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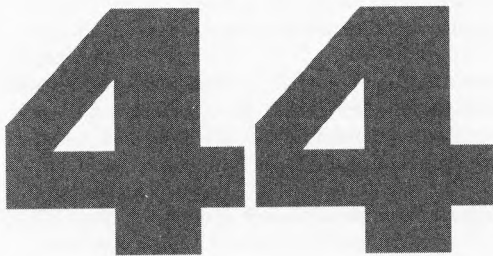
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Positive Aging: Reconstructing the Life Course



Across the life span, the stereotype of the aging woman is the most negative of all age and gender groups. She is often portrayed as a marginalized figure—ugly, undesirable, and weak—in the late stages of physical and mental decline. The reputation of being old is so negative that most older people refuse to define themselves as such (Friedan, 1993). Also contributing to this negative view of aging is the traditional value of productivity. With deep roots in the Protestant ethic and the spirit of capitalism, this view of aging shows a strong tendency to equate personal worth with productive achievement. As feminist critics point out, because women's "production" is so frequently allied with their capacity to bear children, older women, who no longer reproduce, are doubly vulnerable to being found wanting (Martin, 1997). The onset of menopause signals for them a loss of worth. This "retirement" is seen as no small matter; as Matlin (2000) reported, since 1990, biological "retirement" was the topic of psychological research in 21,000 published articles, while only 116 were about retirement from paid employment.

Loss of productivity is also associated with loss of intellectual and bodily strength. Older women are presumed to become less able to think rationally, act decisively, or have the physical stamina to manage simple everyday tasks. Most of the literature on aging reflects this negative view. For example, in 2002, one issue of the *Journal of Gerontology* featured articles on Alzheimer's disease, diabetes, dementia, balance impairment, heart disease, and depression. Only a single article focused on the positive possibilities of aging. In certain respects this emphasis on decline serves the needs of those professions—scientific, medical, social service, and charitable—that depend on aging-as-a-problem to remain viable. While acknowledging the importance of these groups, we also ask, How might gerontologically focused professions reform their agendas so that they are able to acknowledge and enhance the resilience, strength, wisdom, and creativity of their target populations?

For the past several years many psychologists have been seeking to redress this negative view of aging. We have been among those deeply engaged in developing a perspective called "positive aging" and providing resources that may fa-

cilitate this refocus.² In this chapter, we examine women's lives within this positive framework. In particular, we explore a pattern of research that has profound implications for living well across the life span. Our focus then shifts to social policies that could expand the potentials of positive aging for women.³

THE SOCIAL CONSTRUCTION OF AGE

Our work on positive aging is importantly guided by a longstanding commitment to social constructionist theory. From a constructionist standpoint, descriptions and explanations of the world are not demanded by the nature of the world itself. Rather, it is through the active negotiation and collaboration of people that such understandings are constructed (K. Gergen, 1999; M. Gergen, 2001). With regard to the concept of aging, constructionist theses are particularly catalytic. They unsettle the widespread tendency within the social and biological sciences to search for the naturalized life course—that is, to chart the innate development and decline of human capacities over the life span. From a constructionist perspective, to find someone biologically or cognitively impaired constitutes a collaborative accomplishment, which is produced when various parties concur that something is the case—for example, medical authorities, gerontologists, advertisers, and social scientists, among others (Gubrium, Holstein, & Buckholdt, 1994). There is nothing about changes in the human body that requires a concept of aging or of decline, although it would be difficult to argue that there is no change in bodies over the life course. Too much of our commonsense wisdom rejects this possibility. There are serious consequences of this narrative of inevitable and lengthy decline over the life span. In accord with Foucault (1979), we propose that cultural constraints imposed upon older women, such that they accept themselves as undesirable, create the condition of self-denigration, sustain power relations that are unhealthy for women, and limit their options in living. When we avoid tendencies toward naturalizing, we can begin to appreciate possibilities of a cultural transformation of aging. With this constructionist orientation in place, let us consider the grounds for viewing aging as a generative period of life.

