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Running Head: SUCCESSFUL AGING

Habits and Lifestyles of Successfully Aging Women in a Rural Area

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Abstract

Older adults in rural areas have unique challenges to maintain well-being. The goal of this project was to examine those unique factors related to successful aging in a sample of older women living in a rural area in the Midwest using both quantitative and qualitative methods. Mental and physical health, personality traits, cognitive abilities (i.e., working memory, vocabulary and attention), and activity levels were assessed. A semi-structured interview using a life narrative approach was also used to explore habits, family relationships and lifestyles over the past 20 years. The women were administered the following measures: 1) Big Five Factor Personality Inventory (John, 1990); 2) The Florida Cognitive Activities Scale (Schinka et al., 2005); 3) Geriatric Depression Scale (Brink et al., 1982); 4) A series of cognitive tasks to assess working memory, vocabulary, and attention; and 5) the Identity Style (revised) measure. All of the women indicated that they felt they were aging successfully. Many of the women also reported having very healthy diets, moderate to high levels of exercise, and included many redemption sequences in their life stories (i.e., a negative event leading to an emotionally positive outcome). Current self-rated health was related to Extraversion ($r = -.45$), Openness ($r = -.36$), and Neuroticism ($r = .35$). Interestingly, the women's educational level was related to their current level of cognitive activities ($r = .39$) as well as depression score ($r = -.36$). These findings present support for the importance of leading a healthy lifestyle and also indicate that many factors including personality traits as well as education may play a role in how well women age.

Literature Review

Older adults in rural areas have distinctive challenges to maintain positive well-being, and there is a greater proportion of adults age 65 years and older in rural relative to urban areas (Goins & Krout, 2006). The challenges older adults face include limited resources, lower incomes, less healthcare options available, poor transportation, and less access to aging services. Older adults in rural areas are more likely to rate their health as poor and exhibit higher rates of chronic diseases. These disadvantages make this population specifically remarkable for learning how they have effectively coped and are dealing with the aging process successfully.

Depression is also extremely prevalent in older adults, but is a problem that is often overlooked. It contributes to illness, alcohol and prescription drug abuse, mortality, and suicide (Segal, Jaffe, Davies & Smith, 2008). Despite these obstacles, older women, especially in rural areas, often exhibit a strong sense of independence and coping, determination, and a sense of community (e.g., see Dorfman & Mertens, 1990; Goins et al., 2005, Shenk, 1998, 2002). The habits and lifestyles that have led to resiliency (i.e. a greater ability to cope with stress and adversity) in these older women is the focus of the current study. In the following sections, studies examining resiliency, the importance of gender and a rural setting, along with the uniqueness of using a narrative approach are reviewed.

Successful Aging

For the purpose of the present study, I will be focusing on a model of successful aging proposed by Rowe and Kahn (1998). They list the following characteristics of successful aging: “low risk of disease and disease-related disability; high mental and physical function; and active engagement with life” (Rowe & Kahn, 1998, p.38). These characteristics have become the most widely used and accepted descriptions of aging successfully. Now that we have a set definition,

it becomes necessary to question how one obtains Rowe and Kahn's ideal. It seems obvious that certain activities might increase the likelihood of aging with these positive characteristics. For example, it is generally accepted that physical activity and healthy diets can benefit both the body and the mind (Fox, 1999). Baltes and Baltes (1999) presented evidence that exercise (even if it is started in older adulthood) can increase physical functioning later in life (p.189).

Remaining physically active may be obvious, but doing so in a relaxing and stress free environment could be even more beneficial. As discussed by Mishra (2009), the oldest generation in Okinawa, Japan who regularly live active lives into their 90s and 100s are the ones who practice therapeutic forms of exercise such as yoga, dancing, or gardening. These activities promote deep breathing and a sense of relaxation that often cannot be acquired from a structured atmosphere such as a gym. As Doherty (2006) points out, stress can come from anything in our environment, personality, or even our perceptions about situations and life, and that stress can be very detrimental to a person's health. It could be speculated that activities such as gardening and housework are more common for rural women, and perhaps could help contribute to their seemingly healthy lives. Yet, there are additional beneficial activities that might not be so obvious.

