

# Successful Aging From the Viewpoint of Older Adults

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The purpose of this study was to investigate older adults' perceptions of successful aging within the context of the theory of successful aging to validate and further inform this theory. This research was a secondary, qualitative analysis of data from two earlier studies in which participants were asked to provide a response to the open-ended question, "What does successful aging mean to you?" Content analysis using multiple coding was independently conducted by the investigators. Eight broad themes emerged: active independence, relationships with people, relationship with God, comfort resources, health, beneficial contribution, positive perspective/coping, and freedom. Differences and similarities of themes by study subgroups were also explored. The coping processes, functional performance mechanisms, and intrapsychic factors from the theory of successful aging were well represented in the findings of this study. The coping process of spirituality was less frequently represented, whereas that of gerotranscendence was slightly more often described. Interventions that enhance these factors associated with successful aging have the potential to improve quality of life and provide appealing, meaningful activities for older adults.

**Keywords:** successful aging; older adult; content analysis; coping; successful aging theory

Current U.S. estimates show an expected increase in those age 65 years and older to 88.5 million in 2050 (U.S. Census Bureau, 2010). This trend, often referred to as "the graying of America," has influenced research and theory to better understand successful aging. The purpose of this article is to examine older adults' descriptions of successful aging within the context of an evolving theory of successful aging to identify potentially needed theory revisions.

## THEORY DEVELOPMENT OVER TIME

Theories of successful aging have been developed to explain and enhance understanding of the phenomenon, to guide research, and to elucidate potential

intervention areas. Well-known theories include those of Rowe and Kahn (1998), Crowther, Parker, Achenbaum, Larimore, and Koenig (2002), and Tornstam (1994). As part of an effort to develop a conceptual basis of a "new gerontology," Rowe and Kahn (p. xii) defined successful aging as "the ability to maintain low risk of disease-related disability, high mental and physical function, and active engagement with life." This theory is entrenched in a conceptualization of successful aging in which both physical and mental factors enable individuals to continue to function effectively into old age. Maintaining physical and mental function enables active engagement with life. Maintaining a high level of overall functioning requires both physical and mental abilities, which are significantly independent of each other. The significance of a "just keep on going" attitude (Rowe & Kahn, 1998, p. 40) explains the independence of physical and mental abilities necessary for high-level overall functioning. This landmark theory has been a valuable contribution to the successful aging literature. However, subsequent authors proposed a revision to Rowe and Kahn's model.

Crowther and colleagues (2002) suggested adding positive spirituality as a fourth factor to enhance the theory, asserting that it strengthened Rowe and Kahn's work, and would help health professionals, religious organizations, and governmental agencies work collaboratively to promote wellness among older adults. Spirituality is a personal quest for understanding answers to ultimate questions about life, about meaning, and about a relationship to the sacred, which may or may not lead to or arise from the development of religious rituals and the formation of community (Crowther et al., 2002). Positive spirituality may decrease the sense of loss of control that accompanies an illness and provide a cognitive framework that reduces stress and increases purpose and meaning in the face of illness they assert.

Along with recognizing the importance approaching successful aging holistically, another relevant theory is gerotranscendence theory, developed by Tornstam (1994) who hypothesized that older adults progress through past difficulties in preparation for death and that individuals are task oriented in the first parts of life as they become socialized to society, whereas the task later in life is to become aware of one's self and one's unconscious. There are three dimensions of gerotranscendence theory; the cosmic dimension includes time and childhood, relationship between generations, life and death, and life's mysteries. Time and childhood are periods of time in which the separation between the past and present become unclear and the definition of time and space change (Hyse & Tornstam, 2009). Individuals experience a connected relationship with generations of the past, present, or future, and they no longer fear death. Life and death become individualized regarding the specific meaning in each person's life. The dimension of self includes self-confrontation, reduction of self-centeredness, body transcendence, self-transcendence, and ego-integrity. Individuals develop both positive and negative insights, not previously seen regarding the self. Confrontation, realization, and acceptance often occur (Hyse & Tornstam, 2009). The dimension of social and personal relationships include changed meaning and importance of relations, role-playing in life, mature emancipated innocence, modern asceticism, and everyday wisdom. Rather than superficial relationships, the older adult seeks close intimate relationships.

Experiencing gerotranscendence is regarded as the final stage in a possible natural progression toward maturation and wisdom. Gerotranscendence theory is one of “positive aging” (Tornstam, 2005), and undergoing gerotranscendence is a precursor to successful aging (Tornstam, 2005). Gerotranscendence theory is meaningful in that it accounts for the older adult’s perception and experiences, although the physical and functional aspects of aging are not directly dealt with.

