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Canada

Growing Old Gracefully:
A Sociology of Ageing

Pearl Crichton

A Thesis

in

the Department

of

Sociology and Anthropology

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts at
Concordia University
Montréal, Québec, Canada

May, 1989

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Abstract

This thesis investigates the ageing process with its various styles of growing old. I interviewed 11 people aged 76 - 113 around four principal themes which seemed from the literature to be significant for ageing "gracefully". These were health, life-styles, social networks and life satisfaction; interwoven with these themes, we discussed their philosophies of life.

The principal findings are the clarification of these different styles in qualitiative terms: attitudes to health and ill-health, the types of networks developed, the diversities of activities, and the various bases of life satisfaction. Each person offered the benefit of their advice and wisdom to succeeding generations.

Activity, disengagement, continuity and personality theories of ageing were considered, and found useful in various ways for understanding ageing.

Acknowledgement

I have been greatly helped in writing this thesis by the encouragement, help and guidance of many people too numerous to mention.

I owe a profound debt to Dr. Anthony Synnott, my mentor, whose patience, wisdom and expertise kept me on course. Without his direction and encouragement this thesis would not have had such scope.

I extend sincere gratitude to Dr. Herbert Horwich and to Dr. Gerald Dewey, members of my committee, for their invaluable suggestions and support.

My heart-felt thanks to all eleven respondents who gave so ungrudgingly of themselves during long tiring interviews so that I might learn.

They are Rae D'Lucy, Lillian Lewis, Edith Temple, Ethel Boohana, Mae Alice Cooper-Smith, Sylvia MacDonald, Rosalind Finestone, Frank Campbell, Cecil Royle, Leonard Knott, and Josef Joffre. Many thanks also to Roslyn Yearwood who typed this thesis so cheerfully despite the pressure of time constraints.

Finally a warm thank you to my dear family Michael, Sharif, Rohan and Kiran, for their patience and support. It is with deep gratitude that I dedicate my work to them.

May they "Grow Old Gracefully".

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A Sociology of Ageing

"Let's be optimistic about ageing, its a great grace, tout a grâce- every minute of your life is grace.

Sylvia (78)

"I am proud of telling my age, I am eighty three and a half.

Rae

" I think older people are enjoying life more than younger people today."

Mae (93)

"I am very fortunate in being able to grow older. To those who are growing older, I say, relax and enjoy it."

Lillian (83)

"Youth, large, lusty, loving -
Youth full of grace, force
fascination,
Do you know that old age may
come after you with equal grace,
force,
fascination?

Walt Whitman

Introduction

This thesis questions how people age, and why some people seem to age more gracefully than others. The obvious answer would seem to be in a combination of good genes, good habits and good luck. But these measures are not altogether reliable, since many athletes die young, while smokers and drinkers live on. This phenomenon is referred to as "the Churchill syndrome" -- an apt phrase indeed!

Previous research has tended to focus on what can be termed "normal ageing." In this context the emphasis is on learning what most older people do and do not do. This approach tends to neglect the heterogeneity among older people and thus creates a "gerontology of the usual" so to speak. It is not surprising then that in the face of this approach, myths and negative stereotypes emerged and became accepted not only by the dominant society, but by the old themselves. The old, indeed, have not infrequently been defined as a "social problem."

Today, researchers are leaning towards a more positive approach to the ageing phenomenon -- "the new gerontology". This approach is a shift away from the preoccupation with disease and chronological age, and from myths and stereotypes, to a belief that graceful ageing lies in an interplay of physiological, psychological, and environmental factors.

This thesis examines these three areas. To do so it

addresses the following variables:

(1) Health

(2) Social Networks

(3) Lifestyle

(4) Life Satisfaction

Although conventionally, the theory and methods chapters usually follow the introduction, I preferred to "ground" them in a prior discussion of the numbers and distribution of the old in Canada, and some of their problems, notably, ageism, before discussing the literature on the old and my own methods of research. The thesis therefore follows this format:

Chapter one is a demography of ageing. Because of the great increase and longevity of Canada's elderly, many are concerned about dependency--specifically economic dependency-- and the high cost of health care and income maintenance. One might call it the Struldbrug Effect. The Struldbrugs whom Gulliver discovered on one of his travels live forever, but unfortunately also become increasingly decrepit. Of course this concern stems from Ageism (negative stereotypes towards the elderly), hence Chapter two 'Myths and Realities of Ageing'and Chapter three 'Ageism', were introduced so as to present the facts about ageing, and thus alleviate these fears and concerns. These also establish the social context in which we age.

Theory is explored in Chapter four, where we consider the

theoretical base from which to study the ageing phenomenon. Methodology is described in Chapter five. Open-ended, indepth interviews with eleven persons ages 76 - 113 were conducted. The sample, comprised of seven women and four men, was chosen selectively. The oldest respondent, Dr. Joffre, age 113 is now deceased.

Chapter six, entitled "The people and their philosophies" is a biographical and philosophical sketch of each respondent in the sample. Photographs are also included. Chapter seven, "Growing old gracefully", is the findings from the personal interviews. Four themes were tapped as possible pathways to graceful ageing. They are health, social networks, life styles, and life satisfaction.

Chapter eight is a final conclusion. This is a brief synopsis of the entire study. Emphasis is placed on relating the data from the interviews to the theories propounded for growing old gracefully. The thesis concludes with three appendices: (1) The interviews schedule, (2) One column from Leonard Knott author, and one of the respondents, (3) An orbituary on Dr. Joffre the oldest man in Canada, also a respondent. A bibliography is included.

Chapter 1

THE DEMOGRAPHY OF AGEING

Canada is an ageing country, and elderly people today are at the forefront of a trend. They are better educated, healthier, more active, and have more options than any past generations of older people, and in this respect, they most closely resemble the current forecast of what ageing will look like in the years to come. Moreover, as the population 'ages', the average age will rise and the numbers and proportions of older people will increase dramatically. The forecast suggests that the next half century will see a doubling in the proportion and a tripling in the absolute number over the age of sixty five. (Denton and Spencer 1980:16)

THE GERIATRIC BOOM

Demographers define a society as old if more than 7 percent of its population is over 65 years of age. Between 1891 and 1921, about five in every one hundred Canadians were aged 65 and over. In 1971, the percentage of elderly exceeded 8 percent and in 1981, it almost reached 10 percent. This percentage represents 2,361,000 elderly persons compared with 1,744,000 a decade earlier, and only 768,000 in 1941 (see Table 1). This makes Canada an old nation by world standards (Novak, 1985: 32-35; Statistics Canada, 1985 n.p.)

There are three causes that brought about this 'geriatric

boom'. The primary cause is a decline in the birth rate, brought about by industrialisation and modernization.

This decline increased the population of older age groups, relative tc children. The birth rate, except for the baby boom years has dropped from 30 per 1000 population compared with 21 per 1000 in 1961/1971 and 16 in 19,1/1981 - (Novak, 1985: 37; McPherson, 1983: 83; Statistics Canada, 1984).

Secondly, immigration has played an important role in increasing the size of the older population. Many people came to Canada in the early years of this century. Between 1901 and 1911, for instance, one and a half million people arrived in Canada; as many people as in the previous forty years combined. These immigrants were mainly young adults and now account for 7 percent of the elderly today (Novak, 1985: 38; McPherson, 1983: 83; Statistics Canada, 1984).

The third cause of population ageing is a decrease in the death rate. Life expectancy has increased steadily since 1931. The overall increase in life expectancy at birth over the period 1931-1981 has been 12 years for men (from 59.6 to 71.5) and 17 years for women (from 61.8 to 78.7). This meant that the Canadian population was growing, and more people were living into old age. This increasing life expectancy has come about because of improvement in medical care, better living conditions, and a better environment in general (Statistics Canada, 1984).

