in the knowledge and acceptance of the end of life and of one's non-being.

This alternative view sees the aged as active members of society rather than as passive victims. The aged are encouraged to assume this new role and experience the positive aspects of growing old.

2.4 DEVELOPMENT AS A BASIS OF AGE-RELATED ANXIETY

Development is a process which continues throughout life. Wherever there is life there is growth, be it development of something new, improvement of the existing or destruction of what has been before. It does not stop at adolescence but continues throughout adulthood, into middle age and old age. Old age is the closing period in the life-span, the time when one looks back on life, lives on past accomplishments, and begins to complete one's life course. It is typically a time characterised by decline and regression or a return to a former and more simpler level of functioning (Cavanaugh, 1990: 52).

Havighurst (in Mussen, 1990: 397) describes the following developmental tasks of old age which link with Erikson's (1963) Ego Integrity versus Despair crisis of the latter developmental stage:

*Adjusting to decreasing physical strength and health;
*Adjusting to retirement and reduced income;
*Adjusting to death of spouse and significant others;
*Establishing an explicit affiliation with one's age group;
*Meeting social and civic obligations; and
*Establishing satisfactory physical arrangements.

Growing old involves numerous changes which encompass physical, mental /psychological and social realms. In addition these changes are often seen as being loss issues. In response to each loss the person needs to reestablish balance by reacting in a positive manner to restore effective functioning.

The older person strives towards attaining a sense of order and meaning in life and a feeling of satisfaction with what he / she has accomplished. They endeavour to make sense of the meaning of death with the aim of coming to terms with the reality of the approaching end of life. Despair may arise when the aged person becomes afraid of death or does not accept the life they have led as satisfying or worthwhile.

The task of coming to terms with one's own approaching death and to reach an emotional acceptance, is by far the most difficult. It is expected that one exits from this world with a degree of dignity and acceptance, however to face nonbeing and termination of life is hard to fathom for all human beings (Rosenbaum, 1975: 259). Preparing for death is a task that has not been contemplated in the past nor the present as "one cannot truly imagine one's own nonexistence" (Kubler-Ross, 1969: 43). Reactions to death are related to one's previous resolution of life experiences and dilemmas and are influenced by spiritual and philosophical convictions. A person who has come to terms with the boundedness of his / her own life epitomizes the qualities of wisdom and true internal peace.

From the above discussion it can be seen that development involves growing and becoming older. When one thinks of growth one tends to visualise physical aspects however human growth is much more than purely physical. It is equally and possibly even more important to consider the physiological, social and psychological aspects of aging which will now be discussed in relative detail.

2.4.1 Physiological aspects of aging

"Since the probability of death increases with age, it is assumed that changes take place within the individual with the passage of time" (Beaver, 1983: 60). It must be remembered that changes or their effects are not universal but individual to each person. Age does however reduce the ability of an individual to deal with physiological stresses.

Aging begins from the time of birth and continues throughout life with numerous processes declining long before death. Changes occur in tissues, cells, subcellular particles and molecules, however, organs and sub-systems within the person age at different rates. There are differential declines in the cardiovascular, respiratory, sexual, auditory and visual systems. From a biological viewpoint the process of aging can be identified by the following physical changes as outlined by Butler (1991: 81). These changes include the greying and loss of hair, dental deterioration, elongation of ears and nose; loss of subcutaneous fatty tissue, thinning and wrinkling of skin,

fading of eyesight and hearing, postural changes and a progressive structural decline resulting in a diminished height stature. Other senses including smell, taste and touch decline and discrimination becomes increasingly difficult.

2.4.2 Social aspects of aging

Society influences the individual in age-related ways. Norms, statuses, roles and social surroundings all determine to some extent, the way in which an individual functions in society. For the most part aging is socially and culturally determined. Irrespective of how old a person feels, he or she is perceived to be old and expected to behave in certain ways on the basis of their chronological age. Behaviour is therefore closely related to roles which in turn, are often determined by age (Kimmel, 1974: 103).

It is the researcher's opinion that this aspect of aging poses a serious obstacle as to an individual's experience of the process of growing old. Surely an individual's own thoughts and feelings should be greater determinants of life satisfaction and functioning than those dictated, societal beliefs.

2.4.3 Psychological aspects of aging

Psychological aging encompasses the sensory and psychomotor processes, perception, consciousness, cognition, mental ability, motives, desires and emotions (Morris, 1988: 458). All these processes combine forming one's personality which is the "pattern of characteristic thoughts, feelings and behaviours that persists over time... and distinguishes one person from another" (Phares in Morris, 1988: 458). An individual's personality is their psychological signature.

Often as one ages, a change in personality emerges. The way in which a person responds to various stimuli changes and reflects the individual's ability to cope with new experiences and

roles. The attitudinal, emotional and behavioural changes are often characterised by increased feelings of anxiety, especially where health, income and feelings of worth are concerned; an inability or unwillingness to adjust to present life and a narrowing of interests which is frequently equated with Cummings' Disengagement Theory.

Age-related anxiety encompasses all the negative attitudes, tasks and areas of life associated with reaching the final stage of one's life on earth and approaching the beginning stage of the unknown thereafter.

As one moves from one stage to another, endings and new beginnings are encountered. With each stage of development, something is lost as something is gained. For example as one enters adulthood, the aspect of dependency is lost while independence and greater decision making capacities are gained. Likewise, in entering retirement, work usually ceases which can be viewed as a loss, while leisure time and a lesser degree of responsibility may be considered a gain.

This section has given attention to physiological, social and psychological developmental aspects of aging. The following section deals with endings in terms of the losses experienced during the process of growing older.

2.5 LOSS ASSOCIATED WITH OLD AGE

Aging involves change which in turn comprises of losses and gains. It is universally accepted that growing old is viewed in a negative light as an inevitable process which is neither viewed with envy nor enthusiasm. It may thus be assumed that the losses associated with growing old far out number the gains (Waters and Goodman, 1990: 16).

2.5.1 Physiological loss

The physiological aspects of aging bring with them losses related to one's physical appearance

and physical abilities. The beauty equated with youth gradually fades with age and is replaced with undesirable qualities. Physical appearance is closely related to the formulation of one's self concept and confidence level. It may thus be assumed that an unattractive physical self results in a poorer self concept and less confidence in oneself and one's abilities. Probably the most significant loss of physiological aging is that of optimum health as referred to in Turnbull (1989: 40). Ill health implies a loss of former energy and resilience and a move towards greater need for assistance and dependence.

2.5.2 Social loss

Losses emanating from the social aspects of aging include withdrawal from activities. An enormous loss of growing old is the loss of one's work when entering retirement. Although retirement may be seen as a time of relaxation and pleasure, many individuals find meaning and purpose in their work which they are unable to find elsewhere. The individual therefore faces losses concerning performance of a worthwhile task and being a valued and contributing member of society. The status of the work role is lost and the individual now needs to assume other meaningful roles. In addition, the social relationships at the workplace are often severed and subsequently lost. For many, the most significant loss of retirement is diminished income which poses great threat and anxiety in the modern world. Linked to this are the numerous material losses or mere freedom to gain what the heart desires. Simon de Beaver in Lowy (1985: 79) gives his views on retirement as follows: "We are told that retirement is a time of freedom and leisure ...These are shameless lies... just when he is at last set free from compulsion and restraint, the means of making use of this liberty are taken from him. He is condemned to stagnate in boredom and loneliness, a mere throw-out".

2.5.3 Psychological loss

Psychological loss associated with aging includes diminished memory, slowed cognitive processes and the belief of not having control over one's situation. The aging process is seen to influence

every aspect of one's life and the locus of control is shifted from being internal to external. In earlier days individuals had options and choices to make however in old age, the choices have already been made in youth and cannot now be changed. A sense of contentment is what has to be sought.

The most obvious loss associated with aging is death. In old age one is likely to experience the death of friends, loved ones and spouses. The effects of death are numerous and most often result in the isolation of the surviving individual. Aloneness implies the loss of sharing and perhaps even the meaning of life or living. The isolation may also be self imposed according to Cumming and Henry's "disengagement" theory of aging (in Butler, 1991: 87). Society gives the individual permission to disengage from active social and occupational involvement, and the individual withdraws into him / herself. It is proposed that this "quiet time"and aloneness allows the person to deal with the grief of the losses incurred.

Despite the abovementioned losses being real, there are also various stereotypes associated with aging which are negative and largely incorrect or unfounded. Some of these stereotypes are described below.

2.6 STEREOTYPES OF AGING

There is a tendency to classify older people into one homogenous group, undefined, undifferentiated, and detached, which denies the value of uniqueness and individuality of each person. The older person loses his/her identity as a person and becomes victim to the societal stereotypes and myths of old age. Lowy (1985: 74) lists various stereotypes below which link with the basic assumption of ageism that "a person's chronological age is correlated to their ability to perform specific types of activity".

*** Older people are senile**

This implies deterioration and cannot be empirically measured. Senility is frequently confused with senescence, being the state or quality of growing old. The reality is that most older people are neither senile nor in their "second childhood".

*** Older people look alike**

This suggests that all old people are wrinkled, have greying hair, are deaf, lame, shaky and are unattractive. It denies the extensive individual and chronological variations in the physical aspects of aging.

*** Older people think and act alike**

Similar to the above assumption, this ignores the older person's different capabilities and desires.

***Older people are not reliable or dependable**

This denotes an incapacity to assume responsibility or complete a task. It must be remembered that many older workers are more dependable than their younger counterparts.

*** Older people grow even more alike as they grow older**

The reality is that older people grow more like themselves as they age. They do not lose their individual differences.

*** Older people cannot learn anything new**

The rate of learning may change however individual intelligence, previous learning, interest etc. need to be taken into account.

*** All old people are ill, dependent, live in homes for the aged, are alone and have nothing to do but wait for death** These assumptions are not true for most older adults who are often able to live alone, independently and adequately care for themselves.

Shura Saul (in Lowy, 1985: 75) elaborates on these stereotypes and defines them as myths - many of which can be refuted by facts.

*** Myth of Tranquillity /Golden Years**

Old age is seen to be a time of peace and relaxation where one does what one wants to do, when one wants to do it. The realities of poverty, illness and isolation are overlooked, however it is these realities which result in stress, depression, anxiety and psychosomatic illnesses (Carson, 1988).

*** Myth of inevitability**

"An older, person thinks and moves slowly... He is bound to himself and his past... he dislikes innovations... He is aimless of mind.. he awaits his death, a burden to society, to his family, and to himself..." (Shura in Lowy, 1985: 76). This extract sees all old people in a hopeless situation and negates the possibilities of aged people having will, drive and the ability to continue enjoying life's pleasures.

*** Myth of senility**

Memory loss, a lack of capacity for decision making and problem solving is not always a consequence of old age but the result of psychological and situational circumstances.

*** Myth of asexuality**

There is a belief that old people have no desire for sex, no sexual needs and no ability to function as sexual beings (Butler, 1991: 98). If it be known that older people are in fact sexually active, society scorns them as if their behaviour were abnormal. Masters and Johnson (1982), pioneers in researching human sexuality, reveal through their studies that 70 percent of elderly couples remain sexually active.

*** Myth of unproductivity and family dissolution**

Facts reveal that many older people are forced into unproductivity through mandatory retirement policies. This relates closely to the concept of ageism where the victim is blamed. Contrary to societal beliefs, older people make use of opportunities and desire to be involved in the world around them. The notion that "most families ship their older members off to institutions and therefore show that they don't care is not supported by facts" (Lowy,1985: 78).