Subsequent to the development of these theories, the theory of successful aging (Troutman [formerly Flood], 2011) was developed. A driving force behind the development of this theory was the need to account for the older adult’s perception and evaluation of his own aging, yet account for physical/physiological changes over time, and not rely on objective benchmarks to describe successful aging. The theory of successful aging emphasizes adaptation, and accordingly, successful aging is possible for a broader range of adults than what many other theories delineate. Furthermore, the theory is intended to aid in the identification of interventions that can help promote successful aging. This theory is composed of various degrees of *coping processes*, the complex dynamics within the person according to Roy and Andrews (1999). Three coping processes make up the foundation of the theory: (adaptation of) functional performance mechanisms (use of conscious awareness and choice as an adaptive response to cumulative physiologic and physical losses with subsequent functional deficits occurring because of [physical/physiological] aging); intrapsychic factors (innate and enduring features of one’s character, which can enhance or inhibit the ability to adapt to change); and spirituality (personal views and behaviors that express a sense of relatedness to something greater than oneself; feelings, thoughts, experiences arising from the search for the sacred). Gerotranscendence (a shift in metaperspective, from a materialistic and rationalistic perspective to a more mature and existential one that accompanies the process of aging [Tornstam, 1994]) is a more complex coping mechanism that can occur when there is optimal manifestation of foundational coping mechanisms for the individual. Gerotranscendence may then lead to successful aging.

An important and unique aspect of this theory is that successful aging is largely influenced by the older adult’s perspective, and there are no standard criteria that must be met for it to occur. Rather, the emphasis is on optimal physical, mental, spiritual, and gerotranscendental adaptation. Critical to the development and revision of theory is validation. Thus, we sought to validate this conceptualization of successful aging by assessing older adults’ subjective accounts of successful aging.

## PRIOR RESEARCH

To assess older adults’ conceptualizations of successful aging derived from prior research, a comprehensive literature search was done for “successful aging,” “aging successfully,” “aging well,” and “healthy aging” across multiple databases

(CINAHL, ScienceDirect, MEDLINE, PsycINFO, Academic Search Premier, Google Scholar, Sociological Abstracts). Research on older adults' subjective accounts of successful aging reveals a perspective that is multifaceted and complex. These findings, derived from a content analysis, can be summarized under six headings: health; independence, the construct of active engagement; connectedness; attitude, adaptability, and coping; sense of purpose; and appropriate resources. This growing body of knowledge (see Table 1) demonstrates the need for theories that fit the realities of older adults.

The present analysis examined descriptions of successful aging from a sample of older adults to assess validity of the first author's theoretical conceptualization of successful aging and potential need for theory revision.

## THEORETICAL FRAMEWORK

This analysis was guided by the theory of successful aging, which defines successful aging as "an individual's perception of a favorable outcome in adapting to the cumulative physiologic and functional alterations associated with the passage of time, while experiencing spiritual connectedness, and a sense of meaning and purpose in life," (Flood [now Troutman-Jordan], 2005, p. 36). As described previously, the theory describes three foundational dimensions that an aging person uses to respond to change and the effective, individualized interrelationships of the three dimensions contributes to experiencing *gerotranscendence*. The current analysis entailed examination of participant descriptions of successful aging to evaluate the extent to which these aligned with the theory of successful aging and whether the theory appears to adequately capture the meaning of successful aging as perceived by older adults.

## METHODS

The study reported here was a secondary, qualitative analysis of data from two (quantitative descriptive) studies (Flood, 2006; Troutman, Nies, Small, & Bates, 2011), in which participants were asked to respond to the written open-ended question, "What does successful aging mean to you?" They were not asked whether they were aging successfully, as the intent was to gain insight into their perceptions rather than self-evaluation. The university Institutional Review Board approved the research protocols for both studies and the protocol for the secondary analysis. Informed consent was obtained from each individual prior to participation.