TABLE 1

Number and Percentage of the Total Population of Persons 65 Years and Over Canada, 1901-1981

Year	Number	Percent
1901	271,000	5.0
1911	335,000	4.7
1921	420,000	4.8
1931	576,000	5.6
1941	769,000	6.7
1951	1,086,000	7.8
1961	1,391,000	7.6
1971	1,744,000	8.1
1981	2,361,000	9.7

Source: Statistics Canada, 1985, (from 1981 Census of Canada data).

The increase of the elderly population in general, and of the older group (80 years and over) in particular, has been most pronounced among women. In 1951, the number of elderly men and women was almost equal. By 1981, there were four women to every three men. The imbalance is even greater in the oldest group of the elderly. In 1981, women out-numbered men, two to one, in the age group 85 years and over (Statistics Canada, 1985 n.p).

DISTRIBUTION

There are considerable differences between regions. All of Canada has not aged equally at the same rate. Ontario and New Brunswick are close to the National average (9.7 percent for Canada; 10 percent for Ontario and New Brunswick). The North West Territories have a high proportion of young people and few elderly (Yukon only 4 percent, and North West Territories 2 percent). Prince Edward Island, Saskatchewan and Manitoba, being older provinces, have elderly populations higher than the National average (Prince Edward island 12.2 percent, Saskatchewan and Manitoba 12 percent). (Health and Welfare Canada, 1983: 24-25).

Even within the provinces, the age of the population differs in cities and small towns. Areas with particularly high proportions of elderly include the small urban areas with populations of 1000-5000 (13 percent compared with the National average of about 10 percent) as well as selected metropolitan areas, notably Victoria (17 percent).

Victoria's climate makes it particularly attractive to retirees. The climate factor may also contribute to the relatively high proportion of elderly in Vancouver and St. Catherines-Niagara, both with 11.5 percent (Statistics Canada, 1985).

Places with particularly low proportions of elderly persons include the rural farm areas (5.4 percent), and rural parts of metropolitan areas (6.2 percent) and such metropolitan areas as Chicoutimi-Jonquière (6.0 percent) and Calgary (6.1 percent). (Statistics Canada, 1985) Table 2 shows selected places of residence.

The distribution varies too among ethnic groups. The predominant ethnics groups among the elderly are the British who make up half the elderly and the French who account for a quarter. The proportion of the elderly is particularly high among certain ethnic groups such as Jewish (16 percent), Polish (15 percent), and Ukrainian (14 percent). Conversely, the proportion of the elderly is particularly low among persons who reported Italian (7 percent) Chinese (7 percent) and multiple ethnic orgin British/French (4 percent). (Statistics Canada, 1985).

DEPENDENCY RATIO

The age dependency ratio is the ratio between those under 18 and those over 65 to the intermediate population (McPherson, 1983: 87). At present, the ratio of dependents to persons of working age is 59 to 100; this is expected to

TABLE 2

Population by Age and Indices of Age Composition, for Selected Places of Residence, Canada, 1981

	Absolute numbers (in thousands)				Percentage of elderly	Aged persons per 1,000 children
	Total	0-14	15-64	65 +		
Canada	24,343	5,481	16,501	2,361	9.7	431
Areas with a high proportion of elderly:						
CMA of Victoria	233	40	154	40	17.0	999
Urban, 1,000-4,999	1,491	352	947	192	12.9	546
Areas with a low proportion of elderly:						
CMA of Chicoutimi-Jonquière	135	32	95	8	6.0	249
CMA of Calgary	593	127	429	36	6.1	286
Rural components of CMAs	732	194	493	45	6.2	234
Rural farm areas	1,040	274	710	56	5.4	206
Areas with intermediate proportions of elderly:						
Urban, total	18,436	3,914	12,679	1,843	10.0	471
Urban, 500,000 +	10,035	2,012	7,085	939	9.4	467
Urban, 5,000-499,000	6,910	1,550	4,648	712	10.3	460
Rural, total(1)	5,907	1,567	3,822	518	8.8	331

(1) Includes rural farm and rural non-farm.

Source: 1981 Census of Canada, unpublished data

decrease to 52 by 2006, and to increase to 77 by 2031 as the 'baby boomers' reach retirement age (Statistics Canada, 1985: 13).

Dependency is a complex issue, and numbers are not always a true indication of the whole picture. Despite the fact that the dependency ratio is predicted to increase, there need not be social upheaval, for Canada is an affluent country; it has resources and social machinery in place to deal smoothly with changes to meet the needs of older people. Novak (1985) draws attention to the fact that Sweden and Norway are fine examples of countries which have not faced a crisis despite their ageing population (over 14 percent of the population is over 65). These countries, he goes on to say, have tax structures similar to Canada as well as good programs to serve older people. Besides, says Novak,

> Population ageing is not a sudden or unexpected event. We have time to plan and create an ageing society that could serve as a model for the rest of the world - dependency and the supposed burden of an older population have more to do with our way of thinking about ageing than with numbers of older people (Novak, 1985: 56).

PROJECTIONS

In the future, there will be more people over 65 than ever before, and more people will also live into late old age. A man who is 60 years old today can expect to live an average of 17 more years, a woman, 23 more years. This means that people entering old age today can expect one-fifth to one quarter of their life to lie ahead of them. Old age has

become a much longer period than ever before. In 1981, the population over 80 made up 19 percent of the group 65 and over. By 2001, it will grow to 24 percent. The group over 85 will grow even faster (Health and Welfare, Canada, 1983: 68).

The projected population totals are presented in Table 3. The 1976 population of 22.9 million under the assumption of medium fertility, medium mortality, and medium net immigration is projected to reach 30.9 million by the year 2001, and 40.7 million by 2051 (Statistics Canada, April, 1984).

The total population is projected to grow throughout the entire period of 75 years, increasing by about a third between 1976 and 2001 and by a third again between 2001 and 2051. The older population, however, is expected to increase much more rapidly. Under the given assumptions of medium fertility etc., the population 65 and over is projected to increase by more than three quarters by the end of this century and then to double in the fifty years following. In relation to the overall population, the population 65 and over is projected to increase from 8.7 percent of the total in 1976 to 11.5 percent in 2001 and to 17.6 percent in 2051. (Calculated from Table 3) (Denton and Spencer, 1980: 22).

It is of great interest to observe that the projected increases in the number of older women greatly exceeds the projected increases in the number of older men (See Table

TABLE 3:
A PROJECTION OF THE POPULATION OF CANADA, BY SEX AND AGE, 1976 TO 2051

Sex and Age		*1976*	*1981*	*1986*	*1991*	*1996*	*2001*	*2011*	*2021*	*2031*	*2041*	*2051*
							- Thousands -					
Males:	0-19	4,216	4,087	4,137	4,389	4,639	4,701	4,683	4,986	5,135	5,270	5,493
	20-64	6,358	7,126	7,836	8,290	8,657	9,151	10,204	10,490	10,614	11,245	11,515
	65-69	339	380	395	453	466	470	608	837	925	752	963
	70-74	241	274	308	320	367	378	399	612	764	645	695
	75-79	150	176	201	226	237	271	282	366	502	552	450
	80+	145	154	178	207	238	260	314	338	474	620	596
Females:	0-19	4,026	3,891	3,928	4,160	4,393	4,450	4,430	4,715	4,856	4,984	5,200
	20-64	6390	7,146	7,827	8,249	8,609	9,102	10,154	10,386	10,454	11,083	11,353
	65-69	382	445	487	568	564	568	744	1,045	1,122	907	1,159
	70-74	292	349	409	450	528	526	564	875	1,073	903	966
	75-79	212	249	301	357	397	466	474	624	875	938	759
	80+	240	284	345	430	530	624	806	888	1,220	1,611	1,603
Total		22,993	24,561	26,351	28,099	29,626	30,966	33,662	36,162	38,014	39,510	40,758
							- Percent of Total -					
Males:	0-19	18.3	16 6	15.7	15 6	15.7	15 2	13.9	13.8	13 5	13.3	13 5
	20-64	27.7	29 0	29.7	29 5	29.2	29 6	30 3	29 0	27.9	28 5	28 3
	65-69	1.5	1.5	1.5	1.6	1 6	1.5	1 8	2.3	2 4	1.9	2 4
	70-74	1.0	1.1	1.2	1.1	1.2	1 2	1.2	1.7	2 0	1 6	1.7
	75-79	0.7	0.7	0 8	0 8	0.8	0 9	0.8	1 0	1.3	1.4	1 1
	80+	0.6	0 6	0 7	0.7	0.8	0 8	0 9	0 9	1 2	1.6	1 5
Females:	0-19	17.5	15.8	14.9	14.8	14.8	14.3	13.2	13.0	12 8	12 6	12 8
	20-64	27.8	29 1	29.7	29 4	29 1	29 4	30 2	28.7	27.5	28.1	27.9
	65-69	1.7	1 8	1.8	2 0	1.9	1.8	2.2	2.9	3.0	2.3	2.8
	70-74	1.3	1.4	1.6	1.6	1.8	1.7	1.7	2 4	2 8	2.3	2.4
	75-79	0.9	1.0	1 1	1.3	1 3	1 5	1 4	1 7	2 3	2.4	1 9
	80+	1.0	1 2	1 3	1.5	1.8	2 0	2.4	2 5	3.2	4 1	3 9
Total		100 0	100.0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0