It is often due to the lack of community and material resources available for the aged, that many older people are forced out of their homes.

This section has provided a back drop against which the process and experience of aging must be viewed. The various aspects of growing old have been discussed and it is evident that this final stage of growth involves difficult yet necessary tasks.

The aged person may have numerous variables working against them, for example, ill health, minimum income, isolation etc., however life needs to lived until its closing moment. The satisfaction derived during this time is dependent on the person's negotiation and management of the anxieties of aging. Hence it may be assumed that age-related anxiety has a direct influence on positive or successful aging.

Having described the three realms of loss associated with aging and the stereotypes of aging it would seem that growing older is encompassed by a theme of giving up one's physical, psychological and social possessions. Although it does appear this way, it is up to each individual to experience the process of growing older in relation to their own life and personal attributes. The following section attempts to draw together some theories on aging which have been developed in response to one's perception of the aging process.

2.7 THEORIES OF AGING

Just as there is no prescribed formula on how to grow old, there is no prescribed definition of what aging is and what it entails. Numerous theories have been developed to provide an explanation to the phenomenon of aging, some of which are detailed below. This section describes theories of aging per se, whilst the following section pays particular attention to theories of successful aging.

2.7.1 THEORIES OF AGING AS A PROCESS

*** Disengagement Theory**

As mentioned, this theory proposes that older people and society withdraw from each other and that this withdrawal signifies the older person's psychological well-being (Butler, 1991: 103). Numerous researchers have disputed this theory on the premise that humans are essentially social beings who move towards activity and interaction, rather than isolation or disengagement (Carp and Rosow in Butler, 1991: 104)

*** Wear and Tear Theory**

The body is likened to a machine whose parts gradually wear out with use. At the same time waste products accumulate which in turn interfere with the normal functioning. This theory suggests that a well cared for body will last longer and function better.

*** Breakdown of the Immune System Theory**

The immune system functions to protect the body against disease and to destruct any abnormal cells which may be present. A dysfunctioning immune system renders the body vulnerable. "The immune theory suggests that aging is the result of a breakdown in immunity. Supporters of this theory point out that the thymus gland, which is crucial to the correct functioning of the immune system, is one of the first organs to age (Gingold, 1992:10).

*** Programmed Aging Theory**

This realm of thought suggests that the body has an in-built tape on information which plays through childhood, adolescence and on to old age. It sees genetic inheritance as both beneficial and harmful characteristics and as being determinants of a person's health and life span.

*** The Error Theory of Aging**

Each cell has a nucleus made up of DNA strands which contain all the information required for the normal functioning of that cell. This DNA information needs to be read correctly in order for the cell to continue living. Incorrect information interferes with the normal cell functions. Damaged DNA cannot be repaired and thus the cell ages and dies. It can thus be concluded

that abnormal DNA or incorrect reading of the DNA leads to aging. Environmental factors such as chemicals and radiation from the sun play an important role in damaging DNA cells. Skin cells that have been exposed to the sun become damaged and are unable to repair themselves. These cells die which ultimately lead to the wrinkled appearance of aged skin.

*** The Free Radical Theory of Aging**

Free radicals are toxic forms of oxygen which are produced by the body in chemical reactions that use oxygen. Antioxidants including vitamins and minerals are needed to defend the body against these free radicals. It follows then that a healthy diet prevents disease and retards aging to some extent.

It is clear from all of the above theories that aging is largely associated with physical changes. Furthermore, although aging is a reality and is inevitable for everyone who is alive, we can exercise control as to the effects of growing old. With this in mind, it might be assumed that everyone would want to control their aging in the best possible way so that the experience of growing older is less negative than described in previous sections. To this end, theories of successful aging have been developed which will now be explained.

2.7.2 THEORIES OF SUCCESSFUL AGING

This section will provide an overview of two theories concerning successful aging and thereafter will attempt to give a basic understanding of the concept and components of successful aging.

*** The Exchange Theory**

This theory focuses on "the exchange of energy between the individual and the rest of his social system" (Williams, 1965: 9). Attention is given as to how much output of energy the individual contributes to significant others in his system, and how much input from these others is necessary to keep him going. If the output energy is equal to or more than the input energy, the individual is said to be autonomous. On the contrary, if it takes more input energy from others to maintain him, he is seen as being dependent. An autonomy-dependency continuum emerges.

*** System Stability**

A second theory involves the stability of the system, especially in relation to the autonomy-dependency construct. Judgements concerning probable future course or change within a system need to be made. A system's stability is either defined as being persistent or precarious. In order to assess a person's success with growing old, one can make use of the following guidelines: If the overall relation of the individual to his social system is both autonomous and persistent, he is aging successfully. A less successful ager is one whose relationship is autonomous but precarious. If the relationship is seen to be dependent and persistent in dependency, aging is still less successful and the scenario of a dependent and precarious relationship depicts the least successful aging experience (Williams, 1965: 11).

Successful agers are those individuals who remain healthy, happy and independent. These people tend to live longer lives and generally experience a better quality of life in old age. As health and happiness are desired qualities, it would be worthwhile identifying and understanding the attitudes and characteristics that these people possess which enable them to age successfully. These positive qualities will now be referred to.

*** Hereditary factors and successful aging**

If one's parents lived long and healthy lives, it is likely that the individual would have inherited some positive genetic characteristics and will age in a similar manner. Being born a female is another genetic characteristic with the advantage of living on average five years longer than a male.

*** Social and economic factors and successful aging**

All people are entitled to good health however financial security and education have a definite influence on one's health. Gingold (1992: 15) notes that people in higher socio-economic groups generally enjoy better health. They are able to purchase better quality food and have the financial means for recreational and sporting activities. A secure financial status allows easier access to medical services. Educated persons are usually more aware of healthy lifestyle practices and consequently suffer from less heart disease incidence caused due to smoking, a diet high in cholesterol etc.

*** Social activities, relationships and successful aging**

An active social life, whether it involves family, friends or work prevents boredom and promotes successful aging. Social isolation is a major problem in later life and often leads to depressive symptoms. When retiring one relinquishes certain roles and responsibilities, however, new interests and roles should be developed in their place.

A caring and supportive relationship promotes successful aging as it provides a sense of stability, purpose and a sense of being needed. The mere thought of being needed by someone, makes one feel worthwhile and provides a purpose in life.

*** Emotional attitudes and successful aging**

It is hypothesized that the way one feels about life, influences the way lives life. Those individuals who exhibit a positive attitude and who live independently - making their decisions and being involved in activities, tend to be healthier people at any stage of life. According to a study conducted by Rodin (1986: 1271), people who see themselves as being in control of their lives, experience less depression and emotional conflicts.

Many doctors believe that there is a close relationship between emotional stress and the development of disease or ill health. Tom Cox (in Harel, 1988: 576) asserts that "stress beyond the affected person's capacity to cope constitutes a threat to the quality of life and to physical and psychological well-being". Stress causes the release of certain hormones which influence the effectiveness of the immune system. There is thus a cause-effect relationship between emotional stress and physical ill health.

Having described the concepts and theories of aging and successful aging respectively, it is clear that the process of growing older is experienced in both physical and mental states. Just as physical aging influences mental / psychological aging, the reverse is also true. The section which follows will describe the psychological influence on physical aging.

2.8 THE PSYCHOLOGICAL INFLUENCE ON PHYSIOLOGICAL AGING

From the above discussions of age-related anxiety, loss and successful aging, a two-way relationship becomes evident. This relationship forms the basic hypothesis of this study being that, one's state of mind or perception of aging, actually influences the process and experience of it. Several studies have been undertaken which reveal that anxiety issues are indeed related to physical illness in the aged population (Turnbull, 1989; Bruce, 1994; Staats, 1993). "Elderly patients with clinical anxiety often present with physical complaints that mask the underlying anxiety disorder. Recognition and management of anxiety disorders in the elderly must be prompt to interrupt the cycle of anxiety-depression, physical illness, and other stresses"(Turnbull, 1989: 40).

The aged are faced with numerous anxiety producing stimuli as detailed in section 2.4 of this chapter. Such stimuli require the capacity to adapt and cope with the changes that are presented. However considering the numerous losses associated with old age it is not surprising that the elderly populations' resources are indeed few. Their ensuing frustration and anxiety is thus understandable.

2.8.1 Types of age-related anxiety disorders

Anxiety related to ill-health or unsuccessful aging can be classified into three categories: phobias, anxiety states and adjustment disorders (Carson, 1988: 182).

*** Phobias**

It is not uncommon for an elderly person to suffer from agoraphobia, being the fear of being alone or of being unable to escape from a situation. This relates to the stressors of being isolated and of being out of control or dependent upon others for well-being.

*** Anxiety states**

The elderly person may find themselves concentrating on unpleasant thoughts concerning age, death, illness and loss. The degree of anxiety immobilizes the person and may interrupt sleep, regular eating habits etc, which are not conducive to good health.

*** Adjustment disorder with anxious mood**

With age comes various changes which require adjustment and coping skills. Stressful challenges include: retirement, inadequate income, loss of spouse, family or friend through death, physical deterioration and contemplation of one's own death or non-being (Turnbull, 1989). If one is able to accept the realities and possibilities of growing old, anxiety is minimal however an avoidance or denial reaction often results in intense anxiety which may lead to feelings of depression.

Bruce et al. (1994: 1799) hypothesized that "...much of the effect of depressive symptoms on subsequent onset of physical disability may be a result of depressive symptoms undermining the effort needed to maintain physical functioning". This implies that physical limitations reflect not only on a person's physical capabilities but also on what that person is willing and emotionally able to do.

One's self perceptions concerning health and general life situation, "are causally related to life or death outcomes, i.e., people who perceive their health as good, live longer than those who do not" (Idler and Kasl in Staats, 1993: 192). With this in mind, social workers dealing with the aged, should focus their attention on assisting the client group in dealing with and overcoming their anxiety, so that enhanced social functioning may be aspired to until the last living moment.

2.9 THE SOCIAL WORK PROFESSION IN SERVING THE ANXIOUS / DEPRESSED AGED

It must be remembered that not all aged people experience anxiety and depression in relation to growing old. "Professionals have been puzzled by seniors highly positive statements of their health and life satisfaction when compared with their own criteria-based ratings" (Stolar, 1992: 305). As a professional, the social worker has an important role to play in the medical or treatment team. Together with medical practitioners and psychiatrists who typically prescribe medication, the social worker may be involved with psychologists in the rendering of nonpharmacologic options. Here the management of anxiety has two objectives, namely to reduce stress and to increase the client's ability to cope with unavoidable stress (Turnbull, 1989: 44).

Common therapies used include behaviour therapy, systematic desensitization and Ellis' Rational Emotive Therapy. The client is encouraged to acquire a learned ability to tolerate anxiety, to perceive anxiety provoking situations in a less threatening light and to gain control over irrational and dysfunctional thoughts.

The above mentioned therapies are typical of **case work** practice where there is a one-to-one relationship characterised by trust and honesty. A suitable social work model, developed by Lowy (1985), for work with the aged - the "Process Action Model", is derived from Compton and Galaway's Problem-Solving Model. This model rests on the belief that effective movement toward purposive change, or altering something that one wishes to alter, rests upon the ability of workers to engage in rational, goal-directed thinking. Activities must be divided into sequential steps, each step needing to be accomplished before one can successfully complete the process (Compton and Galaway, 1989: 370).