## SAMPLE

A convenience sampling method was used to recruit 311 healthy, predominantly community-dwelling older adults from senior centers, health fairs, neighborhoods, assisted living facilities, and a Catholic parish in urban areas

**TABLE 1. Summary of Previous Successful Aging Findings**

Authors/Year	Sample	Question	Themes
Bassett, Bourbonnais, & McDowell, 2007	<i>N</i> = 2,783; 1,048 male, 1,735 female; age 75–104 years	What do you think makes people live long and keep well?	Personal factors; relationships with others; system influences
Bowling, 2006	<i>N</i> = 854; 47% male, 53% female; age 50–94 years	What do you think are the things associated with successful aging?	Health/functioning; psychological; social roles/activities; financial/living circumstances; social relationships; neighborhood/community; work; independence
Corwin, Laditka, Laditka, Wilcox, & Liu, 2009	<i>N</i> = 83 female; 42 AA, 41 White; age, mean: AA = 67.3 years, White = 76.8 years	Without mentioning a name, please tell us about someone who you think is aging well.	Social life; spiritual life; mental health; physical health; leisure activities; physical activities; independence
Duay & Bryan, 2006	<i>N</i> = 18; 7 male, 11 female; age 60–86 years	Think of someone you know that is aging successfully. Describe some of the things that you believe contribute to his or her positive aging experience.	Engaging with others; coping with changes; maintaining physical, mental, and financial health
Laditka et al., 2009	<i>N</i> = 396; 25.1% male, 74.9% female; age, mean: 71.0 years	Without mentioning a name, please tell us about someone who you think is aging well.	Living to an advanced age; social involvement/interaction; mental attitude; cognition; physical health; spirituality
Mortimer, Ward, & Winefield, 2008	<i>N</i> = 14 female; age 60–89 years	What does successful aging mean to you?	Personal agency; quality of life/death; social value
Reichstadt et al., 2007	<i>N</i> = 72; 47% male, 53% female; age 60–99 years	How would you define successful aging? What are the necessary components of successful aging?	Attitude and adaptation; security and stability; health and wellness; engagement and stimulation

(Continued)

TABLE 1. Continued

Authors/Year	Sample	Question	Themes
Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010	<i>N</i> = 22; 41% male, 59% female; age 64–96 years	How would you define successful aging? What is important to aging successfully?	Self-acceptance/ self-contentment; engagement with life/self-growth
Rossen, Knafl, & Flood, 2008	<i>N</i> = 31 female; age 61–90 years	How would you describe a woman who is aging successfully?	Acceptance; engagement; comportment
Torres & Hammarstrom, 2009	<i>N</i> = 16; 7 male, 9 female; age 77–86 years	Share your thoughts on what aging well means and what you think is needed in order to age successfully.	Physical resources; mental resources; psycho-social resources; spiritual resources; financial resources; attitude/outlook; continuity in life

of North Carolina. Individuals age 60 years and older were sought, as the focus of the research was successful aging. However, there were 9 participants who disclosed an age of younger than 60 years after completing informed consent, once data collection commenced. Participants were required to have the ability to speak English and complete questionnaires either verbally (if unable to read or write) or in writing, and demonstrate an absence of cognitive impairment based on screening.

Participants in each study met face-to-face with the researchers and were asked to complete a set of questionnaires to express their view of what they felt constituted successful aging. Of the 352 older adults who participated in the studies, 88.35% (311) provided a written response to a single survey question, “What does successful aging mean to you?”

DATA ANALYSIS

Content analysis with multiple coding and constant comparison was used to examine the data (Pope & Mays, 2000). To assure the quality of the results, the two authors independently reviewed and compared participant responses multiple times to discover patterns and allow themes to emerge from the data. Themes were then coded, and using constant comparison, each participant response was categorized according to the codes using the software program OneNote (Microsoft, 2007). The authors then compared code descriptions, and inter-coder disagreement was resolved through discussion and refinement of codes until consensus was reached.

The final set of themes captured the views expressed in the participant responses. Descriptive analysis of demographic content was conducted using the software SPSS 17.0 (IBM, 2008).

FINDINGS

The 311 participants comprised a relatively highly educated group and were primarily women (69.78%, *n* = 217) and White (86.18%, *n* = 268), with a lesser representation of men, African Americans, and Hispanics. Participant ages ranged from 52 to 99 years, with a mean age of 74.72 years (*SD* = 8.76); most were between 68 and 83 years of age. Years of formal education ranged from 3 to 17 with a mean of 13.26 years (*SD* = 2.64; see Table 2 for demographic descriptions).