There are many other qualities that have been found to positively relate to characteristics of successful aging as well. The wealth of the country a person resides in and physical health both contribute to higher psychological well-being (Rioux, 2005). This contribution may be due to increased access to healthcare, housing and possibly even more complex social networks. Considering wealth as a contributor to successful aging, one might assume that since rural areas are more likely to be lower income, those residents may be at risk for less successful aging. In fact, rural families have a much lower average monthly income than urban families (\$4,777

compared with \$6,378; Smith & Gozjolko, 2010). However, according to Paul et al. (2003), rural elders report more feelings of independence, more extensive social networks, better views of aging, and less anxiety. We have all heard the phrase money does not equal happiness, perhaps it could also be said that wealth does not equate to successful aging.

Perhaps some of the most overlooked assets which contribute to positive aging are temperament, personality and coping styles. In fact, Myer and Diener (1995) found that personality traits are a much better indicator of well-being than practically any other variable. Personality traits often dictate how people behave in a variety of situations and frequently remain stable over the life course. In a longitudinal study focused on personality, health and subjective well-being, Friedman, Kern and Reynolds (2010) found that Neuroticism predicted worse physical health, subjective well-being and higher mortality rates in older women, but not older men. They also found that Extraversion predicted better old-age social competence in both women and men, while Conscientiousness predicted productivity only in men (Friedman, Kern, & Reynolds, 2010). These findings demonstrate both the strong relation between personality and aging as well as the differences between men and women. For this reason, the current study measured personality traits as well as identity styles of women specifically.

Social support is another key factor which appears to be essential for aging with good spiritual and mental health. Family and friends provide emotional and physical support that is vital in old age. Okabayashi and colleagues (2004) found that in Japan support from one's children, spouse or friends is positively related to good mental health, higher positive well-being, less distress, and less cognitive impairment. The greatest increase in well-being was found for people who had sources of support including both a spouse and children (Okabayashi, 2004).

These findings along with results from the other studies discussed above demonstrate the importance of social support throughout life, and especially in late adulthood.

Andrews (2009) refers to successful aging as “the new gerontology” and refers to it as a new construct that has been developed by the increased interest in positively revitalizing what aging is. Although the idea of positive aging is in no way new, the idea has received much more press in the past decade. The focus on aging as being determined by individual life choices rather than solely on genetics is also a newer concept (Andrews, 2009) which will be addressed in the current study. Some argue that this new ideal for aging (i.e., driven by personal efforts and choices) can actually do more harm than good for the current cohorts of older adults. Holstein and Minkler (2003) discuss how this concept can “marginalize the already marginalized” (p.794) by stating that if they had simply made better choices, they would be in better health. On the other hand, one could also argue that those who are still living have likely made good choices (within the limits of genetic contributions), and those who have not are no longer with us. Obviously, some problems that come with age will appear regardless of strict exercise, diet and sociality.

Different populations will always have enormous variations in how they age. For this reason, it is important to focus on specific groups (such as rural women) rather than making sweeping generalizations when discussing aging. Also, it is important to note that the current study looks at contributors to healthy aging in order to give some guidance to future generations on how they can increase the chances that they can age in a physically and emotionally healthy manner. As Bielak (2009) states, suggesting that adults have control over the way they age can create a more optimistic picture of aging. Considering the culturally pervasive negative views on old age, it is necessary to start researching and promoting aging in a more positive light.

The current study examined a sample within a marginalized group. Specifically I focused on how they have been able to age successfully on their own terms, and how do they individually view themselves as successfully aging? Holstein and Minkler (2003) warn against trivializing gender, race and background when defining successful aging. In order to recognize the importance of these differences, I specifically examined these very qualities to better understand some of the many possible ways a person can age positively.

Importance of Gender

Gender has a distinctive impact on the way humans age. Women seem to show much more resilience in old age, making them an informative sample to learn from when dealing with successful aging. One study found that even though women and men report the same total number of medical conditions, women were much less likely to report that those issues affected their daily routines (Stark-Wroblewski, Edelbaum, & Bello, 2008). These results indicate that many women have developed adaptive coping styles when dealing with difficult conditions. Other studies have suggested that simply being married and female contributes to increases in well-being (Rioux, 2005). This finding is especially important considering that women are more likely to live over the age of 70 than men. In fact the United States Census Bureau reported that women can expect to live 5.4 years longer than men. Additionally 80% of centenarians are women in the United States.