Group work as described in Shulman (1984: 72) is also conducive to behaviour therapy and has the added advantage of allowing the old person to identify with others experiencing the same or similar situations. An element of support and mutual identification is evident and acts to minimise the old person's feelings of isolation.

The social worker has a pertinent role to play in environmental change or **community work.** The task here is to educate the community as to the needs of the elderly and to make existing services more accessible for the aged consumers. By acquainting the elderly with social and economic assistance programmes, for example, Meals on Wheels, telephone Lifelines and Day Centres, even before these programmes are needed, the social worker helps to allay much future anxiety.

Butrym (1983: 86) stresses that "health and the well-being of people is not only dependent on their receiving appropriate help from others, but also on ... the opportunities to be of use to their fellow men. Old people are no exception to this".

The social work profession recognises the potential for personal growth and life satisfaction in the elderly. In working with issues of anxiety and depression, the social worker aims to enhance the relationship between the individual and his/her environment so that a "goodness-of-fit" is achieved.

In working with aged people, the social worker's gains are numerous. To be a recipient of an old person's wisdom and acceptance of life, is to learn how to grow old with dignity and honour. This is indeed valuable as -
"It takes no art to grow old, but it is an art to endure it" - (Goethe).

2.10 SUMMARY AND CONCLUSION

This chapter has described the theoretical concepts and basis for the study.

Firstly, the concepts of longevity and ageism were described. Life is seen as a continuous developmental process, presenting tasks and challenges. An individual's mere movement through the aging process is thus characterised by elements of anxiety in respect of how one negotiates the challenges. Hence development was viewed as a basis for age-related anxiety.

Focus was then given to the psychological, social and physiological aspects of aging. Those areas posing possible anxieties were highlighted. Special attention centred around the theme of loss associated with old age, and brief reference was made to the Disengagement Theory. Additional theories of both aging and successful aging were reviewed and thereafter various factors associated with successful aging were noted.

The chapter reached a synthesis in the section concerning the psychological influence on physiological aging. This idea constitutes the principle hypothesis of the study and will be reconsidered in later chapters.

Finally, an account of the relevance of social work with reference to the anxious, aged was given. It is clear that the social worker has an important role to play in assisting the aged in their adaption to and enjoyment of growing older.

Life needs to be lived until its last moment - if one can live and enjoy, what more is there to desire.

CHAPTER 3

PREVIOUS RESEARCH

The previous chapter focused principally on the problems experienced by aged people in their adaption to growing older. Attention was given to various theories of aging, and age-related anxieties were a theme of focus. This chapter will give an account of previous research which has been conducted in the areas of happiness, life satisfaction, subjective well-being and fear of aging.

In order to understand dysfunctional aging, one must be aware of what is considered to be successful patterns of adaption, growth and aging. In this chapter positive adaption by older people to the aging process is given cognisance. Positive development and adaption should lead to an ideal of successful aging which results in and is linked to a positive feeling of "psycho-social well-being". The concepts of adaption, successful aging and psycho-social well-being will be clarified. The factors determining these concepts will be reported on by referring to previous research.

3.1 ADAPTION

Man is always in transit and remains physically, spiritually and psychologically subject to change. The ability to adapt and change, rather than chafe against it, is an essential survival skill. Adaption refers to an attempt to reestablish normalcy or a state of equilibrium between the person and the environment. Positive adaption is likely to result in feelings of coping and being in control. Lange and Rodin (in Rodin,1986: 1272) designed a study to encourage elderly convalescent-home residents to make a greater number of choices and to have more control of day-to-day events. Immediately after intervention and at an 18 month follow-up period, the group given more responsibility became more alert and active and reported feeling happier than the group of residents who were encouraged to feel that the staff would care for them and try to satisfy their needs.

Good adaption in old age implies that the person achieves a sense of worth and satisfaction. The aged person, approaching their final phase of life on earth, has to give an account of him / herself and the meaning of finality / death. A well adapted aged person is able to accept the reality of his / her approaching end of life. Such insights, resulting from much experience, form the substance of the envied concept known as wisdom.

3.2 SUCCESSFUL AGING

Success in aging is synonymous with positive adaption to growing older. The term "success" represents a positive outcome. The successful ager is able to incorporate physical, psychological and social adaption in response to changes in the external and internal environment of growing older (Satlin, 1994: 4). Successful aging involves making good choices. Rowe and Kahn (in Satlin, 1994: 4), distinguish successful aging from usual aging. "Usual aging is characterized by declines in physiological and psychological function and is a feature of aging persons when viewed as part of a group". Given this, successful aging can thus be considered to be characterized by adaption and growth and the ability to channel and control energies in order to remain productive and happy.

As mentioned in the previous chapter, it must be remembered that there is no single recipe for being successful at aging. Each life is unique, presenting unique problems and prospects for successful and positive adaption. An outline of qualities in respect of successful aging is presented below.

3.2.1 Qualities associated with successful aging

Clark and Anderson (in Lowy, 1985: Chapter 8) conducted an in-depth anthropological study of several hundred well-adjusted and poorly adjusted old people living in San Francisco. From this study emerged several qualities that seem to be closely related to successful adjustment in old age.

*** Attitude towards life**

The well-adjusted elderly person is flexible in his attitudes and changes them as time progresses. Self acceptance, cooperation and attainable goals are the qualities of a mature and successful ager. The poorly adjusted are rigid in their attitudes and tend to have overly ambitious and unattainable-goals. It might be assumed that these people are setting themselves up for failure.

*** Personal independence**

The well-adjusted are realistic in their independency and accept their limitations. In seeking independence, the poorly adjusted are motivated by fear rather than a sense of autonomy.

*** Social acceptance**

Those individuals who have adjusted to their stage of life strive for social acceptance by being genuine and interesting to others. The poorly adjusted group of individuals seek acceptance through being competitive and seeing themselves as being superior to others.

*** Resilience**

This is a quality which describes the ability to cope with losses and illness and thereafter, continue appropriate functioning. The well-adjusted elderly possess this quality and are able to distinguish between those events over which they have control and those which are unchangeable or out of their control. The maladjusted individual finds it difficult to accept the realities of life as they have a need to be in control of everything; they take defeat personally.

*** Patience**

The older elderly, that is seventy and above, seem better adjusted to old age than those in their sixties. It might be assumed that these older people have had more time to deal with the changes and challenges of growing old. From Gfellner's study (1989: 207), it emerged that men adjust to age more easily than women. It is the researcher's assumption that due to the emphasis on physical appearance in women and the effects thereon of age, acceptance of one's decline is more difficult.

Neugarten's (in Lowy 1985: 81) concluding statement, relative to the above study, reminds us that ".... there is no single pattern by which people grow old.. Older persons, like younger ones, will choose the combinations of activities that offer them the most ego involvement and that are the most resonant with their long-established value patterns and self-concepts".

Yet another quality associated with aging is that of personality. This quality will be discussed in relative detail.

3.2.2 Personality and successful aging

It is believed that personality influences the perception of life satisfaction in old age (Kopac, 1988: 667). Personality is seen to be a crucial factor of psychological health and a successful old age. Havighurst (1968: 21) identified eight patterns of aging from his study of men and women between the ages of 70 and 79. The subjects were rated on personality, role activity and sense of life satisfaction. The eight patterns or groups of older people were:

*** Reorganizers**

These people see a high level of activity as being important to the determination of life satisfaction. New roles are continuously assumed.

*** Focused**

A satisfying life involves moderate role activity and the ability to focus on and value a limited number of roles and interests.

*** Disengaged**

The successfully disengaged people are happily passive and enjoy the leisure and diminished responsibility of old age.

*** Holding on**

This group of old people tend to have a highly developed set of defences which protect them from the anxieties of aging. They are satisfied with life so long as they are able to maintain middle aged activities.

These four personality types are seen as being successful agers who experience life satisfaction. Involvement in life activities allow opportunities for continued learning and give people a sense of control over their situation. The following four personality types described below, experience limited life satisfaction and can be thought of as being "unsuccessful agers". Too much time is spent on the negative aspects of growing old and a passive, victim role is assumed.

*** Constricted**

People in this category experience a low level of life satisfaction and reduce their role activity in order to cope with life.

*** Succorance-seekers**

This category of older people form dependent relationships with others. Interaction is minimal and they are content with being dependent.

*** Apathetic**

Disinterest and unresponsiveness defines people within this group. They have few, if any interests and roles, and are unable to satisfy their needs.

*** Disorganised**

These people's lives are characterised by minimal role activity and low life satisfaction. Life is devoid of enjoyment.

3.2.3 Successful aging related to life satisfaction and quality of life

There is no one definition of successful aging however for the purposes of this research study the term refers to the individual who exhibits successful adjustment to and coping in old age. Butt (1987: 87) purports that "It describes positive adaption as reflected in contentment and satisfaction with quality of life as perceived by people in their advanced years".

Huyck (in Beaver, 1985: 110) suggests that successful aging is associated with one's mere **survival** into old age. Such a person has negotiated the many changes and obstacles of earlier life.

A further view measures one's success in aging according to the "activity theory". This theory proposes that if one is able to maintain the level of **activity** and involvement of earlier days, one has or is aging successfully. This definition has however been criticised as being one of the leading strands of thought of ageism - due to the fact that aging is negative, must one avoid it at all costs by doing whatever is necessary to appear younger.

Another definition of successful aging refers to how older people feel about themselves, their life status, roles and activities at present. If people are happy and in good spirits about themselves and their situation, they will find the positive aspects of aging and focus on these. This mimics the cliche of 'A healthy mind is a healthy body'.

A final definition focuses on the concept of life satisfaction and refers to that person who feels satisfied with both his past and his present life. Neugarten (1981: 134) expands on this definition and perceives life satisfaction as the extent to which the elderly person "takes pleasure from whatever activities constitute his everyday life...". The old person regards his life as meaningful and accepts responsibility for what his life has been. Furthermore, the person feels he has succeeded in achieving major life goals and thus holds a positive self image and a perception of being worthwhile. It must be remembered that the life satisfaction approach is a subjective one since the older person "defines the success in terms of inner satisfaction rather than of external adjustment" (Atchley in Beaver, 1985: 110).

It may be assumed that if one is satisfied with life, then their life has a certain level or element of quality to it. Quality of life is an important component of successful aging and encompasses physical, material and emotional well-being. In the presence of physical and mental health, comfortable physical surroundings, and adequate opportunities of positive exchange with the social environment, it is presumed that the individual has a sufficient quality of life to warrant contentedness with this life.

From the above discussion of successful aging and the qualities associated with it, one might assume that success in aging is likely to result in psycho-social well-being. This concept will now be explained.

3.3 PSYCHO-SOCIAL WELL-BEING

This refers to the person's satisfaction concerning social aspects of life and psychological reactions to life. Psycho-social well-being, for the purposes of this study, refers to life satisfaction. This concept is subjective and denotes an attitude. It can thus be assumed that an individual's report on his / her well-being is indicative of his / her attitudes regarding life, both that which has passed and which is still to come.

Well-being / life satisfaction is a multidimensional concept and is dependent on a wide variety of social, psychological and physical factors.