INDIVIDUAL WELL-BEING: THE LIFE SPAN DIAMOND

While much research has been done on the many ways in which the brain and body deteriorate over the years, caution about conclusions is essential. At the outset such research is highly selective. That is, of the many complex dimensions related to living over an extended period of time, researchers regularly select only those that demonstrate decline. Why, one ponders, is not more attention paid to forms of growth and generativity? This negative pattern is further intensified by the fact that scientific journals tend to exclude research reports in which no significant results emerge. If older people are not significantly less able than younger people on some dimension, the findings are generally not published. One might say that the aging population has been the “victim of mismeasurement” (Allaire & Marsiske, 2002). Additionally whether a pattern manifests decline and how significant this decline is are matters of interpretation. With a large sample size, statistically significant differences in reaction time, for example, do not necessarily mean that there are substantial differences in reaction time; the differences could be very slight, with a high degree of overlap between the two groups. Lastly, issues of sample selection, variable naming, context familiarity, and researcher conduct with the participants all play a role in producing results that affirm forms of decline with aging. And, as with the research on minority-group achievement under “stereotype threat,” if people are perceived as “old folks” they may behave in stereotypical ways (Steele, 1997).

In the shift toward positive aging we attempt to readjust the balance. We review the literature on research that demonstrates the many ways in which aging people retain their capacities or increase them. We also look at those facets of life that enhance the art of living. For example, research by Diener, Suh, Lucas, and Smith (1999) indicates that as people age they become more comfortable with themselves, more contented, and less concerned with striving to meet the expectations of others. As women age they regard themselves as better able to cope with their environments and in relationships with others. Many older women see themselves as on an upward tra-

jectory psychologically, having internalized the idea of progress in their life narratives (Greene, 2003). Such research suggests that aging allows people the opportunity for life enhancing strategies (Baltes & Baltes, 1990; Rowe & Kahn, 1998).

In this chapter, we highlight research findings from a variety of areas that lend support to this view of aging. These results suggest an overall pattern of substantial significance. We term this pattern “the life span diamond,” not only because it speaks to well-being throughout the life course but also because its four points of departure invite us to think in terms of continuing life enrichment. The four points serving both as an origin and as an outcome in this design are:

1. *Relational Resources*: Supportive family and friends, conversational partners, and mediated connections, such as with chat room members and imaginal others—that is, those with whom we imagine interactions such as celebrities, fictional characters, or people who have died or who are no longer a part of our lives (M. Gergen, 2001; Watkins, 1986).
2. *Physical Well-Being*: Optimal functioning of brain and body as determined by medical tests, as well as through self-reports of health.
3. *Positive Mental States*: Well-being, happiness, optimism, and satisfaction with life.
4. *Engaging Activity*: Active participation in mental and physical activity.

As we find, there is a steadily expanding body of research in gerontology in which investigators trace relationships that exist between one of these points and another. Such research strongly suggests the possibility of bidirectional influences. For example, positive mental states may bring about physical well-being, and physical well-being can simultaneously contribute to positive mental states. The model of positive functioning suggested by these patterns is that of the diamond featured in figure 44.1.

We shall not review here all the many findings and arguments that contribute to this engaging pattern. However, its significance can be appreciated more fully by scanning the supportive reasoning and representative research.