Another important point to note is that women and men are socialized in the United States to view similar situations very differently. These different views can alter the way they perceive life changes and the way they confront aging. For example, when a sample of men and women were asked what had helped contribute to their successful aging, the most common response from women was “relationships/interactions with others” whereas for men it was

“health/taking care of oneself” (Stark-Wroblewski, Edelbaum, & Bello, 2008). Answers like these show how differently value oriented men and women can be. However, this difference could mean the distinction between aging successfully or not. A study of the four centenarian hotspots (e.g. Sardinia, Italy; Okinawa, Japan; Loma Linda, California; Nicoya Peninsula, Costa Rica) around the world (where men and women have equal life-spans) showed that both sexes had built strong relationships with friends and family and took part in activities that helped give their lives purpose (Mishra, 2009). In contrast, women in the United States are brought up to be much more social than men, a characteristic which appears to contribute to improved health.

Considering the census data and the results of numerous studies leads one to realize that women are living longer and healthier lives than their male cohorts. This information reflects the importance of studying successfully aging women as their own entity rather than looking at overall aging statistics. Women seem to have unique characteristics, views, and lifestyles which promote healthier aging. Additionally, rural women face even more challenges to their daily lives (e.g. lack of health resources, social opportunities, higher poverty), yet they seem to be just as resilient (or in some cases even more so) than their urban counterparts.

Uniqueness of a Rural Setting

An individual’s identity and the way they relate their life history can be very dependent on cultural context and life circumstances (Shenk, Davis, Peacock, & Moore, 2002). Because of this dependence, it is crucial to take context into account when examining development. Dorfman et al. (2004) emphasized how significant the impact of environment is on identities and memories because “the older person experiences his or her aging within these unique social and cultural contexts” (p. 189). Because culture and location can have such an enormous impact on the way a person ages, it is necessary to include this factor in the analysis of successful aging.

The current research on the lives of older women in rural settings is minimal and findings across studies are inconsistent. One study found that older rural women reported less activity than aging urban women, however other studies have reported the opposite finding (Wilcox, Castro, King, Housemann, Brownson, 2000). It could also be speculated that women from rural and urban settings might define “activity” differently. For instance, rural women may not define their daily indoor and outdoor chores as exercise, whereas an urban woman might find those same activities to be more physically demanding than their own. Differences found in a sample of older rural women from the West were more likely to be classified as “active” than the women surveyed in the South. These inconsistencies might have been better dealt with by surveying the groups separately and ensuring that the questionnaires were written with each group’s history, context, and location in mind.

Although there has been little research on older women in rural areas, there are stereotypes that appear to have some relevance to the current research and life stories of many rural women. Shenk, Davis, Peacock, and Moore (2002) list “closeness of family, hard work, ties to the land, and religious faith” as important aspects of the lives of most rural women (p. 403). These qualities along with higher extraversion, conscientiousness, and higher self-reports of health status are characteristics found to be true in rural women over the age of 65 (still living at home) interviewed for previous research (Sheffler, 2010). These beliefs and traits can be excellent foundations for understanding the perspectives and environments many rural women come from.

Narrative Approach to Aging Research

To study successful aging, it is important to look at a person's entire life story in order to piece together an accurate account of the details and characteristics that have allowed him or her to thrive in their environment. According to McAdams (1993), narrative is a tool used to measure identity development as well as the vehicle by which identity is constructed. Although quantitative data through questionnaires and measures can provide some of this information, qualitative information is extremely valuable in piecing together the real influences on aging. Life experiences and the context in which those experiences occurred can have an effect on a person's quality of life (Shenk, Davis, Peacock, & Moore, 2002). For this reason, it is important to take these experiences into consideration when evaluating the factors contributing to successful aging.

Previous studies using the narratives approach to data collection have noted four themes commonly used by rural elders to help make meaning of their stories. These themes include historical and defining events, values, community and environmental attachment, and the importance of family and work (Dorfman et al., 2004). A more accurate evaluation and understanding of an individual can be formed when the researcher is able to connect their life themes in relation to other assessments. Every person has a unique story to tell, and using the narrative approach allows the researcher to develop an overall understanding of what has contributed to a person's current mental and physical conditions. The manner in which a person makes meaning of the past helps one understand their sense of self through time (McLean, 2010). Although this process can help a client or research participant understand their own life in a therapeutic sense, it is not as useful to a researcher unless it is combined with other methods.