3). The reason is that mortality rates have fallen more sharply for women than for men in recent decades; the projection assumes that the trends will continue. Under the assumption made, men 65 and over will constitute 6.6 percent of the population in 2051 (compared to 3.8 in 1976), while women 65 and over will constitute 11.0 percent (compared to 4.9 percent in 1976) (Table 3) (Denton and Spencer, 1980: 22).

Under the demographic conditions assumed in Table 3, the nature of Canadian society will differ vastly in the future. Very high proportions of elderly persons and very high dependency ratios, accompanying low fertility and very low mortality, can be expected to have profound social and economic consequences. But recent research suggests that the dependency of the elderly on government transfer payments may fall in the future as the level of educational attainment of the elderly rises with time, as more and more women join the workforce, and with the removal of mandatory retirement age (Statistics Canada, 1985 n.p).

Another area that is of great concern to many is that of providing adequate health care to large numbers of elderly persons. Of course many old people live out their life span without any serious illness or health disability. However other things being equal, the cost of health care is expected to increase in decades to come. Some envision a demographically induced 'crisis'; but others, notably Denton, Spencer and Li (1987), a group of economists point

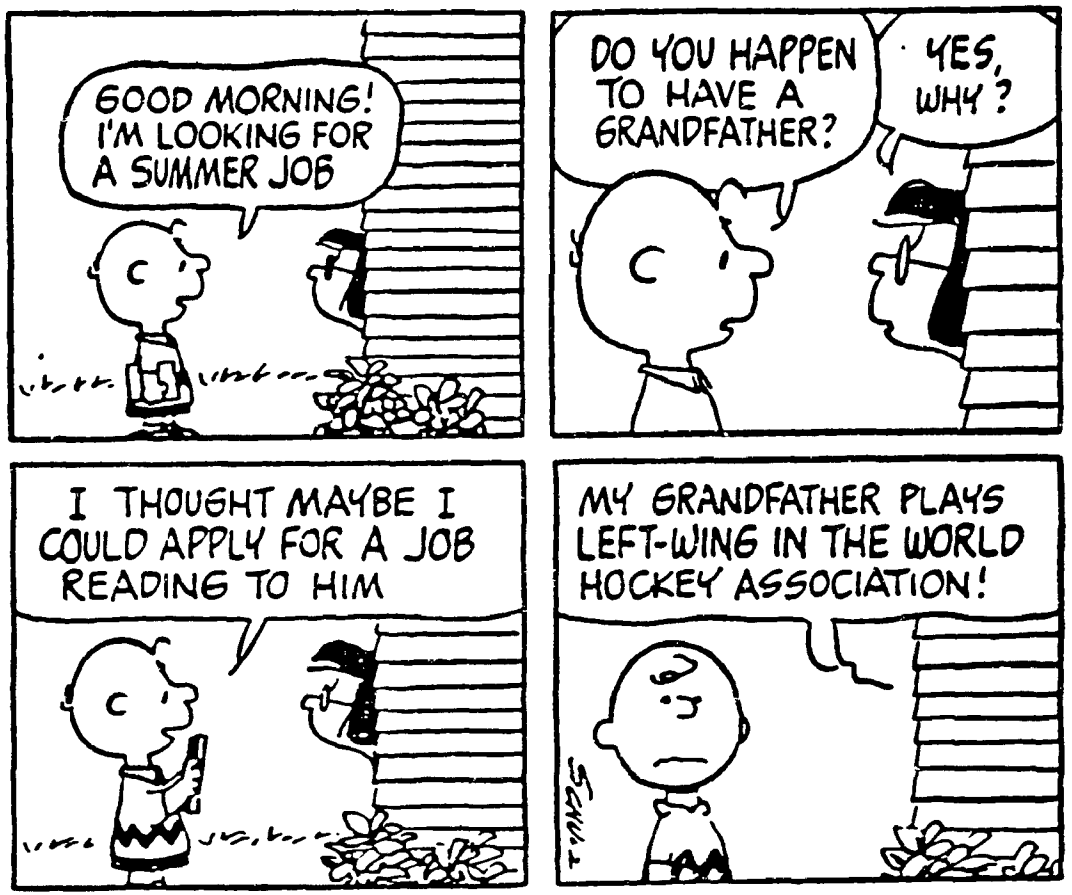
out that although prospective changes in the age distribution will tend to increase health care costs, and thereby increase the burden of such costs on the national economy, they will have other effects on the economy as well; for example, they will affect the size and age distribution of the labour force and hence the economy's ability to generate output and income.

In addition there are other resource saving possibilities available which can offset demographically induced costs. In the area of health care policy, for instance, hospitals and health care facilities can be used more efficiently in the treatment of elderly patients and others not in need of acute care. Those not in need of acute care can perhaps be transferred to lower cost chronic-care hospitals and nursing homes, and similar less costly facilities, providing of course that the care is adequate. Possibilities exist too for more extensive use of nurse practioners. Nurse practioners can perform a variety of routine procedures that are normally now provided by physicians and are costly, and they can do so both effectively and safely. Indeed, the failure to employ these available measures that would offset increase in health costs should be blamed on the system, not on the population ageing process. The process, even if inexorable, is slow, and there is much time to foresee the problems and to plan to deal with them.

Ronald Blythe, in his book <u>The View in Winter</u> comments on this tendency to blame old people for living so long.

"But", says Blythe, "ageing of our population is not due only to older people living longer; any blame for an imbalance must be shared by the young for not having babies....." (Blythe 1975: 5).

It seems, therefore, ungrounded to assume that the elderly, as they grow in numbers, will be parasitic on the system. This pessimistic outlook is at least in part, a result of various myths and stereotypes which abound in our society today towards the elderly. Because of these myths, elderly people are often stigmatized, and seen as a social burden. This next section of the paper will examine some of these myths.