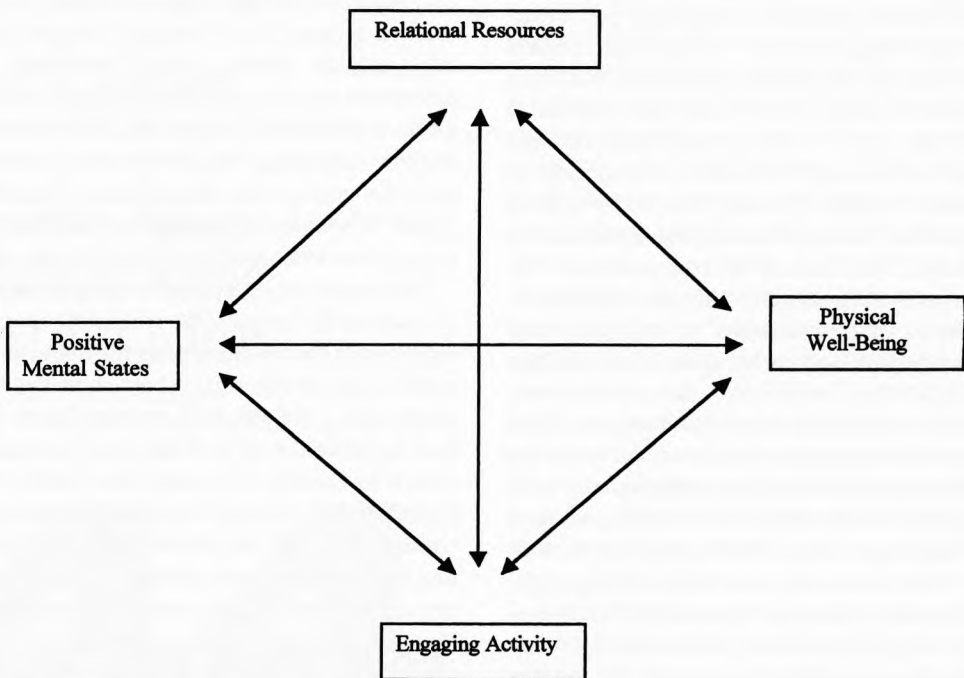


FIGURE 44.1 The life span diamond.

Relational Resources ↔ Physical Well-Being

Family, friends, and our mediated “others” influence our physical well-being in a multitude of ways; they may exercise or play games with us, influence us to go on a diet, and express their opinions about our appearance and health. They provide information that invites one to deliberate, to act, and, at times, to seek professional advice. Husbands often rely upon their wives to determine when they should go to the doctor; women tend to rely upon one another for such advice. Thus close relationships help people to be healthier. At the same time, when the body is functioning well and people feel healthy, they are more likely to seek others’ company and be more deeply involved in relationships. Numerous studies provide support for this vision of a two-way link between relational resources and physical well-being. For example, we find that the availability of social support for widowed people is associated with better health (Stroebe and Stroebe, 1996), and as well with the speed with which one recovers from injury (Kempen, Scaf-Klomp, Ranchor, Sanderman, & Ormel, 2001). People who have strong emotional attachments to others recover from loss (e.g., the death of a spouse) more rapidly (Abbey & Andrews, 1985). Finally, people who are married enjoy far more years of life than those who never married or are separated or divorced (Coombs, 1991).

Relational Resources ↔ Positive Mental States

Having a satisfying network of others with whom to relate is correlated with having positive mental states. Positive relations with others bolsters one’s self confidence, provides a sense of personal worth, lifts one’s spirits, helps one generate meaningful goals, and provides many pleasures, as well as comfort and solace in times of trouble. At the same time, when people are feeling good about themselves and life, they will often approach others in a positive way, evidencing more empathy, love, nurturance, and forgiveness. Their positive states of mind enhance their relationships. Again, there is much research to support this connection. For example, studies in-

dicating that people high in social contact are more likely to feel supported and cared for; they are also less likely to become depressed (Pierce, Frone, Russell, Cooper, & Mudar, 2000). One of the strongest predictors of happiness is a good marriage (Myers, 1993). People who live alone, never marry, or are widowed, divorced, or separated are less likely to feel happy (Argyle, 1999).