The narrative approach is often used as a vehicle through which identity can be constructed. In Mclean's (2010) study on adolescents, narrative was used to develop a coherent

life story of the participants. Similarly, the current study will use the semi-structured interview to create a coherent way to view how the participants construct meaning and identity in their own lives. Furthermore, rather than using only qualitative data to assess identity styles of the participants, quantitative data will also be collected. An identity style and ego integrity scale will be used to establish which style is used by each participant. Styles identified by both written measures and qualitative methods help determine social-cognitive strategies and coping styles as well as underlying identity statuses (Clancy Dollinger, 1995). This information about identity is vital in developing full profiles of the women in the study.

Methods

Participants

The sample consisted of 34 women over the age of 55 ($M = 74.1$, $SD = 8.2$) from rural communities in the Midwest who appeared to be aging without significant loss of physical or mental abilities relative to their age peers. The women were recruited using flyers, announcements at community centers, and social networking. Many of the women who were interviewed had previously participated in an aging study (Sheffler & Clancy Dollinger, 2010). The women in the study were mostly Caucasian ranging from lower to middle socio-economic status. The mean scores (SDs) on the Geriatric Depression Scale (Brink et al., 1982) and the Mini-Mental State Exam (Rovner & Folstein, 1987) were 1.23 (1.39) and 29.09 (.97), respectively.

Measures

The Mini-Mental State Exam (MMSE) (Rovner & Folstein, 1987) was chosen because it is a widely used measure in clinical settings to determine cognitive functioning and onset of dementia. In a study comparing the MMSE to the Cognitive Performance Scale (CPS) “the CPS

showed substantial agreement with the MMSE in the identification of cognitive impairment; the sensitivity was .94 (95% confidence interval [CI]: .90, .98), the specificity was .94 (95% CI: .87, .96), and the diagnostic accuracy as measured by the area under the receiver operating characteristics (ROC) curve was .96 (95% CI: .88, 1.0)” (Hartmaier et al., 1994). These findings have also been verified in numerous other studies and show the MMSE to be a reliable measure of cognitive functioning.

The Big Five Inventory (John, 1990) was used to evaluate personality characteristics. The five BFI scales have substantial reliability and a clear factor structure, as well as convergent and discriminant validity (Benet-Martinez & John, 1998; John & Srivastava, 1999). Adjectives (e.g. inventive) were selected because they were judged as the most clear and prototypical markers of the Big Five dimensions (John, 1989, 1990).

The Florida Cognitive Activities Scale was administered to assess mental (and some physical) activities. The measure consists of a 25-item scale with a reasonably high level of internal consistency reliability. In a sample of 200 elderly individuals, the measure proved to be internally consistent (alpha 5 .65) (Schinka et al., 2005). Prior studies using this measure have found a negative relation between age and level of activity and a positive relation between level of activity and level of cognition (Schinka et al., 2005).

The Identity Style Questionnaire (revised) is another measure of personality which looks at identity constructs. The measure we are using included three identity styles: 1) information-oriented style seek out and evaluate self-relevant information before making decisions; 2) normative style people often conform to expectations held by others; and 3) diffusion/avoidance identity style is typical of people whose decision making style involves procrastination and is often situation-specific (Clancy Dollinger, 1995). Identity styles have been shown to interact

with almost all of the five personality domains (e.g., information-oriented and normative identity styles were positively related to extraversion; Clancy Dollinger, 1995).

A Geriatric Depression Scale (GDS) (Brink et al., 1982) was used to determine if participants were functioning at normal to low levels of depression. Statistical analyses were conducted to examine the concurrent validity three depression scales used by Montorio and Izal (1996). The correlations between the classification criteria (“no depression,” “mild depression,” and “severe depression”) and each of the scales, GDS, SDS, and HAMD, were $r = .32$, $r = .69$, and $r = .33$, respectively, show all of them as being statistically significant (all $p < .001$) (Montorio & Izal, 1996). Many follow-up studies have verified the validity of this measure.

Various cognitive tasks were also administered to assess the short-term memory, working memory and cognitive abilities of the women. The series of cognitive tasks included the Digit Symbol, Vocabulary and Digit Span Subscales from the Wechsler Adult Intelligence Scale (WAIS).

A semi-structured interview created by myself and my advisor based on a life narrative perspective to explore their habits, family and lifestyles over the past 20 years was administered. Responses were digitally recorded and later coded into categories. Items included questions related to the woman’s views about successful aging, life roles taken, the impact of historical events they considered important, and questions related to their personal history (e.g. “What is your earliest memory? Think back to the first important even in your life”). The questions were purposely constructed so that the women’s subjective views about their lives would be considered.