GOOD MORNING! I'M LOOKING FOR A SUMMER JOB
DO YOU HAPPEN TO HAVE A GRANDFATHER?
YES, WHY?
I THOUGHT MAYBE I COULD APPLY FOR A JOB READING TO HIM
MY GRANDFATHER PLAYS LEFT-WING IN THE WORLD HOCKEY ASSOCIATION!
SCHULZ

Chapter 2

MYTHS AND REALITIES OF AGEING

Until a few years ago, most studies in human development covered childhood and adolescence, but barely touched on later life. As Novak (1985: 18) remarked, "old age was looked at by many as a chronic disease, something you got and had to tolerate." Stereotypes based on limited observation or on untested opinions are frequently present at all stages of life. Old age is no exception, and that as a result, in the absence of scientific knowledge about the ageing process, personal observations (often limited), or folk myths become the basis for social, psychological, or biological beliefs about old people (McPherson 1983, Comfort 1976, Knopf 1975). Although most of these beliefs are unfounded, and negative in orientation they tend to be accepted as fact by at least some segments of the population. I refer to these as myths, although the term does, of course, have an affirmative significance in the symbolic sense. (This issue will be developed further in the chapter on ageism). Some common myths which abound are:

1. Most older people are sick and are locked up in nursing homes. Contrary to this prevailing myth, only a minority of the elderly experience poor health and institutionalized living. Only 6 percent of Canadians over 65 live in nursing homes, and among those 85 and over, only 14 percent live in institutions of any kind including hospitals and mental

hospitals (McPherson, 1983: 12; Health and Welfare Canada, 1981: 125). Moreover, the Canadian Government Report on Ageing states that 80 percent of the aged are functionally capable of independent living and of caring for themselves. (Statistics, Canada 1981:43).

2. Old age means senility and feeble-mindedness and the elderly are generally incapable of actively participating in social life. Older people do suffer from mental distress, perhaps more than the population as a whole, but McPherson (1983) and Novak (1985) conclude from their research that many of the apparent problems are societally induced outcomes rather than biological outcomes -- problems like stress, role loss and so on. They point out that senility, a word that is synonymous with ageing, and a well misused one, has become a catch-all phrase for every lapse in the memory of the elderly. Furthermore when people use the word 'senile' they are not using a technical term, rather they use the work with a negative connotation, a 'put down.' Someone is supposed to be senile when they become forgetful, or when they talk a lot about the past.

Bromley, a prominent psychologist argues further that the 'senile' condition is not so much an exaggeration of normal ageing as a disturbance of it. In other words sudden or severe mental loss in old age is not a normal event, rather it can be traced to some illness or disease. In fact, in his research he has found that vocabulary, information, and comprehension show little if any decline with increasing age

after early maturity; and there are many reasons for supposing that these areas improve, at least up to middle age (and possibly later for well-educated people with verbal interests) (Bromley, 1975: 182).

Other abilities also improve. Baltes and Schaie (1982: 98) found that crystallized intelligence--verbal comprehension, numerical skills, inductive reasoning, improve with age. Visualization--the ability to find figures in a complex ground, also increases. Comfort (1973: 45) put the matter trenchantly when he wrote:

> The human brain does not shrink, wilt, perish, or deteriorate with age, in fact if brain shrinkage or any folkloristic changes were timed by the calender, Arthur Rubenstein at eighty would not have played better than he ever did, nor would Bertrand Russell at ninety have conducted bitter debates with President Lyndon Johnson!

Examples of creativity in old age abound, both in the literature on ageing and in today's experiences. Comfort's point is well taken. Harris and Cole (1980: 136) cited a list of them. To name a few: Freud wrote Moses and Monotheism at age 83; Verdi completed the opera Falstaff at 80; Picasso and Grandma Moses painted until their deaths at ages 91 and 101 respectively; and so on. Modern day examples like Ronald Reagan, Pope John Paul, Erik Erikson, Yehudi Menuhin (and many of the respondents in my own sample) attest to this fact pointed out by Comfort, that the human brain does not "shrink, wilt, perish or deteriorate with age."

3. Another popular myth that prevails is that middle-aged children abandon their ageing parents. Social and demographic changes have led many professional and lay people to assume that the elderly are being rejected and neglected by their families. This argument is further supported when statistics indicate that many of the elderly widowed live alone. The myth of the lonely alienated elderly person is created and perpetuated.

The evidence indicates that in Canada 65 percent of people aged 65-74 live in families with a spouse or with unmarried children. Even past 75, 60 percent of men still live with their families, though the figure for women drops to 25 percent (Health and Welfare Canada, 1983: 69). Shanas (1979: 4) who has conducted research on the family, states quite succintly: "The belief that the old people are alienated from their families, particularly their children, is a myth, not a truism". She further notes that where old people have no children, a principle of family substitution seems to operate and brothers, sisters, nephews and nieces often fulfill the roles and assume the obligation of children (Shanas, 1979: 4). She concludes that while the elderly who live alone may have less daily contact with family members than in the past, most are not neglected by the extended family. They are therefore not dependent on impersonal social service bureaucracies for their survival, as is commonly assumed. Only those who have no living kin, and those who have lost touch with kin because of past

family conflicts or dissolution, will be totally dependent on public social services for their care and survival in the later years. In short, the idea that the elderly are isolated and kinless is a myth (Shanas, 1979: 5).

4. Old age brings physical decline and suffering, and old people cannot do the things they used to do or want to do. Increasing age does bring about changes in the body, and they affect everyone, but it is important to note that there is not a single defined process that all individuals uniformly follow. Individuals age at different rates, and parts of the body also age at different rates. In other words although senescence, the decline in the body's ability to respond to stress, is inevitable, it affects individuals in varying degrees of severity and may affect some parts of the body more than others (Novak, 1983: 23; Baxter, 1985: 25). For example, Dr. Jordon Tobin, in his report on blood sugar metabolism found that despite the fact that blood sugar is metabolized more slowly in older subjects, which to some degree affects their general performance, "he reported cases where many sixty" year olds performed as well as the average twenty year old" (Tobin, 1977: 44). This indicates that all people do not age alike, and that there are individual differences in the older age group as there are in the younger. Because of the fact that decline takes place, however, it becomes relatively easy to perceive the aged as a frail, sick, decrepit group of individuals, but in actuality the majority of the aged present a far different

picture.

As mentioned earlier, statistics indicate that the vast majority of the aged have "very good" health. To elaborate further, in Canada less than ten percent of the aged on any one day are in nursing homes, long term care facilities, hospitals or mental institutions. The remaining 90 percent of those sixty five and over can effectively live in the community, and of these, about eighty percent have few restrictions on mobility. Many do have physical problems, but either the problems are minor or the aged simply learn to adjust to the limitations (Health and Welfare Canada, 1983: 86).

Novak (1983) argues that the important issue therefore, is stress levels. He feels that despite physical decline, many functions remain unchanged when a person is in an 'unstressed' state. They are only affected when one faces sudden stress from the environment. He argues that despite the fact that the body loses some of its strength as it ages, most bodily systems have enough in reserve to allow people to carry on their lives without much change in late old age. Besides, in most cases when changes take place as one ages, changes not caused by a specific disease, they take place gradually over many years. Consequently most people adjust to them without much trouble and without much change in their behaviour, life-style or life satisfaction. On the issue of sexuality for example, Novak, and others (e.g. Masters and Johnson 1966; Roff and Klemmack 1979; Comfort

1980 all conclude from their research that most men and women are physiologically capable of engaging in sex into their 80s and 90s, that the sex drive is almost life long. There are individual differences in interest and actual sexual behaviour, often owing to social, cultural or psychological factors. They found that sexual interest and behaviour in the later years often parallels earlier patterns; that is, those who were more active earlier in life are generally more interested in being active in later years.

Many more myths about ageing prevail, and we cannot discuss them all, however with today's emphasis on early retirement, it will be interesting to briefly examine the myth of the older worker, and the myth of retirement.

5. First the myth of the older worker. Harris and Cole (1983) cite a few of the common and erroneous beliefs about the older worker. These include such negative assumptions as:

-Older workers are too slow, they cannot meet the production requirements.

-Older workers cannot meet the physical demands of jobs.

-Older workers cannot be depended upon, they are absent from work too often.

-Older workers are not adaptable, they are hard to train because they cannot accept change.

-Hiring older workers increases our pension and insurance costs.