Positive Mental States ↔ Engaging Activity

Positive mental states are related to engaging activity. Again, we find good reason for bidirectional influence. Positive mental states provide a sense of purpose, confidence, and optimism, all of which favor engaging in various mental and physical activities. At the same time, engaging activity can often yield good memories, a sense of accomplishment, and a feeling of zestfulness and joy. Engaging activity can also increase one’s sense of internal control. Relevant research indicates that life satisfaction is positively related to engaging in the planning of future activities (Prenda & Lachman, 2001). Couples engaging in arousing activities together have more positive feelings toward each other and are happier (Aron, Aron, Norman, McKenna, & Heyman, 2000). Participating in leisure activities with friends, doing volunteer work, dancing, and engaging in sports, sexual activity, and outside events are all positively related to feelings of happiness (Argyle, 1999). Greater involvement in religion is also positively related to life satisfaction. Within the African American community, especially for older women, the church is an extremely important source of satisfaction. As Larson, Sherrill, and Lyons (1999) found, among African Americans, religious involvement is associated with physical health and psychological well-being. In addition, being religious is more important to health status for these women than financial well-being, despite the fact that many of them have low incomes.

Positive Mental States ↔ Physical Well-Being

One of the most theoretically interesting connections is that between positive mental states and

physical well-being. On the one hand, it is not surprising that feeling good is related to physical well-being. After all, if one is in good bodily condition, feeling good about life is favored. And, too, feeling good about oneself should favor taking good care of one's body. With depression, one may even seek ways of damaging the body; older people, especially men, are at a higher risk for suicide than any other age group, perhaps because they are depressed and alone (Canetto, 1992). The intrigue with this connection lies in another realm; specifically, investigators increasingly believe that positive mental states may lead to better states of physical health. Many research findings are congenial with the notion that there is a relationship between mental health and the immune system. Additionally, people who exhibit greater positive affect are at a reduced risk of stroke (Oster, Markides, Peek, & Goodwin, 2001). People who are disposed to positive feelings during their youths live longer than those who are negative and pessimistic (Harker & Keltner, 2001). In a longitudinal study of late-life Catholic nuns, researchers found a strong relationship between emotions as expressed in teenage diaries and mortality. Of those nuns who had expressed few positive emotions in their diaries, 54% had died by the age of 80. Of those who used a high number of expressions of positive emotions, only 24% had died by age 80 (Danner, Snowdon, & Friesen, 2001). Further, having a positive sense of purpose is positively related to physical health. Research by Krause and Shaw (2000) found that maintaining a sense of control over an important social role increases a woman's longevity. Finally, as survey research in 1998 by the Drexel University Center for Employment Futures in Philadelphia indicated, approximately 90% of the people over 65 feel satisfied with their lives, feel they have contributed positively to society, and also claim to be in good health.

Physical Well-Being ↔ Engaging Activity

It comes as little surprise that physical health enhances one's capability to engage in a wider range of activities. Conversely, engaging in activity keeps one physically healthy. Numerous research findings support the link. For example, engaging in low-impact aerobic dance classes

three times a week for 12 weeks improved the flexibility, muscle strength, body agility, and balance in women aged 57–77 (Hopkins, Murrah, Hoeger, & Rhodes, 1990). Other activities also are important for maintaining health. Being a volunteer is positively related to physical health (Van Willigen, 2000). The same is true of engaging in religious activities, such as attending church and participating in church activities (Larson et al., 1999). Engaging in a wide range of activities, from reading, to playing cards, to devoting time to community services, is positively related to rapid recovery from losses of various kinds (Bar-Tur, Levy-Shiff, & Burns, 2000).

Relational Resources ↔ Engaging Activity

Relationships with others invite engagement, both mental and physical. Often one is invited into new realms of activity, thus broadening one's spectrum of interests, curiosity, and potential for action. And, of course, engaging activity often functions to enhance social relationships (e.g., playing bridge, bowling, and dancing). It can also enhance one's ability to relate to others (providing topics of conversation, information to relate, amusing stories). Activity can also yield social rewards (appreciation and love from neighbors, family members, and friends through giving help to them). While this relationship between social relationships and activity has been researched less than the others in our model, there is evidence to support this mutuality. For example, widows who engage in activities with friends following loss are more comforted than if they are involved only with their family members. In addition, despite their loss, most widows, especially those who keep engaged in outside interests, cope very well over time (O'Bryant & Morgan, 1990). Through their activities, widows seem to make a shift from their established marital patterns to a new, positive, and very active phase of adult life (Feldman, Byles, & Beamont, 2000).