Procedures

The women were interviewed in their own homes. Each session including the interview took approximately two hours. The women were first asked to sign a consent form and given a demographics questionnaire. Next, the women were administered measures to assess cognitive functioning, physical activity and personality traits. Finally, the women's responses during the semi-structured interview about their habits, life roles and experiences were digitally recorded. The interviews provided an in depth look into the lifestyles, cognitive styles, and personality of these women. The materials were stored in a file cabinet for later coding and analysis.

Results

Narrative research uses a combination of previously established theories and data to establish themes in research. It was expected that many of the women in the current study would have redemption sequences (i.e., negative event leading to an emotionally positive outcome) in their life stories and themes of high social and physical activity. Correlations were conducted between personality traits and identity styles. Specifically, we expected the current participants to exhibit low scores on the trait neuroticism. Correlations between identity styles and the big five traits were also expected based on previous research (e.g. Clancy Dollinger, 1995, Berzonsky, 1988, 1990). As previously stated, older women still living at home report higher levels of extraversion and conscientiousness (Sheffler and Clancy Dollinger, 2010). Clancy Dollinger (1995) found these two traits, as well as agreeableness, to be positively related to the information-oriented and normative identity styles; it was expected that these results would be replicated in the current study.

The mean score on the Geriatric Depression Scale (Brink et al., 1982) was 1.2 (SD = 1.4). The women in the current sample had higher overall scores on Extraversion, Agreeableness, and Conscientiousness, but lower scores on Neuroticism relative to their age cohort. Women scoring

higher on Neuroticism were more likely to report their current health as fair or poor. In contrast, women higher on Extraversion, and Openness were more likely to report their current health as good or excellent. Women with higher GDS and Neuroticism scores were more likely to report poorer health ($r = -.45$; $p < .01$; and $r = -.43$, $p < .01$, respectively). Educational level was positively related to the total Cognitive Activities score ($r = .40$, $p < .05$) and Vocabulary scores ($r = .59$, $p < .05$). Vocabulary scores were negatively related to Alcohol use ($r = -.49$, $p < .01$). Higher smoking frequencies were related to lower scores on the Digit Span subscale ($r = -.39$, $p < .05$). Women with the highest GDS scores indicated participation in lower levels of exercise and reported that they recently experienced negative life events (e.g., death of loved one or taking on a caretaker role for family member).

The semi-structured interview revealed many common themes in the lives of the participants. Some of the themes to emerge were: maintenance of a healthy diet, regular exercise, keeping the mind sharp, volunteerism and active roles in community groups, close social connections, importance of certain historical events, happy childhood memories, and a pride in having influenced others. Relationships with their children and family were similarly highlighted as being important. Redemption sequences were common in the women's responses.

Discussion

The goal of this research study was to determine which factors may contribute to successful aging in rural women. Participants were administered personality, depression, activity and cognitive measures along with a semi-structured interview. Numerous correlates and possible factors were determined from the study. The results largely support the research hypotheses that the women would be positively physically, mentally and psychosocially adaptive to old age.

Preliminary analysis indicated that this sample of successfully aging women exhibited higher levels of physical activity, cognitive activity, healthier diets and more active social lives than their cohorts. Although smoking cigarettes and drinking alcohol were relatively rare in this sample, these behaviors related to poor performance on the Vocabulary and Digit Span scales. Women with higher levels of education reported much higher levels of Cognitive Activities and received scores on the identity styles measure which indicates that they use better coping mechanisms and have higher levels of empathy. The women also scored higher on the traits of Extraversion, Agreeableness and Conscientiousness, and lower on the trait of Neuroticism relative to the mean scores of their cohorts. Women with higher Extraversion and lower Neuroticism were more likely to rate their health as very good or excellent. Qualitative data also suggests that most of the women were resilient in difficult times and were able to take a positive outlook on negative events. For example, one woman discussed how difficult her first marriage had been, yet later was able to say how she had learned from that mistake and was still living her "happily ever after." Many of the women displayed these themes of learning or taking away a positive message from negative life events. Every participant endorsed family and friends as playing an important role in their lives.