The **"Cantril Ladder"** technique developed by H. Cantril (in Palmore et al., 1977: 311) was developed to measure life satisfaction. A respondent was first asked to describe "your wishes and hopes for the future" and then to describe "your fears and worries about your future". A picture of a ladder numbered from 0 on the bottom rung to 9 on the top rung, was then presented to the respondent. He was asked to suppose that if the top rung of the ladder represented the best possible life , where on the ladder did he / she feel he stood at the present time.
This measure is self-anchoring in the sense that it is relative to each person's own conception of maximum and minimum life satisfaction. This measure was found to be fairly reliable with a

coefficient of 0,65. From this study it was found that the most frequent values / concerns in relation to life satisfaction were in the areas of health, standard of living, and family.

Bradburn's Affect Balance Scale is also a measure of positive affect or life satisfaction. This 10-item scale has earned the reputation of being the best overall measure and predictor of psychological well-being (Moriwaki, 1974: 74).The feeling of well-being is related to the individual's excess of positive affect or "happiness" over negative affect or "unhappiness".

Personal happiness can be considered as being an overall indicator of general psycho-social well-being. Gurin, Veroff and Feld (1960) conducted a survey to determine the mental health status of the American nation. Findings revealed that respondents tended to think in terms of "happiness" or "unhappiness" when evaluating their emotional and psychological states. Furthermore, indications of the individuals' general feelings together with some primary tensions they are experiencing, were strongly reflected in questions concerning happiness and anxieties / worries. Although many criticisms have been levelled against self judgements of happiness, Kuhlen (1959: 896) purports that subjective evaluations do, to some degree, reflect one of the major facets of adjustment.

Despite there being various definitions of the term happiness (in relation to economic, political, theological and ethical issues) it has recently been accepted at that which relates to degree of social adjustment. Bradburn (1969: 108) equates happiness with mental health and unhappiness with at least a mild form of mental illness. Happiness is thus perceived as one's ability to adjust efficiently and effectively to life situations whereas unhappiness is perceived as a outcome or result of one's maladjustment to life situations.

This study will now give attention to selected empirical studies which relate to the above discussed concepts and terms.

3.4 SELECTED EMPIRICAL STUDIES

From the literature review, the researcher selected those studies previously done which relate to the present study.

3.4.1 Predictors of happiness study

Kosma and Stones (1983: 626) conducted a study on The Predictors of Happiness. They used the formal scales including the 24-item Memorial University of Newfoundland Scale of Happiness (MUNSH), the 37- item Memorial University of Newfoundland Attitudes Inventory, the 40- item Social Readjustment Rating Questionnaire for assessing major changes in life events (Holmes and Rahe, 1967 in Kosma, 1983), and a 4-item Jessor Scale (Palmore and Luickert, 1972 in Kosma, 1983) for measuring perceived locus of control. The variables of housing satisfaction, financial status and subjective health were evaluated on 7-point rating scales. Kosma and Stones (1983: 628) found that the main predictors of happiness were: housing satisfaction and health. In addition the results of their study showed that happiness remains fairly consistent over time.

3.4.2 Health rating and life satisfaction

Willits and Crider (1988: 172) conducted a study on Health Rating and Life Satisfaction in the Later Middle Years. A total of 1650 respondents replied to mailed questionnaires which made use of single-item assessments asking respondents to rate answers. Subjective evaluation was chosen as an appropriate indicator of overall health. Respondents were asked to indicate their satisfaction with regard to: health, overall life, community satisfaction, job status and marital status. Seven control variables, which were expected to be related to well-being, were incorporated into the analysis, both to control for their effects on the dependent variables and to allow for the appraisal of the significance of their statistical interactions with health ratings. These control variables were gender, education, family income, number of relatives in area, number of friends in area, frequency of leisure participation and marital status.

This study, in line with numerous other studies, found that among all the elements of an older person's life situation, health is the most strongly related to subjective well-being. This is in line with Larson's (1978: 112) statement that "people who are sick or physically disabled are much less likely to express contentment about their lives".

A similar study conducted by Gfellner (1989: 203) revealed similar findings to those of Willits and Crider (1988: 176). It was found that very old adult's subjective health perceptions were a better index of life satisfaction than number of health conditions, instrumental limitations or perceived functional abilities.

3.4.3 Fear of personal aging and subjective well-being

A previous study which is pertinent to the formulation of the present research study, is that which was undertaken by Klemmack and Roff (1984: 756) concerning one's fear of personal aging and subjective well-being in later life. This study examined the relationships among situational factors, fear of personal aging, and subjective well-being in a probability sample of 595 Alabamians, aged 55 and older, using regression analysis.

Subjective well-being was regressed simultaneously on fear of aging and selected situational variables. The results indicated that fear of aging was the best predictor of the variables examined. Fear was inversely related to subjective well-being, and the magnitude of the relationship was at least three times greater than that for any other predictor used, except for income. Fear accounted for 14,7%, and income accounted for 11,1%, of the variance in subjective well-being. Furthermore, it was suggested that fear of aging was affected by perceived health status, level of education and to a lesser extent, race. Those who were white, better educated, and who regarded themselves to be in better health, were less likely to express fear of aging. Income was correlated with fear however this relationship was not found to be statistically significant.

3.4. Fear of personal aging and subjective well-being reconsidered

A subsequent study by Kercher, Kosloski and Normoyle (1988: 170) reconsidered the fear of personal aging and subjective well-being in later life. This study examined the possibility that fear of aging, as a reflection of personal worries or "negative affect" (Bradburn, 1969: 110), is actually an indicator rather than a determinant of subjective well-being. According to this alternative explanation, fear of aging was essentially used to predict itself. This second study, factor analysed Klemmack and Roff's constituent items. It was found that fear of aging items would cluster with other indicators of negative affect and thus, fear of aging should have been part of the dependent variable. Furthermore, subjective well-being was found to have two dimensions - happiness and plans for the future.

3.4.5 Anxiety about aging scale

Lasher and Faulkender (1993: 247) aimed to develop a scale which would measure aging anxiety. Their research was based on the premise that aging anxiety is an important mediating factor in attitudes and behaviour toward elderly individuals as well as a mediating factor in adjustment to one's own aging process. They purported that the combined concern and anticipation of losses centered around the process of growing older, constitute aging anxiety.

The 84-item Anxiety about Aging Scale (AAS) was developed to assess four dimensions of aging namely physical, psychological, social and transpersonal and three types of fears namely fear of aging, fear of being old, fear of old people. A principle component analysis of data collected from 312 adult volunteers revealed the presence of four interpretable factors: I) fear of old people, ii) psychological concerns, iii) physical appearance and iv) fear of loss. While this scale was found to be a good overall inventory for anxiety about aging, Lasher and Faulkender did suggest that additional research be done to further develop and validate the scale.

3.5 SUMMARY

This chapter outlined research done in the areas of happiness, life satisfaction, subjective well-being and fear of aging. It was firstly important to define and explain terms and concepts relating to the key factors of this study, namely age-related anxiety and successful aging.

Positive adaption in response to growth and development was found to be closely related to successful aging. If the aged person is able to negotiate Erikson's 8th stage of Ego Integrity versus Despair successfully, he or she is seen to have aged positively. A sense of integrity or satisfaction with one's life and who one is, is achieved as opposed to despair or dissatisfaction and negative affect. Qualities of successful aging were discussed after which attention was given to the influence of personality types on successful aging.

Examination of the construct "psycho-social well-being" followed and was equated with the broad term of "life satisfaction". This was found to be a multi-dimensional concept, indicative of the person's perceptions and attitudes towards social and psychological circumstances and experiences.

Selected empirical studies, that formed the basis of this study were reported on. Kosma and Stones' (1983) predictors of happiness, derived from the use of various scales, showed health to be an important predictor of happiness which was seen to remain somewhat constant over time. Furthermore, Willits and Crider (1988) proved once more that one's health is most strongly related to subjective well-being.

Two related studies, both concerned with fear of aging and subjective well-being, provided valuable points of consideration for the present study. Most significant was the finding that fear of aging is in fact an indicator rather than a determinant of subjective well-being.

Finally the Anxiety about Aging Scale, which was developed by Lasher and Faulkender (1993) was reviewed. Unfortunately further development of this scale is necessary to render it valid.

In the following chapter the research methodology will be explained. Operational hypotheses will also be presented.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter is concerned with the research methodology of the current study. The following aspects will be discussed, namely assumptions, research hypotheses, the research design employed, the questionnaire as the data-gathering instrument, the sample and limitations of the study.

4.2 ASSUMPTIONS OF THE STUDY

It was assumed that all respondents were literate and able to understand the English language. In addition it was assumed that all respondents were physically well enough to complete the questionnaire.

The researcher worked from the basic assumption that age-related anxiety does have a negative effect on one's perception of and actual experience of aging. Furthermore, should the age-related anxieties be identified and appropriate intervention rendered, then one would be more likely to age successfully.

4.3 HYPOTHESES

The following hypotheses have been formulated to provide a guideline as to what the study aims to determine. Hypotheses suppose relationships which are either confirmed or refuted by research. Before detailing any specific hypotheses, a null hypothesis will be formulated.

The null / rival hypothesis for this study postulates that chance accounts for a statistically significant relationship.

In Chapter 5, findings in relation to hypotheses will be detailed and in each case, the null hypothesis and an alternative hypothesis will be formulated.

*** Hypothesis 1**

It is hypothesized that there is a statistically significant relationship between gender and rating of losses associated with aging. (Males are seen to be more financially concerned whereas females are considered to pay greater attention to physical matters.)

*** Hypothesis 2**

It is hypothesized that there is a statistically significant relationship between respondents' perceptions of being alone and their frequency of attendance and participation in social / sports club activities. (Those people who do not enjoy being alone are likely to attend club activities more frequently than those people who enjoy being alone.)

*** Hypothesis 3**

It is hypothesized that there is a statistically significant relationship between respondents' age and the meaning that they associate with death. (Older persons are more likely to have considered their own death as they are closer to it. In order to ease their minds, a more positive concept of death is sought after.)

*** Hypothesis 4**

It is hypothesized that there is a statistically significant relationship between respondents' age and their readiness to face their own death. (A younger person will be less ready to face death than an older person. The younger person still has a lot to accomplish in life on earth.)

***Hypothesis 5**

It is hypothesized that there is a statistically significant relationship between one's religiosity and their attitudes towards death. (If one has a strong religious attitude, one will be more likely to accept and consider death in a positive light.)

*** Hypothesis 6**

It is hypothesized that there is a statistically significant relationship between respondents' relationship with their children and rating of loss of independence. (If one has a negative relationship with one's children, one will be more likely to experience a fear of being a burden / fear the loss of independence.)

4.4 RESEARCH DESIGN

Kahn (1960: 3) has described research design as "the logical strategy of the study". There are three types of designs, namely exploratory, quantitative descriptive and experimental studies (Rubin and Babbie, 1993: 330). The particular research design which was undertaken for the present study is a hybrid design incorporating both quantitative descriptive and exploratory designs. It is quantitative descriptive as it allows for the systematic collection of measurable data which can be analysed and yield meaning to the findings. It is exploratory as it explores a pertinent area of social science research which may lend itself to further research.

Thus the quantitative descriptive and exploratory research design hybrid explores an area by providing initial information which can then be further studied and elaborated upon. By elaborating on findings the study also incorporates inductive thinking which is characteristic of qualitative research.

4.5 SAMPLING PROCEDURE

The purpose of sampling is to select a set of elements from a population which accurately portray

the parameters of the total population from which the elements are selected. Probability theory allows one to estimate the accuracy or representativeness of the sample (Rubin and Babbie, 1993: 224).