THE CRITICAL FULCRUM: RELATIONAL RESOURCES

As our diamond model suggests, positive aging among women has at least four important points

of entry. Time spent in developing and sustaining family and friendship networks, maintaining good health practices, engaging in mental and physical activity, and maintaining positive attitudes about life are all important in themselves. However, an interlocking system of reverberating effects has multiple positive outcomes. To engage in physical activity is not simply enjoyable in itself; it constitutes a potential lift to one's health, personal relationships, and sense of well-being. And with each of these effects, there may be further reverberations, which ultimately yield increased interest in one's activities. Once set in motion, the interrelated parts of the system are self-sustaining. Further, it is never too late to enter the system—to develop a friendship, take on an activity, or improve one's diet. The system will change over a lifetime, depending on one's choices and the level of one's vigor and vitality, as well as one's opportunities for activity and one's relational resources.

However, one might ask if the diamond model is valid: Would not declines in physical activity, for example, affect all other aspects of life? Would not relationships be subverted and a sense of well-being decline? Do not bodily ills and failings eventually overtake us all regardless of the condition of our relationships? These are all possible outcomes. Yet consider again the constructionist orientation introduced above. From this perspective what we might term the objective state of affairs is so by virtue of one's interpretations. These interpretations, in turn, are dependent on relations with others. Our relational ties are essentially the source of all meaning-making. In this light, with the support of others, people are able to adjust their level of aspiration to their level of expectation and find satisfaction, regardless of the "objective" state of affairs. If, for example, people all share a view that restricted movement is normal, it is no longer an "impairment." Additionally, older women also feel good if they can compare themselves favorably with others of their own age (Kwan, Love, Ryff, & Essex, 2003). Cultural differences in perception are also important, as studies on pain have shown (Melzack & Wall, 1982). We are only now beginning to understand the enormous impact of socially embedded interpretation for one's sense of life satisfactions and physical well-being.

POSITIVE AGING IN ACTION AND POLICY MAKING

We finally turn from research to social practices involving positive aging. There is much to be said here about initiatives that encourage and facilitate adult education, artistic creativity, career changes, economic security, medical care, political involvement, travel, and volunteerism. There is also much to be said, as well, concerning the need to undermine cultural attitudes that foster multiple forms of prejudices against older women, who tend to be among the most maligned of social groups. All such initiatives enrich the possibilities of aging positively. One major avenue for advancing this goal is to follow the inspiration of the positive psychology movement and focus on the positive possibilities available at all stages of life, as opposed to the problems. One form of practice that has caught the attention of many practitioners is Appreciative Inquiry.⁴ Professionals working with older people have begun to adopt an appreciative orientation to this time of life, with good effects. For example, while developmentalists previously spoke of the period when children leave the home as "the empty nest problem," now most accept that the vast majority of women describe this period in their lives as rejuvenating (Logothetis, 1993). As Dennerstein, Dudley, and Guthrie (2002) recently noted, in the first year without children in the home, women's moods and sense of well-being improved and the number of daily hassles dropped.

Of special concern to older women is the topic of menopause, which is customarily labeled as a "medical problem" in the United States. This view predominates despite cross-cultural research that demonstrates how women's views of menopause are dependent on the cultural milieu in which they live (Gullette, 1997). The medical community needs to recognize the impact of the deficit model on the well-being of patients and work toward a framework for helping women that is less pathologizing. Often women who no longer menstruate feel very liberated from the "curse." Based on interviews with 65 American post-childbearing women, Martin (1997) found that the vast majority of women saw menopause in a positive light, as an end to discomforts and worries associated with menstruation and to fears of pregnancy, as well as

a time for achieving greater happiness and for feeling a renewal of physical energy and strength.