These prevailing stereotypes or myths about the older worker are not supported by research evidence, rather it was found by Foner and Schwab (1981), Meltzers and Stagner (1980) and others that there is relatively little decline in productivity with age. Reaction time does slow with age, but experience at the task may offset the losses. Furthermore, as mentioned before, Baltes and Schaie (1982) found that crystallized intelligence, and visualization actually increase with age. Also older workers have a lower rate of a absenteism, have fewer accidents than younger workers partly because of experience on the job, and partly because they are more cautious, and in addition they are generally more satisfied with their jobs, and are less likely to leave an organization for another job (Foner, Schwab 1981:13-28). These researchers also remind us that there are individual differences in work-related skills among the elderly, just as there are among younger workers. The elderly are not a homogeneous group!

6. As regards retirement, early ideas about retirement described the phenomenon (and indeed all of the post-retirement years) as a 'roleless' role (Burgess, 1960: 2). This view held that the retired individual (usually a man) and his spouse were faced with an ambiguous social status and a lack of purpose and meaning in their lives. As a result of this perspective, many of the early studies of retirement were motivated by the unchallenged assumption that the transition to retirement is stressful and creates

adjustment problems for many individuals and couples. The research findings do not support this. They show rather that most men and women adjust successfully to retirement and experience little stress in adapting to their new social status and life style (Shepherd, 1976; Atchley, 1979; McPherson, 1983: 368). The retirement role is not viewed as a 'problem' by most retirees. Most older people seem to tolerate and adjust to the role rather well. In fact, recent research suggest that many people look forward to retirement and some even plan for retirement and decide to retire before the mandatory age (McPherson, 1983; 368).

We can see from the foregoing discussion that myths and stereotypes have been at the forefront of much of the discussion on ageing resulting in a rather unbalanced and distorted view of the ageing process. It is unfortunate that so little attention is paid to the positive face of ageing. Indeed, there are many positive aspects of ageing both to the individual and to society just as there are at all phases of the life cycle. Palmore (1979) cites many of these positive aspects. A few, at the societal level, are worth mentioning:

(a) Older persons are more law abiding of all age group except children regardless of how it is measured. In addition they engage less in criminal activity, and suffer from less criminal victimization than other age groups.

(b) The aged are better citizens in the sense that they

vote more frequently and are more interested and informed about public issues.

(c) Most aged also serve society through maintaining or increasing their participation in voluntary organization, and churches.

On an individual level, Harris and Cole (1983) and Atchley (1985) draw attention to the fact that increasing age brings greater experience and expanded opportunities for wisdom or skill at subtle arts and crafts, ranging from politics to music. Widsom and experience can give an older person the kind of long-range perspective that is invaluable in an adviser. Older people can also be keepers of tradition. They know about many unrecorded events that have taken place over the years in families, at the workplaces, in communities and in the nation. But most important ageing can bring a personal peace and mellowing, a personal sense of the life cycle, something that younger people cannot have.

Dispelling myths is only one aspect of putting the ageing phenomenon in its right perspective along the continuum of the life cycle. Negative stereotypes--Ageism-- is another issue which is rampant in our youth-oriented society today, and which has resulted in many people being unduly afraid of growing older. This issue will be discussed in the chapter which follows.

Chapter 3

AGEISM

> We scorn them, 'old coot', 'old fool' find them rigid and useless, 'you can't teach an old dog new tricks, think they are silly, 'old biddy'; and in a revealing phrase perceive them as a sexual threat, 'dirty old man'. At the same time we have coined euphemisms like 'golden age' or 'senior citizen', to cover underlying hostilities. (Manney, 1975:16).

AGEISM: The neologism was first coined by Butler (1969) to mean prejudice and discrimination against the elderly, but the practice existed a long time before that. It is not just a tendency to discriminate however, it is also the negative stereotypes or beliefs that one holds regarding the elderly. Because of Ageism, the elderly are defined as a social problem. Old age is not a social problem, ageism is.

In this chapter we shall discuss (a) some possible orgins of ageism (b) how is it manifested (c) what are some reactions to ageism.

Origins of Ageism.

There are various theories for the origins of ageism. We shall examine two of them. Because of the tenacious persistence and wide spread acceptance of age stereotypes, ageism may be a cultural phenomenon--part of the normative order of the society in which it occurs. As a cultural phenomenon, therefore, ageism is learned early in the life of a child beginning with experience with its parents and later its peers, teachers, and the mass media, and

maintained throughout the life span. McPherson (1983:251) has more to say on this matter. He argues that ageism often results from a socialization process that occurs within a society stratified by age. He explains:

> Through the interaction of age-stratification systems and the socialization process, negative attitudes and stereotypes are formed, and perpetuated so that the elderly are viewed as a distinct and unique group.

A more popular theory is that propounded by Cowgill (1986:49-51). He looks at our value system, and argues that ageism flourishes under the social conditions imposed by industrialization. The argument is that the privileged status of old people in preindustrial or agrarian societies is dependent on the knowledge they have accumulated over years of experience, and the power they maintain over extended family, government, religion and the ownership of of land. From a Marxian view point their status in many preindustrial societies is a consequence of an advantaged relationship to the means of production. However under modernization the position of the aged deteriorates. First as levels of literacy and education increase, the members of society rely less on the older generation as a source of knowledge. Since the young are better educated, they hold a competitive edge with respect to jobs, status and power. Second, retirement reduces the standard of living and social status of the aged. Third, the nuclear family becomes more prevalent, so that older members of society are expected to live apart in independent households or to seek insitutional

care. And finally in the shift from agriculture to industry, older members of society lose control over land and are forced instead to compete with younger persons for non agricultural positions. Within such a society, and North America is the best example, old age becomes a disadvantage. Hence the cult of youth, and its inevitable counter-part; prejudice and discrimination.

Whether or not these arguments hold (for or against industrialisation and modernization or age-stratification, as being the cause of ageism), many of these negative views and stereotypes are reinforced by the media in programs and advertisements, emphasizing the high value placed on looking, thinking, feeling and acting young. We shall now discuss some of the ways in which ageism is manifested in our society.

How is it manifested

Television in particular has constantly assigned negative stereotyped roles to the elderly. Marshall and Wallenstein (1973: 182) put the issue into perspective:

> Programming devoted to the elderly focuses on incapacitated senile nursing home residents; it fosters a stereotype of older people as incompetent, pathetic and debilitated, and all this despite the fact that 85 percent of elderly people are quite capable of looking after themselves.

Harris and Feinberg (1977) support this argument with evidence from their research. These researchers attempted to extend their inquiry beyond prime time into several

different time segments and categories (commericals, comedy, news games and children's programs), and to draw some conclusions on the potential impact of these representations of aged people. Data on frequency and type of characterization of the elderly were gathered from a four hour random sampling of each of four time segments. Programs were selected on a random basis over a six week period from among all seven days of the week and from three national networks. All characters, with the exception of cartoon and non speaking roles, were indentified as to sex and age groups. Seven age groups were considered: under 20; 20-30; 30-40; 40-50; 50-60; 60-70; and over 70. Characters were rated according to levels of romantic involvement; physical activity, health problems, authority and esteem by others. Of the total sample, nearly 9 percent of all characters were shown to have some type of health problems; either minor or major. In the decades below 50, only 6 percent of the characters in each group displayed health problems. This is in marked contrast to the 50-60 category with 14 percent of its 64 characters showing health problems and the 60-70 category with 25 percent of its 24 characters in poor health. Although it is true that in real life the incidence of health problems is higher among older age groups, it is nonetheless noteworthy that television has chosen to dramatize subject matter where old people fail (health), rather than subject matter where they are successful (business and politics). The problem of the older person on television, these researchers found, seemed

to be one of quality, rather than quantity. The figures mentioned here indicate that old people are represented in numbers reasonably close to their present population make-up, but the quality of the representation is poor.

Television commercials have similarly ignored or stereotyped the aged. Franchers (1973) reported that only 2 out of 100 television commercials contained older characters. Furthermore, the focus of attention was on the "pepsi generation" - young and attractive characters. They make use of older public figures only to lend authority to their sales pitches but are not nearly so willing to entrust a similar responsibility to an older character in their commercials. The overall result of the study showed that in the world of commercials, where youth is celebrated, the portrait of the older persons is essentially unflattering, unhealthy, unstylish, and uninteresting. Dangot and Kalish (1979: 16) echoed the same thought. They say that the few types of commercials that utilize older people are advertisements for pain killers, denture cleaners, hair dyes and laxatives.

