Trajectories of Aging: Imagined Pathways in Later Life

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Aging Self-Concept

- The majority of older people tend to perceive themselves as younger than their chronological age (Staats, 1996)
- Domains of aging self-concept (Kastenbaum, Cerbin, Sabatini, & Artt, 1972)
  - “feel age”
  - “look age”
  - “do age”
  - “interests age”
Models of Aging

- Feeling younger than one’s age implies a model of aging to compare against—a model for the trajectory of aging.

- Various general conceptualizations
  - Schedule of life events (Neugarten & Hagestad, 1965)
  - Changes in personal qualities across life span (Heckhausen, Dixon, & Baltes, 1989)

- Individual conceptualizations
  - “Possible selves” (Hooker, 1992)
  - Expected Life History (Bortner, 1979)
    - Catalog of future events
    - Timetable
    - Probability of occurrence
Constructing Future Expectations

- Cultural transmission of models of aging
- Two models—for people in general, and for the self (Heckhausen & Krueger, 1993)
- Continually revised and interpreted (Gubrium, 1995)
- Based in (Furstenberg, 1989)
  - General observation
  - Role models, especially family members
  - Health status and personal health history
Future Expectations Are Important

Because…

- They motivate present action to avoid or attain a future scenario
  - Types of behavior
    - Health behaviors
    - Residential arrangements
    - Financial arrangements
    - Relationship strategies
    - Advance directives and other end-of-life decisions

- Organizing to shape a future correlated with psychological health (Whitbourne & Powers, 1994)
Unanswered Questions

- How exactly do people construct their image of the future?
- What specifically is the relationship between view of future and behavior?
- What is the relationship between emotional health and views of future self?
- How do contexts shape the view of future self?
Qualitative Exploration of Older Adults’ Views of Age-Related Issues (Furstenberg, 2002)

Participants
- 26 people, 6 men, 20 women
- Recruited from life care community (N=10), senior nutrition site (N=8), other informal sources (N=8)
- Nutrition site participants rural, from South, lower SES and educational level, higher number of African Americans, compared with rest of participants who migrated from Northeast, well-educated, financially comfortable, predominantly White
- Age range 58-92
Study Procedures

- Qualitative interviews, single contact
- One focus group
- Opening questions asked participants to
  - Describe particular individuals they thought of as old
  - How they categorized their own age
  - What characteristics led them to apply that particular age label
- Data analyzed with Ethnograph and constant comparative method (Glaser & Strauss, 1967)
Results: Content of Participants’ Trajectory Models

- Bulk of content referred to negative changes
  - General slowing and loss of energy
  - Presence of chronic disease
  - Deterioration of the senses
  - Decline in cognitive function
  - Loss of competence and activity
  - Dependence on others
  - Death
Results: Content of Participants’ Trajectory Models

- Only 20% of comments referred to positive aspects of aging
  - Opportunity for growth
  - Time for spirituality
  - Shifts in activities
  - Internal development

- Many of the positive comments referred to things that were positive *despite* age—incongruence between age and activities
Results: Process of Trajectory Construction

- Circumstances that shaped thinking about the future included:
  - Examples of other people
  - Social or residential contexts (i.e. living in a situation with many other older adults, or ill older adults, such as life care center)
  - Media and other sources
  - Illness episodes
Results: Affective Responses

- Fewer comments around emotional responses to aging and envisioned trajectory, but identified
  - Sadness
  - Fear and apprehension
    - Of dependence
    - Of withdrawal from activities
    - Of loss of control
    - Of being forced into an unwanted residential setting
  - Resentment of limitations
  - Positive: thankfulness and pride
Results: Behavioral Responses

About half of participants described actions they had taken or would take to deal with future change, including:
- Focusing on the present
- Maintaining mental and social activities
- Physical self-care
- Anticipating and preparing for changes
- Replacement and compensation for lost activities
- Preparing for death
  - Arrangements
  - Attitudinal preparation
- Focus on afterlife
Intergroup Differences

- Contrasts seen between privileged informants and lower income informants from nutrition center. On the whole...
  - Privileged group gave much more thought to deterioration and death
  - Only privileged group drew personal conclusions from observed aging of others
  - Nutrition site informants did not speak about sources of their ideas of the future
Intergroup Differences

- Privileged group expressed strong desire not to be a burden on family
- Nutrition site group expressed fear that family might be unable or unwilling to care for them
- Nutrition site participants expressed much greater religiosity and faith as coping mechanism for worries about old age
- Nutrition site group expressed more thankfulness around aging
- Only privileged group expressed desire to have control over their own deaths
Intergroup Differences

- Contrasts also seen by age: older versus very old or frail. For oldest/frail
  - Death more imminent
  - Diminished focus on future
  - Shorter and different period to anticipate and plan for

- For “younger” old view of future included need to plan for period of time where activity and relationships must be structured to keep life meaningful
Study Limitations

- Respondents from extremes of SES continuum—no middle
- Race and SES confounded
- Limited to one data collection strategy and one interview
- Talk about the future not systematically elicited
- Functioning and health status data not collected
Synthesis of Findings

- Observation, other sources of information, contribute to both a generalized trajectory of aging.
- Family history, personal history, psychological traits, current health result in modifications of trajectory to create a personal expected trajectory.
- This personal projection may stimulate development of goals, and possibly actions to attain them.
- More research is required to understand the contextual factors shaping this process.
Implications for Practice

- In working with older adults it may be important to
  - Elicit their view of their personal aging trajectory, and resultant emotions
  - Determine sources of information
  - Consider providing corrective information if misinformation causes distress
  - Explore current behaviors—do they work towards attaining positive goals and avoid negative outcomes of personal trajectory?
  - Provide support and assistance if needed for client actions to attain goals
References