The researcher employed systematic probability sampling by obtaining a list of the population to be sampled. Names were drawn from the Reuven member list according to a systematic sampling procedure, that is every third name on the list. To ensure against possible human bias a random start was used (Rubin and Babbie, 1993: 240). This sampling procedure ensured that each person from the list had an equal chance of being selected for the sample.

4.5.1 Description of sample

A sample of 80 senior citizens who attend the Reuven Senior Centre was drawn as described above. They partake in club activities such as bingo, casino outings, luncheons, etc. The sample of elderly people reside in the Southern suburbs and are considered to be largely sub-economic earning a pension of less than R1 200-00 per month.

All members of the sample were white and either English or Afrikaans speaking. The Reuven Senior Centre was recently declared a multi-racial complex however at the time of this study, no asian, black or coloured people were members of the Reuven Senior Centre.

4.6 THE RESEARCH TOOL

The researcher began the study by reviewing related literature on aging with the aim of drafting a research tool and formulating a theoretical basis to the study.

The research tool selected for this study was a questionnaire (Appendix A). A questionnaire is useful in gathering information regarding attitudes, opinions, perceptions, values and factual situations (Bailey, 1987: 89). A questionnaire provides a uniform structure which allows for an

organised analysis of data. Furthermore, a self-administered questionnaire ensures confidentiality and allows for the possibility of covering a large number of respondents.

4.6.1 Pilot test

Before administration of the questionnaire to the sample was done, a pilot test was conducted. The purpose of a pilot test was to detect any ambiguous or confusing questions and terms. Five senior citizens, not included in the sample, completed the pilot test. This procedure was beneficial as major changes, concerning the types of questions asked, were made prior to administration of the research tool to the selected respondents. From the pilot test questionnaire, it was found that various questions were not applicable and of no consequent value to age-related anxiety and successful aging. In addition, all open-ended questions were replaced with specific multiple-choice type questions.

4.6.2 Administration of the research tool

The researcher approached the Reuven Centre organiser and arranged a meeting where an explanation of the nature and purpose of the study was given to all respondents of the identified sample. The questionnaires were then delivered to all the respondents in an envelope which contained a cover letter outlining in writing, the purpose of the study, paying specific attention to the issue of confidentiality. This cover letter indicated a date of 2 weeks in advance for the return of the questionnaire. The researcher then collected all returned questionnaires from the Centre organiser.

4.7 LIMITATIONS OF THE RESEARCH DESIGN AND METHODOLOGY

On review of the research design and methodology, the following limitations were noted.

*The questionnaire was written in English and did not cater for respondents who had English as a second language.

*The standardized format and pre-set close ended questions may have limited the amount and type of data collected.

* Despite acquiring perceptions concerning various aspects of aging, no depth into specific perceptions was allowed for. The questionnaire might have been coupled with a personal interview which may have provided greater insight into the actual experiences of growing older.

Despite the above limitations, valuable information was gained from respondents concerning aging, the concept of loss, how time is spent etc. This data will be presented and analysed in the following chapter.

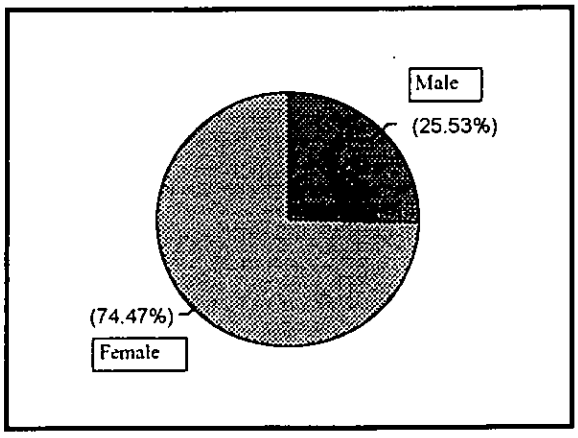
CHAPTER 5

RESULTS OF THE STUDY

This chapter presents and analyses the data obtained from the completed questionnaires. Information is presented in the form of figures, tables and discussions concerning pertinent issues. In all cases responses are converted to percentages and presented alongside each stated number of respondents. Data relating to marital status, relationships with children, physical and mental health, spiritual well-being, perceptions of death and loss and social / personal life will be presented. Furthermore, reference will be made to the hypotheses developed in Chapter 4, in respect of related results.

5.1 BACKGROUND OF RESPONDENTS

5.1.1 Gender



N=47

Figure 5.1: Gender of Respondents

There was a total number of 47 respondents. Thirty five (74%) of the respondents were female and 12 (26%) of the respondents were male.

The age of the respondents varied between 56 years and 89 years with the majority of the respondents, 20 (43%) being between 70 and 79 years old. A mean age of 75 years was revealed.

5.1.2 Marital status

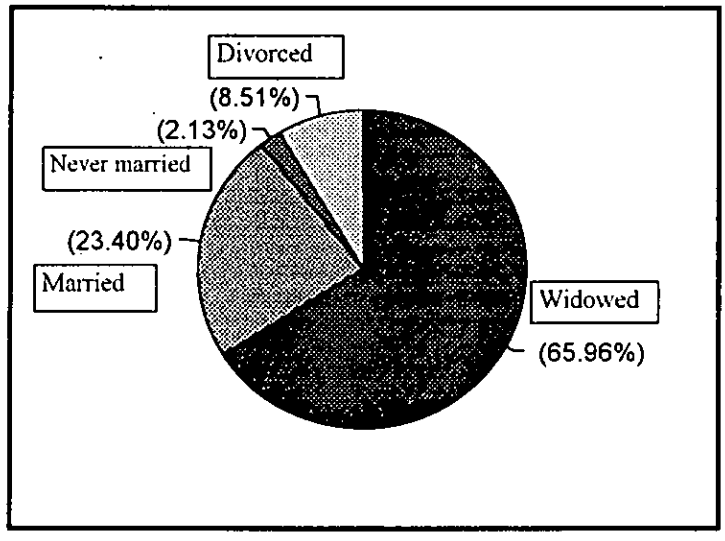
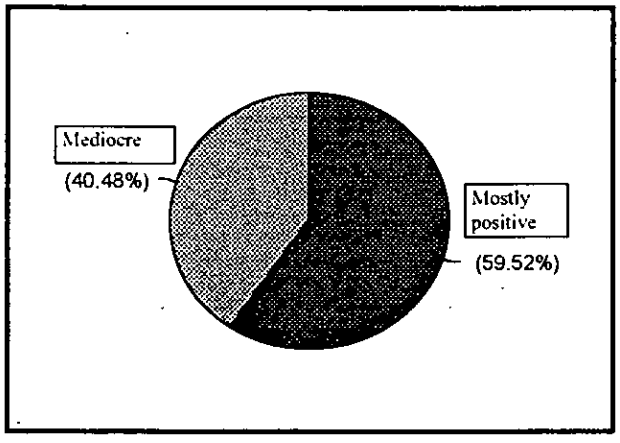


Figure 5.2: Marital Status

Respondents were asked to indicate their marital status. Thirty one (66%) respondents were widowed and 11 (23%) respondents were still married. Responses showed that one respondent had never married, four respondents were divorced and no respondents had remarried.

5.1.3 Relationship with Children

Forty two (89%) of the respondents had children whilst five (11%) of the respondents indicated that they did not have children.

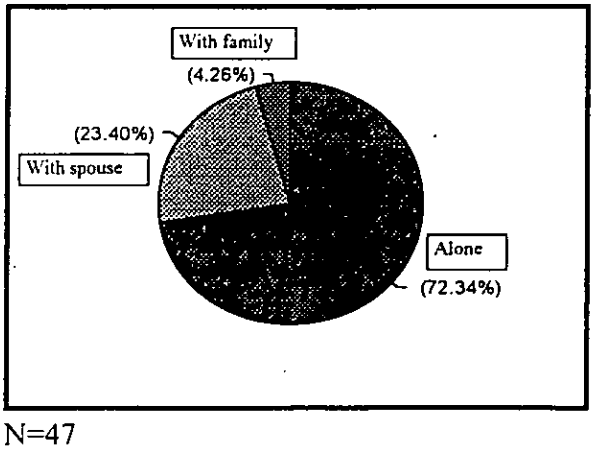


N=42

Figure 5.3: Relationship with Children

The relationships between the respondents and their children were established in order to assume whether the respondents had involved / concerned children or not, and thus what support respondents might be receiving. Of the 42 respondents who have children, 25 (53%) respondents rated their relationship with their children as being "close, strong, satisfying and mostly positive". Seventeen (36%) of the respondents rated their relationship with their children as being "sometimes good, sometimes bad, tenuous, mediocre".

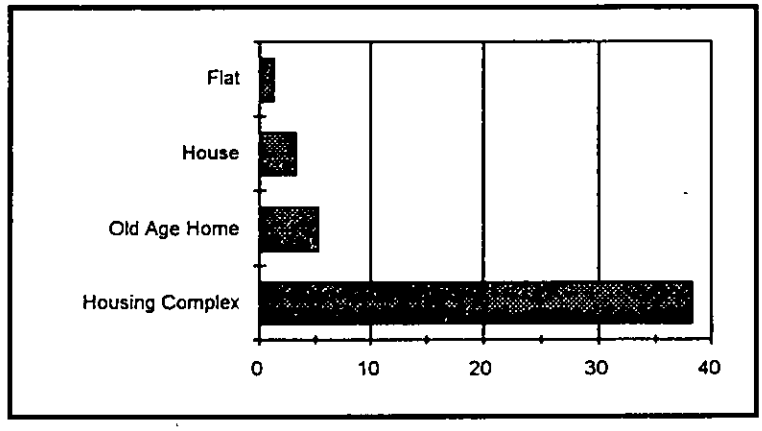
5.1.4 Living Status and Place of Residence



N=47

Figure 5.4: Living Status

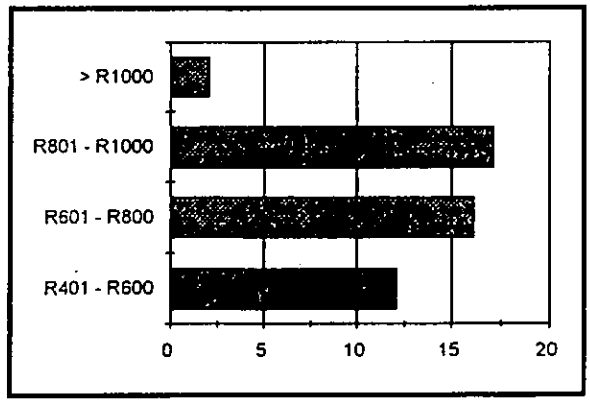
The majority of the respondents, 34 (72%) live alone, 11 (23%) of the respondents live with their spouse whilst 2 (4%) respondents live with their family members. Thirty eight (81%) of the respondents reside in a Senior Citizen Housing Complex and five (11%) respondents live in an Old Age Home. Three and one respondent respectively reside in houses and a flat.



N=47

Figure 5.5: Place of Residence

5.1.5 Financial Income



N=47

Figure 5.6: Respondents' Income

Respondents' financial income varied however only two (4%) respondents received a monthly income of more than R1 000-00.

The researcher delineated five income groups of: Less than R401, R401 - R600, R601 - R800, R801 - R1 000, More than R1 000-00. Twelve (26%) of the respondents earned between R401 - R600, 16 (34%) of the respondents earned between R601 - R800 and 17 (36%) of the respondents earned between R801 - R1 000. The mean income of the respondent sample was between R601 and R800 per month.