Roughly half of the participants (*n* = 149, 47.91%) provided responses that included more than one factor essential for successful aging, and many cited two (*n* = 101, 32%), three (*n* = 37, 12%), four (*n* = 10, 3.2%), or five (*n* = 4, 1.3%) factors. Eight somewhat overlapping themes emerged: positive perspective and coping, active independence, health, relationships with people, freedom, beneficial contribution, relationship with God, and comfort resources. Participants were only asked to describe their understanding of what successful aging meant;

TABLE 2. Sample Demographic Characteristics

Variable	<i>N</i> = 311 (%)	Study 1 (%) <i>n</i> = 140	Study 2 (%) <i>n</i> = 171
Age	Min.	56	55
	Max.	97	99
	μ	75.23	75.21
	<i>SD</i>	9.74	9.77
Race			
White	268 (86.18)	114 (80.9)	154 (90.0)
African American	39 (12.54)	26 (18.4)	13 (7.6)
Hispanic	2 (0.64)	0	2 (1.4)
Missing	2 (0.64)	0	2 (1.4)
Gender			
Women	217 (69.78)	105 (75.0)	112 (65.4)
Men	94 (30.22)	35 (25.0)	59 (34.5)
Education mean	13.26 ( <i>SD</i> = 2.64)	13.46 ( <i>SD</i> = 2.61)	12.8 ( <i>SD</i> = 3.3)
College degree	80 (25.72)	36 (25.8)	43 (25.1)
Some college	90 (28.94)	46 (32.9)	44 (25.7)
High school diploma	86 (27.66)	34 (24.3)	52 (30.4)
Less than high school	47 (15.11)	19 (13.6)	28 (16.4)
Missing	8 (2.57)	5 (3.6)	4 (2.3)



TABLE 3. Theme Frequencies

Theme	Frequency	Percentage
Positive perspective and coping	114	36.66%
Active independence	90	28.94%
Health	81	26.05%
Relationships with people	71	22.83%
Freedom	55	17.68%
Beneficial contribution	31	9.97%
Relationship with God	22	7.07%
Comfort resources	14	4.5%

however, it was not unusual for them to self-reference in their responses, providing descriptions of what they were doing to age successfully. Theme frequencies are provided in Table 3.

POSITIVE PERSPECTIVE AND COPING

This theme was emphasized most frequently by the participants (36.66%), and most of the responses focused on a positive state of mind. The decision to embrace happiness, enjoy life, live in a state of peace and contentment, and retain a sense of humor was the overarching commonality. One woman expressed it as being “physically and mentally able to experience daily joy,” and another said, “Laugh as much as possible, not taking life too serious.” A third said, “Have a positive outlook on life and be ready to go for the things that will make you happy,” and another woman talked about “peace and contentment with present conditions, having hope for days ahead.”

Some participants said it was important to express positive perspectives in the way they presented themselves and related to others around them. Several expressed this as a desire to grow old gracefully. This was explained by one woman as, “I can’t believe how I can continue to do almost everything I used to do; cooking, sewing, cleaning, dancing, etc., ‘growing old gracefully’ as some of my young friends have said,” and by another as “growing old gracefully, not getting mean and crabby.” One older man said, “Growing old with a smile on your face, being nice to people,” while another said it was important “to grow older and be pleasant, understanding of others.”

A positive perspective was equated by many with facing life as it is, with the limitations of aging, while continuing to live as fully (e.g., be as active and experience as much meaning, purpose, and quality of life) as possible. One woman said, “I take one day at a time and try not to worry too much; do what you can and don’t worry about other things you can’t do.” Another participant said, “Being happy at your particular time in life—little or no regrets about the past—little or no anxieties about the future,” while a third said, “Accept the



fact that you are getting older, don't fight it, take each day as it comes," and yet another said, "Feeling you have done at least the best you could with what was available."

Coping was suggested by responses such as "To make the best of any circumstances you are confronted with" and "keeping my daily routine." Other comments included "Making the most of every day, every hour" and "Accepting disabilities, but continuing to do as much as possible." The coping aspect of this theme is particularly interesting, as it suggests adaptation in the face of less than favorable circumstances, and extends the idea of positive perspective.

### ACTIVE INDEPENDENCE

The second most frequent theme (28.94%) was active independence, expressed in the subthemes of self-sufficiency, engagement with the outside world, and participation in desired activities. Self-sufficiency included activities related to self-care as well as maintenance of responsibilities and lifestyle. Participants mentioned, "Being able to take care of myself, drive my car, live by myself," "Taking care of myself, keeping my own house, going to church, doing my own shopping," and "Not dependent on others."

Engagement with the outside world involved both interest in and involvement with what was taking place in the individual's immediate surroundings as well as the broader community and the world. One woman described this as "Being alert, aware, and interested in what is going on around me," another said, "Staying in tune with the world around you and learning new things," and a third mentioned, "Being interested in today's news, etc., and being active in daily living," while another cited, "Traveling the world with my husband."