These results, although not conclusive, are largely in agreement with previous aging research. Consistent with previous research on personality traits (Friedman, Kern & Reynolds 2010), women who scored higher on Neuroticism also reported poor physical health. Common responses indicating redemption sequences and the high social, physical and mental activities of this sample support the link between redemption sequences and positive psychosocial adaptation found in previous research. McAdams, Reynolds, and Lewis (2001) looked at how redemption and contamination sequences in life-narratives effected psychosocial adaptation and

psychological well-being. They found that redemption sequences in life-narrative accounts were the strongest predictor of psychological well-being and were meaningfully associated with self-reports of psychosocial adaptation. Although the current study did not specifically measure psychosocial adaptation, this factor could be inferred by the participant's scores on depression, Neuroticism and interview responses. The women's reported activities, lifestyles and scores on the GDS and MMSE are consistent with the theoretical model of successful aging set by Rowe and Kahn (1998). The participants' evidence of high mental and physical engagement in life as well as their low risk for disability fit well with the criteria Rowe and Kahn (1998) set forth to define "successful aging."

Although the purpose of this project was to provide a basis for future research, many aspects of the study could be improved upon to enhance the validity of the findings. Increasing the sample size may be necessary to improve the reliability of the findings, and finding a more culturally varied population will be necessary in drawing stronger conclusions as well as more accurate and generalizable profiles. Additional study of rural women could be vital in improving the lives of aging women. However expanding the current research to analyze urban women as well as rural and urban men could allow researchers to find the commonalities and differences in the way people age. Determining these similarities and disparities could allow research to move forward into finding ways to therapeutically intervene to improve the aging process. The current research provides a strong base focusing on a specific sub-population which can be followed by extensive future research to advance the field of gerontology.

Table 1
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age	34	56.00	93.00	74.12	8.22
MaritalStatus	34	1.00	4.00	2.85	0.96
Children	33	1.00	2.00	1.03	0.17
HealthNow	34	1.00	3.00	1.88	0.73
Health1yrAgo	34	1.00	4.00	2.91	0.51
EdLevel	33	2.00	5.00	3.21	1.08
SmokingFreq	33	1.00	4.00	3.91	0.52
AlcoholFreq	33	1.00	4.00	3.21	1.08
ExerciseFreq	33	1.00	4.00	1.48	0.94
MMSE	34	27.00	30.00	29.09	0.97
GDS	34	.00	4.00	1.24	1.39

Table 2

Common Themes	Common Participant Responses
Healthy Diets	“We eat a lot of fruit and vegetables”; “I try to eat healthy”; “I’ve learned more about healthy foods”
Physical work/ Exercise	“I ride my bike”; “walking”; “I mow the lawn”; “gardening”
Value Mind	“I play computer games”; “I’m learning chess”; “I read books”;
Social Interaction	“
Community Work	“
Importance of	“Assassination of JFK”
Historical Events	“
Happy Childhoods	“
Redemption Sequences	Discussing challenges such as a difficult marriage/divorce - “I always wanted to get married and live happily ever after...now I am living happily ever after – it’s just not what I expected”; I don’t have any major regrets”
Pride in having an influence on others	“my children”

Table 3

Correlations Between Personality, Health and Depression

		HealthNow	GDS	ExtraversionBFI	AgreeablenessBFI	ConscientiousnessBFI	NeuroticismBFI	OpennessBFI
HealthNow	Pearson	1	.45**	-.45**	-.26	.12	.33	-.36*
	Correlatio							
	n							
GDS	Pearson	.45**	1	-.52**	.02	.28	.43*	-.38*
	Correlatio							
	n							
ExtraversionBFI	Pearson	-.45**	-	1	.06	.077	-.21	.66**
	Correlatio		.52**					
	n							

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AgreeablenessBFI	Pearson	-.26	.02	.06	1	.41 [*]	-.54 ^{**}	.14
	Correlatio							
	n							
ConscientiousnessBFI	Pearson	.12	.28	.08	.41 [*]	1	-.13	.28
	Correlatio							
	n							
NeuroticismBFI	Pearson	.33	.43 [*]	-.21	-.54 ^{**}	-.13	1	-.34
	Correlatio							
	n							
OpennessBFI	Pearson	-.36 [*]	-.38 [*]	.66 ^{**}	.14	.27	-.34	1
	Correlatio							
	n							
	N	34	34	34	34	34	34	34

** . Correlation is significant at the 0.01 level (2-tailed). * . Correlation is significant at the 0.05 level (2-tailed).

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