As I argued at the beginning of this chapter, ageism is present in our language. Further examples of this are phrases used to describe old age. Some examples are 'declining years', 'second childhood', 'over the hill', 'twilight years', and more. All of these phrases insinuate decadence, decline or foolish behaviour; even the term 'generation gap' focuses on the polarization of the elderly

and youth.

This negative attitude and stereotyping also prevalent in our literature and poetry. For example, Peterson and Karnes (1976) state that older people in adolescent literature have a distinct similarity to older people in contemporary North America, in that they are only partial people; they are not necessary to the real action that transpires about them, they are peripheral; they are useful only for their relationship with the important people-- in short, they are there, but no one seems to notice. They drew these conclusions from their indepth content analysis of the 'best' adolescent literature of the twentieth century. The sample of adolescent literature selected for review comprised 53 books which had been awarded the John Newberry Medal (These books are highly recommended by librarians, and they are vigorously promoted in schools and public libraries). They include fiction, non-fiction; contemporary and historical settings, American and foreign authors. In the analysis of this study, several hypotheses were generated from the literature. For example, it was hypothesized that: older characters would be portrayed as peripheral to the major focus of the book, that is, they would be under represented, underveloped (in characterization) and supporting, rather than major characters. It turned out that older people were not under represented (the proportion of older people in the 53 books was approximately equal to their distribution in

contemporary America. However only 25 of the 159 older characters could be considered as major in any sense. Older persons were generally excluded from the central action of the book. Besides, the authors tended to describe the appearance of the older characters rather than to provide 'admirable' roles for them.

In poetry too the images of old age are similar to the negative stereotypes of popular culture. Sohngen and Smith (1978) found this to be true in their study. They used the Granger's index to poetry as their source. (The volume is recognized as the most frequently consulted subject guide to poetry and represents accurate, chronological, geographical, and stylistic cross-section of the most commonly anthologized poems). The portrait of old age in the vast majority of all poems was focused on the physical attribute of advancing age, "the decreptitude of skin and skeleton"; "wasting skin"; "weak flesh"; "hands like bundled corn stalks" and "creaking bones". Metaphors used for ageing were like "a hollow ghost"; "a yellow and wrinkled tarpauline" and ageing was compared to "being caged in a prison".

Our humour is another area in which ageism is transmitted and reinforced. It is sometimes problematic to interpret the attitudes manifested in a particular joke, since this attitude is a function of many variables: The teller of the joke, the receiver of the joke, or jokes may be a form of social satire. However notwithstanding, many of

the studies cited in the literature on ageing point to the fact that jokes do indeed reflect negative attitudes towards the elderly. Rickman (1971) offers the best analysis. He selected 100 jokes about older people, and compared them with a control group of jokes (160) dealing with children. It turned out that two thirds, 66 percent of the 100 jokes dealing with older persons were negatively or critically toned, while 34 percent were positive. This was in dramatic contrast to the jokes about children. Whereas over 60 percent of the jokes about the aged were negative toward older persons, over 70 percent of the jokes about children were positive toward the child.

A closely related theme in jokes towards older people is that of the association of age with the loss of attractiveness in both men and women. For example, this joke was categorized as negative:

> A woman was asked if she carried a memento of some one in her locket. "Yes, it is a lock of my husband's hair", she replied. "But your husband is still here," she was told. "Yes, but his hair isn't."

Some jokes were associated with general physical or mental decline. For example:

> Old university professors never die; they just lose their faculties.

Jokes about declining sexuality was a common category. This too was classified as negative:

> An 85 year old man was complaining to his friend.

> My stenographer is suing me for breach of promise." His friend answered. "At 85, what can you promise her?

Ageist practices can be dehumanizing, and many elderly people are oppressed by them. In this next section, we will briefly examine some of the reactions to ageism by the elderly.

Reactions to ageism

Older people react to ageism in various ways. McPherson (1983: 252), explains:

> Many avoid the stigma of ageing by denial of old age-- they conceal or lie about their age. Avoidance is reflected in direct attempts to 'pass' as younger persons by means of cosmetics or plastic surgery, or by taking on social roles and engaging in social behaviour more common during the earlier years of adulthood.

Others are frustrated, and downright hurt. In a study conducted by the Ontario Advisory Council on Senior citizens, it was reported that 80 percent of the people interviewed felt frustrated, hurt and angry with this kind of unfair pigeon-holing. This is one respondents' comment:

> Is the age of 65, the day you become a different person? It seems you join the group of human beings that are set apart, alive but not living... I find it hard to understand that sudden change... because only yesterday I was one of you.. (1980:1)

Some may react by rejecting the status quo, and engage in political activism aimed at changing society's view of the age (groups like the Grey Panthers, for example).

But, most seriously, many elderly may voluntarily or reluctantly accept the negative stereotypes and begin to behave as they have been stereotyped to do -- "the self fulfilling prophecy".

Despite the pessimistic picture just presented, the future looks bright for the elderly, however, as ageism may be on the decline because of increased age-consciousness and social and political activism by the elderly, and because of the increased research dispelling the myths that perpetuate the stereotypes. Some evidence of this is seen for example, in a more positive portrayal of the elderly in television, shows like the "Golden Girls", and in some of the commercials put out by the McDonald's food chain. McPherson (1983), draws attention to the fact too that the degree of ageism is closely linked to prevailing demographic and economic factors in a society. For example, with a declining birthrate, and increasing longevity, by the time the 'geriatric boom' hits in the 2010s and 2020s, the skills and services of the elderly may be much needed in order to lower the dependency ratio to meet the demands of the labour force. Incentives to continue working beyond the normal or mandatory retirement age may need to be introduced. The elderly may be more powerful in the social structure, and ageism may no longer be a social problem.

Chapter 4

THEORETICAL PERSPECTIVES

There is no 'grand theory' for the study of ageing in the sense that no one theory provides a complete explanation to the study of ageing. Instead, theoretical strands from a variety of approaches can be used to understand the ageing phenomenon. Furthermore, these theories may also coverge, overlap and interact, as will be evident in the empirical section of this paper.

Ageing of individuals is a biological and psychological process, but most importantly ageing is also a social phenomenon, and the society in which we live determines the way we age. In fact, both survival and the quality of life in the later years are influenced by social relations, economic history, family connections, and other social factors. This social aspect of ageing is conventionally classified along both micro (individual) or macro (societal, environmental) dimensions. However since the focus of this thesis is qualitative and micro, the macro theories of ageing will not be discussed (C.F. McPherson, 1983).

McPherson (1983) defines the micro level of analysis as being concerned with changes in either the biological/physical system or the psychological/personal system, as well as with the interaction between these micro systems. In comparison, the macro-level approach is concerned with the impact of social structure, processes and problems as they relate to

the ageing population or individual. Where one draws the distinction is somewhat arbitrary.

While most theoretical approaches are confined in scope to either the micro or macro level of analysis, Marshall argues that ideally micro-level phenomena should be interpreted in terms of macro-level contextual features and that, conversely, macro-level phenomena should be viewed in light of their significance for and impact on micro level phenomena (1987: 45). Indeed, the same idea is expressed very strongly by C. Wright Mills who urged that any sociological study should examine the relationship between biography and history and 'private troubles' and 'public issues'. As he articulated it:

> No social study that does not come back to the problems of biography, of history and of their intersections within a society has completed its intellectual journey (1959: 6).

To attempt to study the ageing process therefore, without the societal context and vice versa is to be sorely lacking in "The sociological imagination'; to use Mills' terminology. As he expressed it:

> Perhaps the most fruitful distinction with which the sociological imagination works is between the 'the personal troubles of milieu' and 'the public issues of social structure.' The distinction is an essential tool of the sociological imagination, and a feature of all classic work in social science. (Mills, 1959: 8).