Desired activities were described as those things participants had always enjoyed doing and would like to keep doing. One older man expressed this as, "Being able to carry on work activities," while another man said, "To be able to live independently, garden, keep up the lawn, repair the house, drive the pick-up, doing good things on church projects," and a third said, "Being able to get out to different senior programs and church." Another mentioned, "Continuing an interesting and physically active lifestyle."

### HEALTH

Health-related aspects were third in frequency (26.05%) among participants. Physical mobility and preservation of a level of health that allowed the individual to remain active and participate enjoyably in life were most often mentioned. For example, they listed "feeling good, able to do what I want physically," "being able to participate in activities without aches or pains," and "being able to maintain an active healthy lifestyle." Other participants pointed to cognitive health as important, in addition to physical health, "to remain mentally alert; to remain physically alert," "for my body to be able to keep up with my mind," and, "I solve math problems in

order to keep my brain cells from dying." One individual viewed health in terms of well-being, from a holistic perspective saying, "well-adjusted with a good balance of physical, spiritual, social, and intellectual well-being."

## RELATIONSHIPS WITH PEOPLE

Involvement in meaningful relationships was mentioned by 22.83% of participants and intimate relationships were mentioned most frequently, followed by relationships that met broader social needs. Individuals most often mentioned family life, including a responsibility on the part of the older adult to maintain these relationships, remain engaged in the affairs of the family, and receive from family the love and support necessary to navigate aging successfully. Responses illustrating these aspects of intimate relationships included "being able to function in family affairs," "enjoy being with my wife more," "peaceful relating with family," "maintaining family contacts," "being able to play with my grandchildren," "having family around to support the aging process with love and happiness," and "keep all relationships in good repair."

Beyond family relationships, participants talked about the need for friendship and broader social interactions, support, and care. One woman mentioned, "having friends to be with," and another said, "being able to go places with other people"; a third said, "having people treat you with care because it lifts up and motivates you; having someone to help you." Involvement in social activities in a church community was cited several times: "being active in church and community; mingling with friends," "having lots of friends; going to church and different meetings," "involved in church activities," and "enjoying family-seeing friends and neighbors-church." One 70-year-old woman said that the ability to interact with a sexual partner was important to successful aging, she mentioned, "having a sexually able companion; [being a] high libido gal."

## FREEDOM

Freedom was expressed in two ways: having the freedom to participate in enjoyable aspects of life, some of which could not be fully enjoyed in younger years, and gaining freedom from aspects of life that placed restrictive demands, created time constraints, or produced stress and worry. Overall, 17.68% of participants talked about freedom; most mentioned freedom to participate in and enjoy certain aspects of life. They said, for example, "I can move around and go wherever I want," "You do with your life what you want it to be," "Having free time to follow up on hobbies, travel," "Financially secure with time to enjoy it," and "Taking advantage of all that life has to offer in terms of my interest and abilities." Freedom from demands, time constraints, stress, and worry was also noted in several responses: "Being able to do 'want tos' rather than 'have tos,'" "Getting to see and do things I was too busy to do earlier," "Freedom from watching the clock [most days]," "Life is slower and I am slower—no reason to hurry or rush—much less stress," and "Financial—can live without worry about money." Although responses in this

category might resemble *active independence*, these descriptions were distinct, in that they often included a reference to time (e.g., "Able to do the things with your health; income and time that you *always wanted* to do") and reflected absence of constraints or ability to do these things or be this way earlier in life.

### BENEFICIAL CONTRIBUTIONS

Responses by 9.97% of participants expressed a desire to make a contribution that either benefitted others or was a benefit to themselves in some way. The desire to give back to society, either one on one with an individual through mentoring, listening, or sharing life experiences, or to a group through organized volunteer programs, was mentioned most often. One older woman said, "Sharing with others my few talents; help someone or change their lives so they can be happier," another said, "Providing some help to others—listening to their problems—realizing my problems are managed," and a third stated, "As you age, you have a lot to give back and I want to give back; to share the word of God with the younger generations because of life experiences and the history we have lived through." Another said, "Making a valuable contribution to mankind by providing meaningful service," while yet another said, "Volunteering at church; meals on wheels." Six participants spoke of contributing in ways that were of benefit to themselves; one woman said, "Maintaining personal dignity; feeling useful." Most of these responses related to continued ability to work and make a living, as expressed by one older man: "To have a light job that I can still in some way do."