5.2 RESPONDENTS' PERCEPTION OF PHYSICAL AND MENTAL HEALTH

The large majority of the respondents (96%) perceived their physical health to be average to good. Only one respondent regarded their physical health as being excellent and one respondent perceived their physical health to be below average.

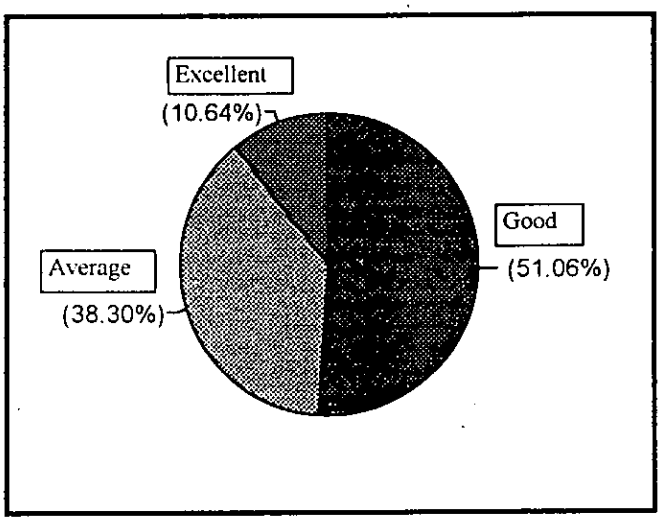


Figure 5.7: Mental Health Perceptions

As far as mental health was concerned, (no respondents perceived their mental health as being poor or below average), 24 (51%) and 18 (38%) respondents respectively regarded their mental health as being good to average. Five (11%) respondents felt that their mental health was indeed excellent.

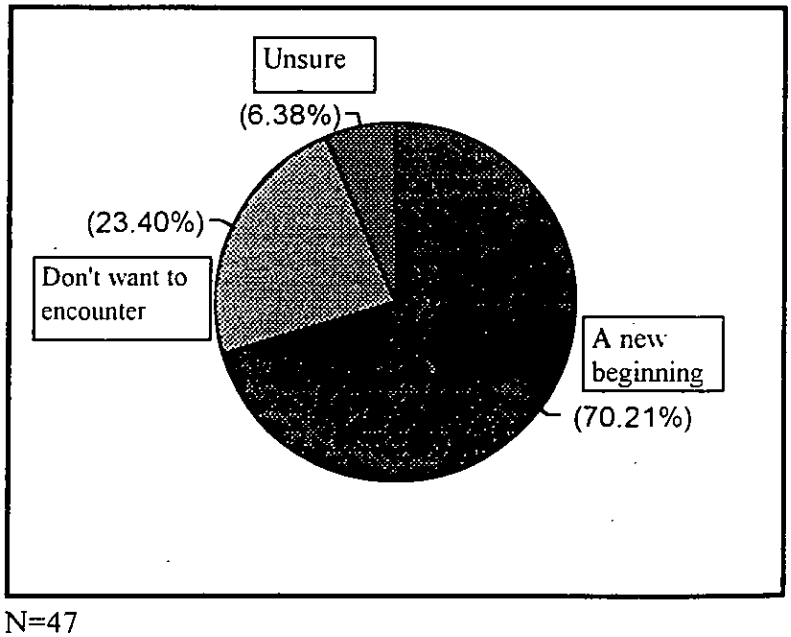
5.3 SPIRITUAL WELL-BEING

Ho5: There is no statistically significant correlation between respondents' religiosity and their attitudes towards death.

Ha5: There is a statistically significant correlation between respondents' religiosity and their attitudes towards death.

The researcher asked three questions pertaining to religion. All of the respondents had a religious orientation which was important to them and which had become more important as they had grown older. Religion was therefore found to be a constant and not a variable. Due to this, Hypothesis 5 (Chapter 4.3) which supposed a relationship between one's religiosity and their attitudes towards death could not be statistically proved. It is however the researcher's opinion that strong religious beliefs do influence how a person regards the issue of death.

5.4 PERCEPTIONS OF DEATH AND LOSS



N=47

Figure 5.8: Perceptions of Death

Ho3: There is no statistically significant correlation between respondents' age and the meaning they associate with death.

Ha3: There is a statistically significant correlation between respondents' age and the meaning they associate with death.

Respondents were asked to choose one of three statements concerning death / dying which they mostly related to. The majority of the respondents, 33 (70%) regarded death as being the beginning of a new life while 11 (23%) respondents regarded death as being something they did not want to encounter. Only three (6%) respondents were unsure of what death meant for them. These results relate to Hypotheses 3 and 4 (Chapter 4.3).

Table 5.1: Age and Meaning of Death

N	r	p
47	0.61	0.00 **

** Significant on 1% level

r: Pearson's correlation

p: Probability

In respect of Hypothesis 3, when a respondent's age and the meaning that they associate with death was compared, a large correlation was found, being 0.61. There is a statistically significant correlation ($p = 0.00$) between these two variables. A confidence level of 1% allows one to generalise this finding to other, similar populations.

Ho4: There is no statistically significant correlation between respondents' age and their readiness to face their own death.

Ha4: There is a statistically significant correlation between respondents' age and their readiness to face their own death.

Table 5.2: Age and Readiness to Face Own Death

N	r	p
47	0.80	0.00**

** Significant on 1% level

r: Pearson's correlation

p: Probability

Similarly, hypothesis 4 revealed a statistically significant relationship between respondent's age and their readiness to face their own death. The null hypothesis can thus be rejected and the alternative hypothesis can be accepted. Again a 1% confidence level allows generalization of results as there was minimal indication of chance accounting for this result.

5.5 IMPORTANCE RATING IN RESPECT OF LOSS

Ho1: There is no statistically significant correlation between respondents' gender and loss.

Ha1: There is a statistically significant correlation between respondents' gender and loss.

Table 5.3: Importance of Loss

Rating of Losses	Most important	Very important	Somewhat important	Somewhat unimportant	Very unimportant	Most unimportant
Income	1 2%	10 21%	1 2%	4 9%	11 23%	20 43%
Physical attractiveness	0 -	2 4%	10 21%	7 15%	8 17%	20 43%
Spouse/family member	18 38%	21 45%	3 6%	4 9%	1 2%	0 -
Friend	2 4%	6 13%	13 28%	15 32%	9 19%	2 4%
Independence	26 55%	5 11%	9 19%	6 13%	1 2%	0 -
Dignity	0 -	3 6%	11 23%	11 23%	17 36%	5 11%

N = 47

Respondents were asked to rate 6 losses in order of importance to them. From the above table the following information was acquired: the results showed that the most important loss was "Loss of independence" which was closely followed by "Loss of spouse / family member". On the other end of the continuum, least important losses were "Loss of income" and "Loss of physical attractiveness". The losses concerning friends and that of dignity were not linked with particularly strong emotions.

Table 5.4: Gender and Importance of Loss

N	r	p
47	0.56	0.00**

** Significant on 1% level

r: Pearson's correlation

p: Probability

These findings relate to Hypothesis 1 (Chapter 4.3). There is a statistically significant relationship (p:0.00) between gender and importance of losses. Males however did not rate loss of income as being extremely important. There was a fairly large correlation of 0.56 and a statistically significant relationship between females and the importance of loss of physical attractiveness. Therefore the null hypothesis can be rejected and the alternative hypothesis can be accepted. Only one half of the hypothesis was confirmed - therefore the hypothesis in total has been refuted and can be discarded.

5.6 OPINIONS CONCERNING LIFE ISSUES

Ho6: There is no statistically significant correlation between respondents' relationship with their children and their rating of the loss of independence.

Ha6: There is a statistically significant correlation between respondents' relationship with their children and their rating of the loss of independence.

Respondents were asked to indicate their perceptions concerning various statements in terms of a 5-point Agree / Disagree scale. (See Table 5.5).

It is interesting to note that the large majority of the respondent sample would seem to be satisfied, content and generally happy. No particularly negative opinions relating to past / present life were expressed. It might thus be assumed that this sample of aged people can be considered to have aged successfully.

The findings of Table 5.5 below, reveal information pertinent to Hypothesis 6 (Chapter 4.3) which supposed a statistically significant relationship between respondents' relationship with one's children and rating of loss of independence. This hypothesis was not proved, however, a further finding indicated that those respondents who did not have children, were less likely to entertain the fear of becoming a burden. This finding cannot however be generalized and therefore would necessitate further research to either confirm or refute it.

Table 5.5 reveals additional findings in respect of the various life issues as follows:

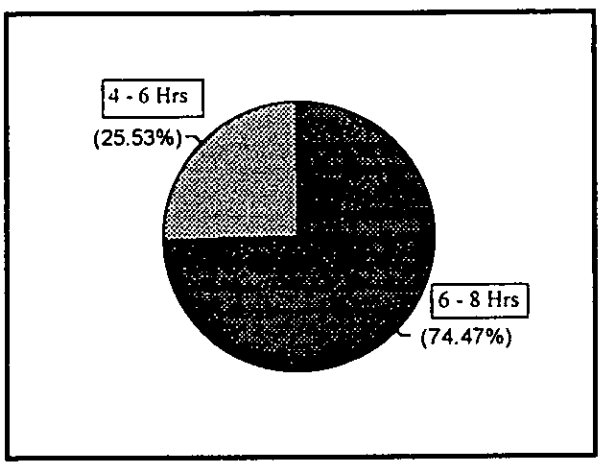
* No respondent would do things very differently if they had their life over.
* All respondents believe, to some extent, in mind over matter.
* All respondents, to some extent, are afraid of becoming dependent.
* The issue of death reveals mixed feelings. This can possibly be related to people's uncertainty concerning the unknown and the inevitable.

Table 5.5: Rating of Opinions concerning Life Issues

N = 4	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
If I had my life over, I would do most things differently	0	0	0	0	0	0	45	96	2	4
Life has been good to me	8	17	38	81	1	2	0	0	0	0
I believe in mind over matter	23	49	24	51	0	0	0	0	0	0
I am afraid of being dependent	8	17	38	81	1	2	0	0	0	0
I am afraid of being a burden	27	57	14	30	4	9	2	4	0	0
I am afraid of dying	0	0	1	2	4	9	34	72	8	17
To me, death is a painful experience	0	0	9	19	17	36	20	43	1	2
I am jealous / envious of young people	0	0	4	9	4	9	27	57	12	26
I am a worthwhile person	2	4	44	94	1	2	0	0	0	0
When I wake up I'm happy to be alive	5	11	36	76	6	13	0	0	0	0
There is still a lot I want to accomplish	1	2	17	36	24	51	5	11	0	0
I am ready to meet my Maker	0	0	35	74	0	0	11	23	1	2

N = 47

5.7 SLEEPING HABITS



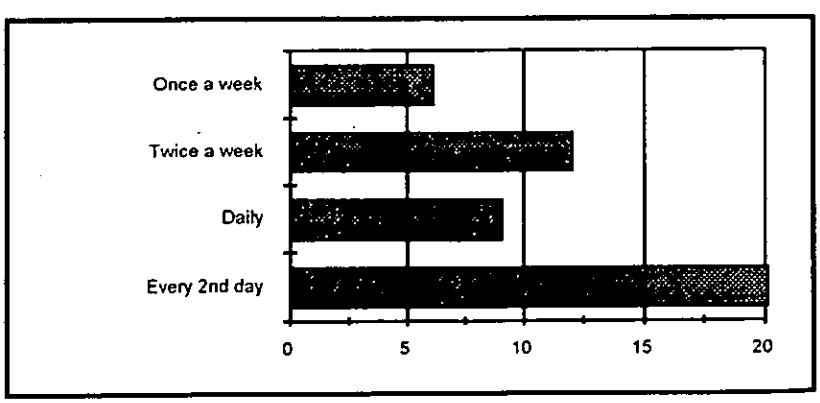
N=47

Figure 5.9: Sleeping Pattern

Respondents were asked to indicate their average sleeping time per day. Thirty five (74%) respondents indicated an average of 4 - 6 hours sleep per day whilst 12 (26%) respondents indicated an average of 6 - 8 hours sleep per day.