Along this continuum of micro-macro approaches, various theories of ageing relevant to this study will be examined,

Underlying many of these theories is research which has attempted to find correlations between individual and/or social factors and life satisfaction in old age. Therefore, implicit in each one is a value system or a prescription for successful ageing.

At the micro level of analysis, there are several important theories, but only those which will provide a base for this study will be discussed. On one end of the continuum is the activity theory of ageing. Complementing this is the disengagement theory, and a middle ground between these is the continuity theory. Also worthy of discussion and in keeping with the micro theories is the life-span/personality perspective developed first by Erik Erikson, then Peck (1968), Neugarten (1968), and others. It is interesting to note that many of these theories which are the staples of contemporary scientific thinking about ageing have a conspicuously philsophical dimension, as will be seen in the following discussion.

The Activity theory

Cicero and Montaigne first propounded what has come to be known as the activity theory. This was later developed by Havighurst and his colleagues (1949) and later revised by Lemon, Bengston and Peterson (1972). According to this theory, the ageing person should strive against loss, maintaining commitment to the values and pursuits of middle age for as long as possible. Cicero, in his treatise "On Old Age" wrote:

> Old age, so far from being feeble and inactive, is even busy and is always doing and affecting something--that is to say, something of the same nature in each case as were the pursuits of earlier years. (McKee, 1982: 5)

Montaigne reiterated this view when he said"...It is possible that in those who employ their time well, knowledge and experience grow with living." (McKee 1982: 5) [cited from Montaigne "On Old Age"]

This 'active' theme rings clear in contemporary ageing today. It can be summed up in the popular dictum "It is better to burn out than to rust out." Indeed, social activity is the essence of life for all people of all ages. Havighurst (1961) and others argue that normal ageing involves maintaining the activities and attitudes of middle age as long as possible. Any activities and roles which the individual has been forced to give up should be replaced with new activities. In fact, says Havighurst the older person who ages optimally is the person who stays active and who manages to resist the shrinkage of his or her social world. Proponents of this theory also argue that activity provides various role-supports necessary for reaffirming one's self concept. The more intimate and the more frequent the activity, the more reinforcing and the more specific will be the role supports. Role supports are necessary for the maintenance of a positive self concept which in turn is associated with high life satisfaction. People must retain adequate levels of social activity if they are to age successfully.

Within this theory then, two essential hypotheses can be generated.

1-First there is said to be a positive relationship between activity and life satisfaction in old age.

2-The greater the role loss, the lower the life satisfaction.

This perspective has been verified with quantitative as well as qualitative evidence in such studies as Knapp (1977) Palmore (1979) Longino and Kart (1982). The Knapp (1977) study was examined within a sample of elderly people living in the South of England, and it was found that the three types of activities (namely informal activity with friends, relatives, and neighbours; formal activity such as participation in voluntary association and societies; and solitary activity such as leisure pursuits, maintenance of household and gardening) were all positively correlated to life satisfaction, although with varying degrees; sclitary activity being the weakest.

Palmore (1979) concluded from his reasearch among respondents of the First Duke Longitudinal Study (1955), who were at that time aged between 60-74, that the strongest explanatory predictions of successful ageing are secondary group activities and physical activities; with work satisfaction also being important for men. This indicates that men and women who are more active in organizations and who engage in more physical activity, are more likely to age successfully.

Finally, in a similar vein the Longino and Kart (1982) study found that informal activity contributed positively, strongly, and frequently to the life satisfaction of respondents, whereas solitary activities had no effect on life satisfaction; while formal activity on the other hand, had a negative effect. In all of these studies, there is definitely a positive relationship between activity and life satisfaction
in old age.

The Disengagement Theory.

An alternative perspective on ageing is the disengagement theory of Cumming and Henry (1961). Like the activity theory, it has its philosophical dimensions. This is articulated in the ideas of Aristotle. Unquestionably, Aristotle's observations of the elderly were selectively negative. His view that the aged ought to respond to the losses experienced in growing old by withdrawing from active life is implicit in the contrasts he draws between the young, the old, and the middle-aged. For the old, he asserts "life on the whole is a bad business" (McKee, 1982: 11). [Cited from Aristotle, Rhetoric Book II "On the types of human character"].

In contemporary thought, disengagement theory, as proposed by Cumming and Henry (1961) states that as people age, and their personal abilities decline, they naturally withdraw, psychologically and socially from their environment. Simultaneously, society withdraws from ageing individuals in

terms of support, recognition and opportunities. This mutual disengagement insures society's optimal functioning. On the individual level, as people approach their seventies, they experience a gradual disengagement from society due to declining energy and are happy to reduce their scope of activity and roles. On the collective level, society finds orderly ways (as in mandatory retirement) of transferring power to younger members.

Many studies with the disengagement perspective have expressed conditional support and suggested modification to this theory. Tallmer and Kutner (1970) found that increased physical and social stress, which often accompany ageing, produce disengagement, (rather than ageing per se). Brown (1974) observed that the aged tend to disengage from contacts which are not totally satisfying and maintain those that are. Finally Cumming and Henry (1961: 19) report that life satisfaction increased, in their sample of retired people; thus the older people did disengage, but levels of satisfaction increased. This study clarifies in some ways, the complementarity of activity and disengagement theories. These two controversial theories, activity and disengagement, shaped the field of social gerontology in the 1960s, but a middle ground approach is useful in responding to the ageing process. The continuity theory provides this perspective.

The Continuity Theory

The continuity theory comes closest to incorporating all of the positive elements of the major theories of ageing. It

represents a middle-ground between the activity and disengagement, and has its philosophical foundations in the works of Plato. According to this view, the right response to the experience of growing old is neither resignation nor continuation of middle age commitments, but the adoption of values and projects different from those appropriate for youth and middle age. In contrast to Aristotle's philosophy of disengagement, Plato advocates full participation of the old in governmental power and other positions of social responsibility. In Plato's view, certain declines in mind and body are recognized, but compensating gains are also recognized. He writes:...but an older man will not share the craze" (referring to the decisions of youth)..."and so he will himself be more reasonable and moderate, and bring credit rather than discredit upon his pursuit" (McKee, 1983: 52). [Cited from Plato, Republic: VII The Myth of the Cave].

Continuity theory in contemporary thought as expressed by McPherson (1983) implies that as individuals age they strive to maintain continuity in their life styles; that is, people in old age continue to live, or try to live, just the way they have lived throughout their entire adult lives. Old age is not a separate period of life. In this sense a correlation between well-being and continuity of life habits and associations exists. Atchley (1972: 36) reiterates this view. He asserts that an individual's life long experience creates in him or her certain predispositions that he or she will maintain if at all possible. "As the

individual grows older', he writes, "he is disposed towards maintaining continuity in his habits, association, preferences and so on." Furthermore at all phases of the life cycle, he contends, these predispositions constantly evolve from interaction among personal preferences, biological and psychological capabilities, situational opportunities and experiences. Change, says Atchley, is thus an adaptive process involving interaction among all these elements. Even if social activities are curtailed for reasons of failing health, or financial constraints, those who earlier in life are the most active of their cohorts will remain, or will attemp to remain the most active.

Empirical evidence for this theory is found in Altman (1984: 260), where he states that the Duke Longitudinal study of older people

> concluded that a very high proportion of older people (close to 80%), although displaying changes in their activity behaviour overtime, persistently maintained their own characteristically high or low levels of activity as they grow older.

The patterns are well established before old age.