### RELATIONSHIP WITH GOD

A small number of participants ( $n = 22$ , 7.07%) talked about the importance of a relationship with God to successful aging. Although some participants were from a Catholic parish, responses within this theme were from both original study samples, 7 of whom were the sample that included parish residents (Study 2), and 15 of whom were not (Study 1). Twenty participants spoke of a relationship with God, Jesus, or the Lord, while 2 participants spoke in more general spiritual terms, citing "spiritual well-being," and "I am drawing closer to my heavenly home."

The studies were conducted in the southeastern region of the United States, where Judeo-Christian teachings and churches have traditionally been strong. Responses representative of this included "I gave my heart to Jesus at age 16. He has kept and led my every step of the way. He's the answer to my success in aging," "Serving God, reading Bible, testifying to people," "Looking forward to going home to be with my Lord and family/friends in heaven," and "The Lord [is] in my heart and I rely on Him to do everything that must be done for me."

### COMFORT RESOURCES

A few participants (4.5%) included aspects related to physical comfort, primarily noting the ability to live comfortably as a result of having adequate material resources. One woman said, "Having enough money to live comfortably," while another said,

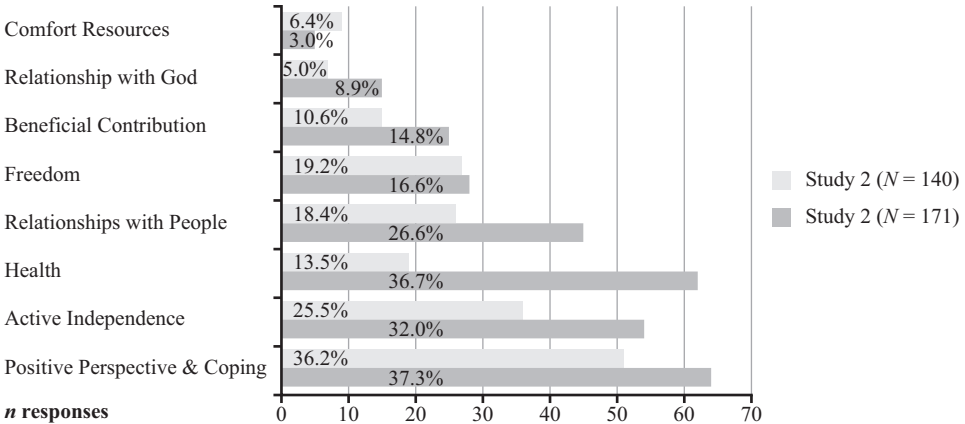


Figure 1. Theme frequencies by study subgroup.

“Comfortable in possessions and money, etc.,” and a third stated, “Plenty to eat/ good bed.” For these individuals, successful aging appeared possible through having seemingly basic needs met. These descriptions, although limited in their frequencies, could suggest that older adults with inadequate resources see successful aging as a possibility if even fundamental needs are satisfactorily met. Further exploration of basic versus higher order (e.g., self-esteem and self- actualization; Maslow, 1943) needs in terms of what these might mean related to successful aging across various socioeconomic, ethnic, and racial groups might be informative.

SUBSAMPLE COMPARISONS

Participants in the subsample composed of Study 1 were recruited from an assisted living facility, two senior centers, and the Catholic parish. Those from the Study 2 subsample were recruited from local senior centers, nearby neighborhoods, and assisted living facilities. Although the only foreseeable difference in the participant subsamples appeared to be that some were from a Catholic parish, it was possible that there could be variations in perception of successful aging by study sample. Therefore, the two original study samples were compared in terms of theme frequency (see Figure 1).

By plotting group frequencies, it becomes apparent that having a positive perspective with adequate coping strategies is perceived most frequently by both subgroups as comprising successful aging. The theme of freedom is the second most commonly shared between the groups, in terms of frequency reported.

In contrast, the theme of health shows the greatest disparity between the groups with 36.7% (*n* = 62) of participants in Study Subgroup 1 citing health as an important component of successful aging in comparison to only 13.5% (*n* = 19) of participants in Study Subgroup 2. Second to health in regard to group differences is that of relationships with people, with 26.6% (*n* = 45) of participants in Subgroup 1 citing this as important versus 18.4% (*n* = 26) of participants in Subgroup 2.

Responses according to number of domains were fairly evenly varied when genders and races were compared. Women tended to provide responses that reflected positive perspective and coping; references to aging with grace all came from women, with the exception of one response, for example. Men, in contrast, often referenced activities as comprising successful aging. Some examples include "being able to carry on work activities previously enjoyed with minimum health problems" and "staying able or fit after 50."