All respondents were either members of a sports or social club. Belonging to a social or sports club is thus a constant and not a variable.

5.8 CLUB ATTENDANCE



N=47

Figure 5.10: Club Attendance

Concerning attendance or participation in club activities, the majority of respondents, 20 (43%), reported an attendance of every other day, that is every second day. Nine (19%) respondents attend / participate at a club everyday whilst 12 (26%) respondents attend a club twice a week. Six (13%) respondents attend a club once a week.

Almost half of the respondents, 23 (49%) indicated that they spend a lot of time alone whilst the other 51% indicated that the majority of their time was not spent alone. A significant finding was that 46 (98%) respondents reported that they preferred to spend their time in the company of others whilst only one respondent preferred to spend his / her time in his / her own company.

Ho2: There is no statistically significant correlation between respondents' perceptions of being alone and their club attendance.

Ha2: There is a statistically significant correlation between respondents' perceptions of being alone and their club attendance.

These findings can be related to Hypothesis 2 (Chapter 4.3) which reveals a fairly high correlation of 0.57, indicative of a statistically significant relationship between respondents' perceptions of being alone and their club attendance / participation. The null hypothesis can be rejected and the alternative hypothesis can be accepted. A probability of 0.02 showed that there is a 5% confidence level and that these results may be generalized to other similar populations.

Table 5.6: Perceptions of Being Alone and Club Attendance

N	r	p
47	0.57	0.02*

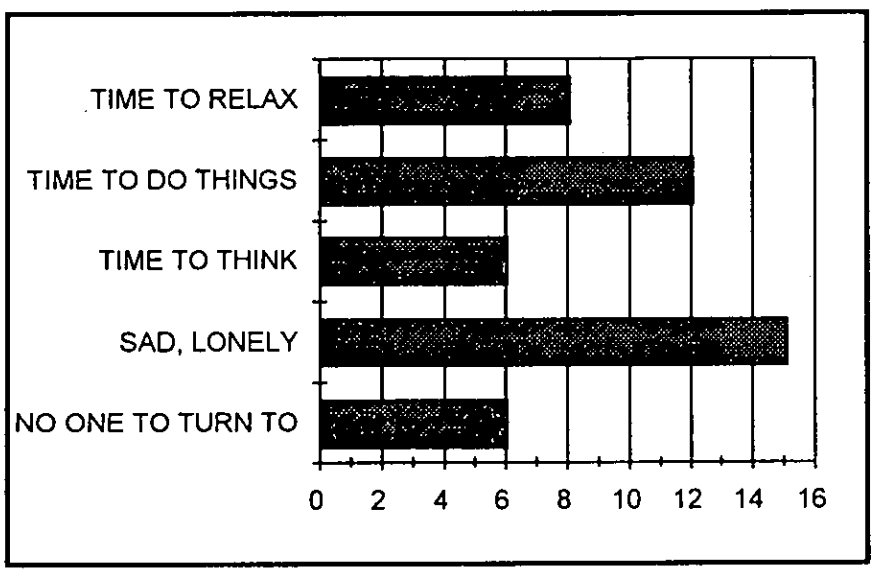
* Significant on a 5% level

r: Pearson's correlation

p: Probability

5.9 PERCEPTIONS OF BEING ALONE

Respondents were requested to choose an option which best described them, concerning the issue of being alone. Options 1 - 5 were rated according to positive, neutral and negative perceptions.



N=47

Figure 5.11: Perceptions of Being Alone

Eight (17%) respondents saw being alone as having time to relax. Twelve (26%) respondents felt that being alone allowed them time to do what they wanted or needed to do. These two responses were rated as being positive. The neutral perception showed that six (13%) respondents had time to think when being alone whilst 15 (41%) respondents felt sad and lonely when alone and six (13%) respondents felt that being alone was a time when there was no one to turn to. These last two responses were rated as negative perceptions of aloneness. Over half of the respondents therefore viewed being alone in a negative light. This might be related to loss issues concerning death of a spouse or friend and the unpleasant ensuing loneliness.

5.10 ADDITIONAL FINDINGS IN RELATION TO HYPOTHESES

Additional findings which became evident from the study, and which can be generalized due to low probability and relatively high correlation scores are detailed below. These findings are not related to any particular hypotheses (Chapter 4.3) and are merely additional results which may be useful for further studies.

Table 5.7: Gender and Perceptions of Death

N	r	p
47	0.52	0.00**

** Significant on a 1% level

r: Pearson's correlation

p: Probability

* Males tend to view death as being a painful experience.

Table 5.8: Gender and Perception of Aloneness

N	r	p
47	0.49	0.00**

** Significant on a 1% level

r: Pearson's correlation

p: Probability

* Females are more likely to view aloneness in a negative light, associating terms of sad, lonely and having no-one to turn to with it.

Table 5.9: Being Alone influences Perception of Aloneness

N	r	p
47	0.45	0.02*

* Significant on a 5% level

r: Pearson's correlation

p: Probability

* The amount of time one spends alone influences the way in which one perceives being alone. Although a statistically significant relationship was present, the correlation was not very large.

This chapter has presented the findings gained from the questionnaire. The final chapter will draw together the main findings of the study and in doing so, will offer conclusions and recommendations relevant to the subject studied.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 SUMMARY OF STUDY

This study focused on identifying age-related anxieties. Furthermore the study attempted to ascertain whether or not there is a relationship between age-related anxieties and their effects on successful aging. Encompassed in the study were the perceptions of health, loss and death issues. The opinions of a senior citizen sample (who were members at the Reuven Senior Centre), were explored by means of a questionnaire.

6.2 CONCLUSIONS

The conclusions will be organised around the objectives of the study which were detailed in Chapter 1.4.

Objective 1

Respondents' **perceptions of growing old** were explored by means of questions relating to various life issues. Each statement required the respondent to rate his/her degree of agreeableness. It was found that all respondents were generally satisfied with the lives they had lived. A minority of four (9%) respondents were envious of young people. In addition all respondents agreed to some extent that life had been essentially good to them. There was a strong tendency towards the belief in mind over matter which may have led to the positive feelings of being a worthwhile person and of being happy in being alive.

These results are similar to those found by Kosma and Stones (1983: 626), as reported in Chapter 3.4.1, in their study entitled Predictors of Happiness. Happiness and positive feelings were found to remain fairly consistent over time.

In identifying fears of growing old, the large majority of respondents experienced fears of becoming dependent on others or of being considered a burden. An interesting finding was that those five respondents who did not have children did not experience fears of being considered a burden. It might be assumed that the status of parent / caregiver is linked with the inverse relationship of dependency / care receiver which is feared.

Tappe and Duda (1988: 557) report that life satisfaction corresponds to perceptions of physical competence. If one equates physical competence with independence, then life satisfaction is also related to independence. This would support the finding relating to fears concerning dependence and becoming a burden. One may conclude that fear of dependence is a real concern experienced by most old people. This fear may be related to the social loss that an elderly person experiences (Chapter 2.5.2). It must however be remembered that not all elderly people experience independence fears with the same intensity. The successful ager is one who is realistic in their independence and who accepts their limitations (Chapter 3.2.1).

As far as the issue of death was concerned, only 1 respondent reported being afraid of dying. Most respondents regarded death as being the beginning of a new life. Death in relation to gender revealed interesting findings: the majority of males tended to view death as being a painful experience whereas females were either neutral in their opinion, or disagreed with the suggestion of death being painful. It may thus be concluded that death issues are gender related.

The independent variable of age was significant and possibly a determinant of respondents' opinions concerning readiness to meet their Maker. Those people aged 75 years and older agreed to being ready to meet their Maker. This might be indicative of their acceptance of the final stage of their lives. The 12 respondents who were younger than 75 years all expressed disagreement to this statement and furthermore, the youngest respondent being 56 years old strongly disagreed with being ready to meet her Maker. It might thus be assumed that the younger one is, the more

one feels they still have to accomplish and the less ready they are to face their end of time on earth. This relates to the findings reported by Liddell et al.(1991), as detailed in Objective 2 below. Fear of death is more imminent among younger people and this fear tends to subside as one grows older.

In drawing a conclusion, this finding is in line with Erikson's Developmental Stages (Mussen, 1990). The principal task of the final life stage is reviewing one's life and achieving a sense of integrity as opposed to despair. It is assumed that all other life tasks have been successfully accomplished.

Objective 2

The researcher aimed to identify common fears / anxieties related to growing older. From the pilot test questionnaire it was found that direct questions, asking for a positive or negative response as to whether one experienced certain anxieties, were inappropriate as respondents were reluctant to admit having such fears. The hypothesis of a self-fulfilling prophecy may be relevant here. Due to this finding, the researcher posed a question concerning loss. Respondents were asked to rate all six losses in order of importance to them. This style of question forced respondents to answer and results revealed the following: Loss of independence and loss of spouse / family member would seem most traumatic. Thus related fears might be, fear of poor health or deterioration of physical ability and fear of being alone. Least important losses were those of income and physical attractiveness. This would seem to make sense as income and physical appearance have little effect, if any, on one's health or physical ability.

Liddell et al. (1991: 105) conducted a study to determine self-reported fears in people over the age of 50. Although these researcher's delineated different fears to those which were outlined in this study, it was found that women scored higher than men on most fear items. The fear of God and death, which can be related to the previously discussed life issues concerning readiness to meet their Maker and feelings of the death experience, show that fears decrease with age. This suggests that "age and exposure bring adaptive resignation (maturity and realism) towards the inevitable" (Liddell et al., 1991: 109). This maturity refers once again to Erikson's 8th Stage of Adaption (Chapter 2.4) where one strives for a sense of integrity.

In response to this objective, fears / anxieties related to growing older were delineated. Anxiety concerning becoming dependent was most evident.

Objective 3

The researcher experienced some difficulty in developing an explanation of the effects of age-related anxiety on the process of aging. Despite anxieties being acknowledged and identified, the researcher cannot make assumptions as to whether usual / successful aging is achieved. Additional research would be necessary in order to prove a positive relationship between absence of age-related anxieties and successful aging.

A revelation of the study which was in fact contrary to the researcher's assumptions was that not one of the old people in the respondent sample showed overt depression, unhappiness or maladjustment. In fact all respondents, irrespective of income, housing and family situation, showed positive acceptance of an adjustment to the process of aging.

From these findings the researcher should question the importance of income and housing satisfaction on successful aging. It must however be remembered that the respondent sample was sub-economic yet not destitute as far as finance and housing was concerned. Different results may have been gained in the case of a homeless and destitute elderly sample. In addition, all of the respondents were members of a social / sports club. Service centre membership or attendance as reported by Phillips (1984: 192) does indicate "substantial improvements in psycho-social well-being".