Gerontologists also are implicated in the search for a more positive approach to their work. Presently many gerontologists are finding evidence that older women enjoy a great deal of autonomy and pleasure in their senior years. This may be a well-guarded secret, but one of the earliest claims was made by feminist scholar Bernice Neugarten, in 1968. She found that older women rated their quality of life as high, in part because they relished the freedom offered to them as they escaped the constraints of the traditional female sex role. Similarly, Carol Ryff (1985) found that older women valued achievement or success in the eyes of others less as they age and valued having a sense of freedom and being happy more (regardless of what the neighbors think). Research on personality traits over the life span found that women became less and less “neurotic,” according to the “Big Five” personality indicator terminology (Costa & McCrae, 1992), and more emotionally stable as they age (Srivastava, John, Gosling, & Potter, 2003). Adding support is the work of Stewart and Ostrove (1998), whose sample of U.S. college graduates aged 26–80 rated their early 50s as the most satisfying of their lives.

To enhance the lives of older women, especially, the most important changes include supporting public policies that enhance economic well-being, provide adequate health care, reduce sexual and age inequality, and end prejudice and discrimination. Specifically, raising the minimum wage, supporting Living Wage laws, advocating total medical care coverage with drug benefits, and encouraging unions and grassroots community organizing can all be helpful to older women. Proposals to increase economic security for older women are especially relevant to African American women, who are the poorest of elderly adults, and to those who have never married. Through political activism with the support of educational and religious organizations, efforts to promote positive aging can be expanded (Belle & Doucet, 2003).

Health-care professionals and family therapists are also working to produce more positive perspective on issues of aging. The challenge is to help people find opportunities for significant de-

velopment, creativity, invigoration, and inspiration. People who are working directly with aging populations, including nursing home administrators and other care takers, are becoming involved in the positive aging practices. Theresa M. Bertram (personal communication, November 12, 2002), CEO of the Cathedral Foundation, a large, multifaceted gerontological organization, in Jacksonville, Florida, reports the following about the changes made in her organization as a result of this shift to a more positive approach to aging:

For its first thirty-five years, the Cathedral Foundation was a national leader in providing the “answers” for . . . thousands of seniors day in and day out. For the last five years, using an appreciative approach, we have begun to understand elders . . . from a position of strength, not of weakness. . . . They are robust, often reaching across generations to build a better society—and they are spiritual and take the time to explore fully this dimension of their lives. They are so different from the sick, frail, sexless, weak, disabled, powerless, passive, and unhappy persons portrayed in many segments of our society. Today, we are exploring ways to undergird seniors in their daily lives rather than fostering dependency by doing everything for them and making decisions on their behalf.

In our view, the potentials of approaching the aging process in a positive way are enormous, and older women, who are the majority of those who survive to very old ages, are the primary beneficiaries of this new perspective. There are significant overtures being played out by many professionals, informal groups, and individuals in the field; we look forward to the full symphony.

NOTES

1. The present effort is resonant with what is called the “Positive Psychology Movement.” The major message of this movement is that psychology has been overly focused on the deficits of people—for example, on categorizing mental illness—and not enough time and resources on the ways in which people thrive, are resilient, or otherwise overcome deficits. See the *Amer-*

ican Psychologist, January, 2000, Volume 55, No. 1, which is a special issue emphasizing positive psychology, and has articles on happiness, excellence, and optimal human functioning.

2. Many of our efforts are expressed in an electronic newsletter, *Positive Aging*, sponsored by the Taos Institute and the Novartis Foundation on Aging. Past issues of the newsletter and additional materials are archived at: <http://www.positiveaging.net>

3. While we do not wish to neglect those who are variously afflicted, so extensive has been the attention to the problems of aging that no other possibility is entertained. We believe that these negative images of aging have colored all aspects of this time of life and have suppressed appreciation for its potentials.

4. Appreciative Inquiry is a new, dynamic organization behavior approach (Cooperrider, Whitney, & Stavros, 2003; Watkins & Mohr, 2001; Whitney, Trosten-Bloom, & Cooperrider, 2003. Also see www.TaosInstitute.net.

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