Black participants ( $n = 39$ ) provided primarily one-dimensional responses (56%). They often (28%) mentioned health or the ability to be actively independent (18%). In contrast, White participants ( $n = 268$ ) referenced health 68 times (25%), often along with relationships (11 times, or 4.1%). Active independence was a popular category of successful aging descriptions from White participants, with 146 responses (54% White participants), which often alluded to travel, leisure activity, and engagement in health promotion activities (e.g., "keeping busy . . . it's important to keep involved and interested" and "maintain your brain so you can do things"). Seventy (26%) of their descriptions reflected positive perspective, such as "aging with a happy attitude toward life" and "being at peace with your position in life."

## DISCUSSION

This study explored the perceptions of older adults about aspects of life they believe to be important to successful aging. Roughly half ( $n = 149$ , 49%) of participants noted several factors, suggesting that older adult views of successful aging are multidimensional and complex, highlighting what other researchers (Bowling, 2007; Mortimer, Ward, & Winefield, 2008; Phelan, Anderson, LaCroix, & Larson, 2004) have also learned; successful aging is viewed by many older adults as multidimensional and requiring the presence of several factors.

These participants most frequently described successful aging in terms of positive perspective and coping; similarly, Rowe and Kahn (1998, p. 40) suggested maintaining a "just keep on going" attitude was key to high-level overall functioning in successful aging. The study sample also endorsed the role of active engagement with life (from Rowe and Kahn's model), describing the importance of active independence, relationships with others, and making beneficial contributions. To a lesser extent, participants echoed positive spirituality (Crowther et al., 2002) as an element of successful aging. Described as both emotion and behavior-oriented, unifying and promoting life-enhancing beliefs, Crowther and colleague's (2002) positive spirituality is akin to participant references to spiritual well-being, relating to God, or attending religious services, all of which, participants ascribed as positive traits or practices.

Aspects of gerotranscendence were somewhat reflected in participant responses. Their mention of preference for intimate relationships (and decreased interest in superfluous social interaction) is one such example. Allusions to freedom are suggestive of emancipation of innocence (Tornstam, 2005), whereby people have

the capacity to break away from certain social conventions, to experience spontaneity, and to delight in doing things one did not earlier dare to do. Participants talked about the experience of life's pleasures that they could not appreciate in their younger years, and being able to be free of restrictive demands, time constraints, or stressors they encountered earlier in life. Similarly, their references to making a difference, a contribution of some kind that benefitted others resembles the shift in metaperspective which occurs in gerotranscendence, where one experiences an increased affinity with (past and) coming generations (Tornstam, 2005).

In contrast to other studies, which identified health most frequently (Bowling, 2006; Laditka et al., 2009; Torres & Hammarström, 2009), within this analysis, a theme of positive perspective and coping (36.66%) was the most frequently cited aspect of successful aging. Participants expressed this theme in terms of a positive outlook on life, positive ways of relating to others, and positive responses to the limitations imposed by aging. Previous work has also identified these factors, in themes such as self-acceptance and self-contentment, personal factors, coping with change, and attitude and adaptation (Bassett, Bourbonnais, & McDowell, 2007; Duay & Bryan, 2006; Reichstadt, Depp, Palinkas, Folsom, & Jeste, 2007; Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010). This perspective is congruent with *intrapyschic factors* that comprise one of the coping processes in the theory of successful aging and is evidenced by low levels of negativity and high personal control.

The theme of *active independence* (28.94%) was the next most frequently cited factor. Participants described this in terms of self-sufficiency in self-care, including managing responsibilities and maintaining their lifestyle. They also viewed it as the ability to remain engaged with the world around them and to continue involvement in those activities they had previously enjoyed. These factors have also been represented in the findings of other research, as engagement with life and self-growth, autonomy, engagement and stimulation, and independence (Bassett et al., 2007; Bowling, 2006; Corwin, Laditka, Laditka, Wilcox, & Liu, 2009; Mortimer et al., 2008; Reichstadt et al., 2007; Reichstadt et al., 2010). Laditka et al. (2009) combined the factors of activity, mobility, independence, physical health, and appearance into the category of physical health themes. These factors are also consistent with the theory of successful aging dimensions, *functional performance mechanisms*, and *intrapyschic factors* (personal control).

*Health* (26.05%) was expressed in terms of physical mobility, health preservation, and alertness of mind. Factors related to health are found throughout the research literature and encompass physical, cognitive, mental, financial, and spiritual health. The theme of *health* validates the dimension *functional performance mechanisms* in the theory of successful aging.