The present study did however emphasize the relevance of health (physical ability) to a happy aging experience. This particular finding has been confirmed in various studies (Stolar et al., 1992; Staats et al., 1993; Champlin, 1987; Gfellner, 1989; Turnbull, 1989). Of particular note is the study conducted by Staats et al. (1993) - "Subjective age and health perceptions of older persons: maintaining the youthful bias in sickness and in health". This study found that self-evaluations of health have a direct and independent effect on mortality. Furthermore, perceptions of physical health, subjective age and future quality of life all reveal a general optimistic bias.

The respondent sample of this study showed that although they were anxious about certain issues, they were able to deal with the anxiety and continue the processes of aging and living without any major dysfunctioning. As this sample are members of the JAFTA Senior Centre Club it is likely that they have easy access to the services offered by JAFTA social workers. It might thus be assumed that active social work intervention or the mere knowledge that support is available, has contributed to the successful aging of these people. Such services or knowledge of services can be considered both preventative and reactory / curative in nature.

Objective 3 was not met in totality. As already mentioned, the respondents of the sample seemed positive in relation to their aging process and no specific age-related anxieties, indicative of dysfunctionary behaviour could be identified. Due to these results, the researcher could not identify a need for the development of an effective social work framework intervention in response to age-related anxieties.

Having detailed conclusions gained from the study as well as providing results in relation to the research hypotheses, social work services in response to identified age-related anxieties will now be discussed.

6.3 SOCIAL WORK RESPONSES TO AGE-RELATED ANXIETIES

*** Fear of Aloneness**

The existence of the Reuven Senior Centre, run by a Centre organiser, social workers and volunteers, and which is open 5 days a week, provides the opportunity for socialisation and recreation. (It is essential for new relationships to be established when old relationships are severed by death, moving away etc). Old people are able to participate in club activities and may even volunteer to help with kitchen, bookkeeping, library and second hand shop duties. This can be seen as providing an alternative to formal employment but where a new role which is seen as being important and worthwhile is assumed.

In addition, a social worker is based at the Centre and is available for casework consultation. Her duties may include administration work concerning pensions and disability grants. If necessary the social worker also makes application for a senior citizen to enter an old age home or frail care facility. Counselling and support helps allay fears and empowers the old person to continue living as independently as possible. Counselling combined with various therapies may also halt / treat depression associated with aloneness, feelings of worthlessness etc.

*** Fear of dependence**

Reuven Centre, comprising of many self-contained flatlet units, promotes independent living. Each resident has their privacy and may come and go as they wish. Social work home visits are only conducted on the request of residents. This is in line with the social work notion of help being offered to those who are willing to receive it.

*** Fear of poor health**

Medical professionals visit the centre on a monthly basis and offer medical treatment. The social worker is always involved here and is thus able to follow up on those people who are receiving medication. Should a health problem arise, the social worker is able to make an efficient and effective referral. Although no-one can stop the process of aging or guarantee good health, it is important to know that help is available should it be required.

*** Fear of diminished income**

The Reuven Centre offers a full midday meal at the cost of R4-00. In addition concessionary Laundromat and hairdressing fees are offered. Cosmetics and clothing is sold at greatly reduced prices. This pricing structure attempts as far as possible to accommodate the old person who is earning a government pension of approximately R400-00.

The researcher feels that despite many effective services being offered by social workers at the Centre, an area which is lacking is that of group work.

Group work is both preventative and curative in nature and taps into the characteristic of people as being social beings. Peer groups (people of the same age) can serve as arenas for sharing and learning. A true feeling of being understood is gained. To this end the researcher would suggest that old people be trained as counsellors or care givers. Being understood by a social worker is part of social worker's job however peer help emphasizes greater and genuine empathy and commitment.

6.4 CONCLUDING STATEMENTS

* In line with the assumption that psychological aging effects physical aging, it was found that the respondents of the sample expressed belief in the notion of mind over matter. Mental aging was considered to be good by all respondents and hence physical aging perceptions were viewed similarly.

* In general it was found that age-related anxieties do indeed exist and can be rated according to importance or severity. The issues of independence and health hold the greatest value for old people.

* The researcher is of the opinion that her mere assumption that old people's anxieties would result in unsuccessful aging, is indicative of ageism. Despite old people having fewer resources for happiness, they exhibit greater appreciation of that which they do have. The older population does not warrant pity but admiration!

6.5 RECOMMENDATIONS

* There is a shortage of helping professionals in the services for the aged. The reason for this may be the negative mind set people have concerning growing old and what age represents. If the aging process was reframed in a positive light - including an opportunity for ultimate growth and acceptance, more people might be tempted to become involved in the provision of services for and with the aged. It would perhaps be useful to conduct research on perceptions of aging and the aged, within a young and middle-aged sample. Effective re-education and reframing could then be implemented successfully.

* The researcher recommends that similar studies be undertaken within other aged communities. This might enable a broader generalization of findings and thus be more representative of the aged population. On the contrary, further studies may refute the findings of this study thus necessitating additional research into the effects of a senior citizen housing complex.

6.6 HYPOTHESES FOR FUTURE STUDIES

From the present study it was found that old people either do not experience age-related anxieties or are not aware of them. Perhaps younger generations would have feelings and issues about growing older. It is for this reason that the researcher feels that a similar study, conducted with younger samples would reveal results related to age and the aging process. A possible hypothesis is formulated below:

* Age-related anxieties experienced by middle aged persons, may effect how the aging process is experienced in later life.

In line with the result concerning a relatively strong agreement in relation to the statement concerning "mind over matter", the researcher is of the opinion that psychological health may have a significant influence on physical health. If this is true the following hypothesis may be useful:

* Health perceptions influence one's lifestyle and efforts directed at health maintenance.

From the study the researcher feels that she may have been inaccurate concerning her assumptions relating to the experiences and feelings of the senior citizens in relation to age and growing older. It would appear that the researcher had a very different reference point than that of the elderly sample. For example, the researcher, being young and having to contemplate getting older may have viewed aging more negatively and may have neglected to anticipate the positive aspects of growing older. It is for this reason that the hypothesis below was formulated, in an attempt to gain consensus which may lead to more accurate and useful results.

* The perceptions of health between senior citizens, and younger researchers differ to a large extent. A common model of health and age needs to be developed.

The researcher gained valuable learning from this study. Instead of feeling sorry for and pitying old people, one needs to observe and learn effective coping and adaptive skills from them. Butt and Beiser (1987:94) suggest that "future studies must address the strengths and competencies that people develop over a lifetime and which they use to transform what might be a final phase of decline and renunciation into one of integrity and integration".

Old people are indeed wise, and younger generations have much to gain and learn from these life experts.

APPENDIX A - Questionnaire

10 June 1996

Dear Respondents,

Research Study

Age-Related Anxiety and the Effects on Successful Aging

I am a social worker completing my Masters degree at the Rand Afrikaans University. As part of the requirements for my post-graduate degree I am undertaking a research project which will form the basis of my thesis. My project aims to explore the perceptions of senior citizens as to their perceptions of growing older as well as their actual experience of aging. Attached is a copy of my questionnaire asking for your input on these issues. Results gained from this questionnaire will form part of my written thesis.

I would be grateful if you would complete the attached questionnaire as honestly as possible so that your perceptions are fully appreciated.
Responses should please reflect your viewpoint and not that of your friends' or neighbors'.

Please would you submit your completed questionnaire in the enclosed envelope to Elaine or Shelley at Reuven Centre by 12 noon on Friday 28th June 1996.

All opinions shared will be treated as strictly confidential.
The questionnaire will be examined anonymously.

Should you require any further information please do not hesitate to contact me at 622-2102.

Thanking you for your co-operation.

Yours faithfully

Lauren Rochat
Social Worker.

AGE-RELATED ANXIETY AND THE EFFECTS ON SUCCESSFUL AGING

Section A

1. Gender	Male	①
	Female	②
2. Age	50 - 59 years	①
	60 - 69 years	②
	70 - 79 years	③
	80 - 89 years	④
	90 years or more	⑤
3. Marital status	Never married	①
	Married	②
	Divorced	③
	Remarried	④
	Widowed	⑤
4. Do you have any children?	Yes	①
	No	②

5. If you answered "yes" to Question 4 above, how would you describe your relationship with your children?

Choose the grouping of words which best describes your relationship.

Close; strong; satisfying; mostly positive	①
Sometimes good, sometimes bad; tenuous; mediocre	②
Distant; weak; disappointing; mostly negative	③

6. Do you:

Live alone	①
Live with your spouse	②
Live with family	③
Live with friends	④

7. Where do you live?

Flat	①
House	②
Retirement Village	③
Senior Citizen Housing Complex	④
Old Age Home	⑤

8. Income:

Less than R401	①
R401 - R600	②
R601 - R800	③
R801 - R1000	④
More than R1000	⑤

Section B

9. Please rate your present state of physical health

Excellent	①
Good	②
Average	③
Below Average	④
Poor	⑤

10. Please rate your present state of mental health

Excellent	①
Good	②
Average	③
Below average	④
Poor	⑤

11. Do you have a religious orientation?

Yes	①
No	②

12. Is your religion important to you?

Yes	①
No	②

13. Has religion got more important as you've grown older?

Yes	①
No	②

14. When you think of death or dying, what comes to mind?
Please chose the option which mostly describes you.

Death is the beginning of a new life	①
Death is something I do not want to encounter	②
Unsure	③

15. Growing older is associated with certain changes and losses.
Please rate the following statements in order of importance to you.
Example: 1 = most important loss, 6 = least important loss.
(Make sure that you mark each statement with a number).

Loss of income	○
Loss of physical attractiveness	○
Loss of spouse / family member	○
Loss of friend	○
Loss of independence	○
Loss of dignity	○

Section C

16. The following statements aim to determine your views concerning life issues.
(Please read each statement carefully and mark one response for each statement).

Strongly Agree = 1
Agree = 2
Neutral = 3
Disagree = 4
Strongly disagree = 5

a) If I had my life over, I would do most things differently ○
b) Life has been good to me ○
c) I believe in mind over matter ○
d) I am afraid of becoming dependent on others ○
e) I am afraid of being considered a burden ○
f) I am afraid of dying ○
g) I see death as being a painful experience ○
h) I am jealous / envious of young people ○
I) I feel that I am a worthwhile person ○
j) When I wake up, I'm happy to be alive ○
k) There is a lot I still want to do / accomplish ○
l) I am ready to meet my Maker ○

17. Please indicate your average sleeping time per day

Less than 2 hours ①
2 - 4 hours ②
4 - 6 hours ③
6 - 8 hours ④
More than 8 hours ⑤

18. Do you belong to a social / sports club?

Yes ①
No ②

19. If you answered "yes" to Question 18 above, how often do you attend / participate in club activities?

Everyday	①
Every other day	②
Twice a week	③
Once a week	④
Less than once a week	⑤

20. Do you spend a lot of time at home in your own company?

Yes	①
No	②

21. Please indicate your choice by marking only one option.

I prefer spending my time:

alone / in my own company	①
in the company of others	②

22. Choose the option which best describes you, most of the time. (Please mark only one answer).

When I'm alone I:	have time to relax	①
	do what I want / need to do	②
	have time to think	③
	feel lonely and sad	④
	don't have anyone to turn to	⑤

Thank you for your co-operation

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