The dimension of *spirituality* in the theory of successful aging was not strongly represented in this group. Of the 311 participants, only 22 (7.07%) made reference to a higher power or spirituality, or the theme of *relationship with God*. Although more participants spoke of attending church, this was within the context of a social or human relational activity rather than a spiritual act of worshipping or relating to a higher power. Some participants, however, could have had both a social and



a spiritual perspective in mind when they mentioned church attendance. Factors related to spirituality are found relatively infrequently in the literature; three studies found that faith, religion, and God were important to coping with change or provided support for aging (Corwin et al., 2009; Duay & Bryan, 2006; Laditka et al., 2009); and a fourth reported spirituality in broader concepts of connectedness to something beyond one's self, celebration of one's spirit, and a sense of meaning to life (Mortimer et al., 2008).

Evidence of gerotranscendence with engagement in meaningful activities, changes in relationships, self-acceptance, and wisdom was evidenced by participant responses that mentioned *relationships with people* (22.83%), *freedom* (17.68%), and *beneficial contributions* (9.97%). These older adults perceived themselves as having had meaningful experiences that have developed in them a sense of wisdom and insight that they desired to impart to others; they wanted to make a contribution of self to a world that had contributed much to them in youth. Freedom from the demands of work, constraints on time, and the need to gain materialistically created for them the space necessary to invest in the people around them, the activities they found pleasurable, and the life they wanted to enjoy living. Relationships with people, particularly intimate relationships, had a special place of importance to this group of older adults, both as recipients of the contributions they desired to make and as providers of love and care in their older years. *Positive perspective and coping* spoke to their desire to transcend the realities of aging, which for many bring limitations, diminished health, loneliness, or undesired changes in lifestyle.

It is striking that only 14 of the participants mentioned aspects of life related to comfort resources or economic resources. Other authors have referred to these as system influences or security and stability, which include living environment, financial resources, and social support systems (Bassett et al., 2007; Bowling, 2006; Reichstadt et al., 2007). The theory of successful aging focuses more on the internal dimensions of coping than on external economic and societal supports. The absence of focus on material comfort and resources in this sample may reflect that the participants felt that this aspect of life was not lacking and therefore it was less of a concern. It might also reflect gerotranscendence. This shift would reflect "success in life" not as materialistic success but as a meaningful life with a sense of purpose and greater life satisfaction regardless of economic and social supports.

The eight themes that emerged from this study reinforce prior research findings on factors related to successful aging in Western cultures, and they suggest that successful aging is a dynamic, complex, and multidimensional process. The dimensions of the theory of successful aging were supported, although not with equal emphasis. The results do not explain the role that economic status or societal supports play in successful aging; further research is needed to elucidate this relationship by including samples with varying levels of these resources. Future research should also include analysis and comparison of older adult age subgroups, as there could be variation across these. Moreover, a longitudinal study of older adults' perspectives might provide enlightening.



The study had several limitations. First, convenience sampling could have resulted in a self-selected group consisting of older adults who more were motivated to help society and other older adults by voluntary participation in research, and felt they were aging successfully, in contrast to individuals who refused participation. Although they were only asked about the meaning of successful aging, participants often self-referenced in their responses. Different responses might have come from the individuals who declined participation. Second, the sample included primarily community-dwelling older adults who enjoyed moderate to high functional levels that permitted them to frequent the sites where social interactions and activity could shape perceptions of successful aging. Finally, the sample consisted primarily of women and Whites living in an urban area in the southeastern United States, all factors that limit generalization of the findings. Future research should explore the phenomenon of successful aging from a more diverse perspective of gender, race, and culture representative of the American population mosaic to target interventions more effectively.

## CONCLUSION

Although there are some limitations, this analysis yields useful insight into successful aging as it is perceived by typical (i.e., they did not have to meet benchmark criteria for physical functioning, mobility, absence of disease) older adults from the southern U.S. region. Understanding of the factors that older adults view as essential to successful aging and the ways in which these factors interact to support the coping dimensions of *functional performance mechanisms*, *intrapsychic factors*, and *spirituality* that result in *gerotranscendence* is important for health care professionals who work with older adults. A personal sense of aging well contributes to quality of life and the ability to cope with the changes that accompany aging. Interventions that increase the interplay of these factors in the lives of older adults are needed to assist these adults in achieving gerotranscendence, and ultimately, successful aging.

This analysis demonstrated support/validation for the theory of successful aging, although future theory testing could enhance understanding of theoretical relationships. Further research on these and other factors comprising successful aging could lead to critical interventions to foster successful aging in older adults who are struggling with aging successfully.

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