We can conclude from this perspective that the pattern of adjustment to ageing, and whether it is successful or not for the individual, is highly related to maintaining consistency in one's life style. As a result, establishing a variety of meaningful and satisfying leisure activities in the middle years that can be pursued in the later years may be one way of ageing successfully. Implicit here, is the

hypothesis that people with well defined patterns of lifestyle are more likely to carry these activities, roles and patterns into old age, and as a result will experience higher levels of life satisfaction. A variation on this theme is cited by Lawton (1975: 27). He states:

> The weight of the evidence supports the idea that the most satisfied older people are those who maintain their friendship, family relationsips, engagement in leisure-time activities, and continued performance of the tasks of daily living. Since these activities, plus gainful employment, are those that occupy all of us over our whole adult life span, we can conclude that it is healthy during old age to continue one's life as one has lived it prior to old age.

To sum up, continuity theory on the whole moves us in a more satisfactory direction in explaining the social behaviour of older people. It is comprehensive in that several factors are taken into consideration. It appreciates the commonalities of old, yet allows for individual variation.

At the base of the ccntinuity theory of ageing, and therefore complementary to it lies the personality/ developmental theory of ageing. This section of the chapter will examine this issue.

Personality/development Theory

Although the disengagement and activity theory are supported to some extent by data, neither is itself sufficient to explain the process of 'successful ageing.' Rather, personality seems to be a pivotal dimensions in describing patterns of ageing and in predicting relationships between social role activitiy and life satisfaction.

The activity and disengagement theories tend to over generalize. On the one hand, the disengagement theory suggest a withdrawal, a retreat from involvement. On the other hand the activity theory suggest a 'hectic' life style irrespective of whether or not the pattern was established earlier in life. In fact, what may be actually at play is a "personality-continuity" or "developmental" theory of ageing. We should never ignore, in the study of ageing, the different types of personalities, preferences and energy levels that older people, like people in any age group, possess. We therefore should never paint all old people with the same brush. Tendency to do this results in myths and stereotypes as seen in chapter two.

The relationship between levels of social activity and life satisfaction is not a consistant one. Indeed there are some older persons who are low in social role activity and who have high life satisfaction; and vice-versa; there are others who are higher in activity but low in satisfaction. In this view, personality becomes the fulcrum around which the other variables are organized.

Neugarten and her colleagues (1968) have outlined four personality patterns: integrated, defended, passive and unintegrated. The integrated personalities are mature, happy individuals who vary in the amount of activities they are engaged in; either they are "reorganizers" who maintain active lives and substitute new activities for lost ones, or they are the "focused" who show medium levels of activity or

the disengaged who are content to move away from role commitments and activity. Regardless of the path they choose, they have found a happy, satisfactory life for themselves. They have high feelings of self regard, but they have chosen, in Neugarten's term, "a rocking chair approach to old age - a calm, withdrawn but contented pattern.

Next comes the defended personality type. These are striving, ambitious, achievement-oriented personalities. They have two patterns, either "holding on" to the roles of middle age -- ageing constitutes a threat -- or the constricted, that is, seeming to view the world as collapsing and preoccupied with losses and deficits. Those in this second personality category are somewhat discontent with old age. The third group of personalities are the passive-dependent type. Among these are two patterns of ageing; the "succourance" type who have strong dependency needs and who seek responsiveness from others and the "apathetic", who are passive and unhappy. The passive-dependents need a great deal of help as aged persons. The final personality type is the "unintegrated" personalities who show a disorganized pattern of ageing and suffer mental health and impairment.

In addition to these personality types, Neugarten, through a combination of theoretical and empirical endeavours, has also clarified the specific personality challenges of middle and old age. With regard to the former, she has formulated

the "executive processes" of middle age: self awareness, selectivity, manipulation and control of the environment mastery, and competence. In contrast to the middle-aged view of the environment as rewarding, risk-taking and boldness, Neugarten described the advance years as being more conforming and accommodative to outer-world demands. This change she calls "interiority"; a turning inward to the self, decreasing the emphasis on assertiveness and mastery of the environment, enjoying the process of living, more than the attainment of specific goals. This is a key personality issue in old age (Ryff, 1982).

Neugarten concludes that a person's general pattern of adaptation to old age can be predicted around 50, and in keeping with the continuity theory, the personality formed early in life continues throughout the life span with no basic changes.

The Life Span Developmental Perspective.

In order to provide some structure to the life span perspective, the life cycle is divided into stages, and each stage, although interconnected with others, is studied as a separate entity. McPherson, (1983: 125) points out that the major goals of this perspective are to determine how and why earlier and later events in the life cycle are interrelated, how these processes and characteristics change or remain stable over the life cycle; and how specific events (such as an economic depression) at a specific stage of the life cycle have an impact on different age cohorts within

different culture.

The concept of life stages is not a novel idea. Perhaps it goes as far back as Shakespeare who describes seven stages of man in his play "As you like it." His seventh stage "second childishness" and "mere oblivion" is a rather negative commentary on old age -- "sans teeth, sans eyes, sans taste, sans everything." (As You Like It, act II scene VII.) (Shakespeare should have met my sample).

Many others have used this concept of the life cycle since. Among them are Freud (1924) who describes it in terms of a psycho-sexual development. Jung (1933) uses the concept of "self illumination." Maslow (1954) provides a variation on the theme in his "hierarchy of needs"; Erikson (1950, 1968) and Peck (1968) offer a comprehensive and psycho-social approach to this perspective while Levinson (1978) talks of the life cycle metaphorically as "The Seasons of a Man's Life".

The works of Erikson, and Peck are immediately relevant to understanding the personality in later life, and so will be discussed in some detail.

Erik Erikson

Contrary to Shakespeare's seventh stage of the "mere childishness" Erik Erikson strongly argues that old age should be seen not as a "new childishness", but rather as the stage which has the potential to fulfil the promise of childhood. He writes, "rather than viewing the last stage

as pervaded by a regressive connection to earlier stages, old age should be understood as an attempt to recapitulate developmental potentials." (Cliffe, 1982) Erikson recognized that personality development continues throughout the entire life cycle, and he believes that throughout eight psycho-social stages, into which he divides the life cycle, the individual continues to establish new orientations to self and the social world (Barrow, 1986: 48).

Each of Erikson's stages has the potential for either a positive or negative resolution. The eight stages are (1) In early infancy development of a basic trust versus a sense of distrust. (2) In later infancy, a growing sense of autonomy versus a sense of shame and doubt. (3) In early childhood, initiative versus a sense of guilt. (4) In middle childhood, industry versus inferiority. (5) In adolescence, ego identity versus role confusion. (6) Early adulthood, intimacy versus ego isolation. (7) In middle adulthood, the development of generativity versus self absorption. (8) Late adulthood, integrity versus despair (Erikson, 1950, 1963). Only the last of these eight stages directly concerns us here.

This final stage of ego development, integrity versus despair is perhaps the most enticing and elusive of all stages. One is fortunate, in Erikson's view, if old age, the final stage, brings a feeling of integrity and ultimate fulfillment of the previous seven stages. Integrating, in Erikson's term includes the following virtues: Emotional

integration, accepting one's life as something that had to be and adapting to life's triumph and disappointments, loving human kind rather than self, and finally achieving a spiritual sense that eliminates the fear of death. This concept of "integrity" is similar to Neugarten's process of "interiority." One who evidences these qualities would be deemed to have aged successfully in Erikson's view.

Robert Peck

While Erikson's theory provides a valuable framework for interpreting some of the major changes that occur during the life span, his eighth and final stage (Ego integrity versus despair) seems to represent in a global, nonspecific way all of the psychological crises and crises-solutions of the last forty or fifty years of life. Peck (1968) finds it quite useful to divide it into several different kinds of psychological learnings and adjustments. He has developed his ideas based on his involvement in the psychological analysis of personality and life processes of several thousand people, mostly men in business, however his findings transfer easily to women also (McLeish, 1983; 53).

Peck discards much of the chronological and imprisoning classifications of age arguing that we do not grow across adult life as students move from one grade to another; but rather we progress vertically in different masteries and skills. He however accepts two giant classifications by age: Middle age and old age. In Peck's schema the period of middle age confronts such choices as (1) valuing wisdom

or valuing physical powers. This is a turbulent period of many middle-agers because it confronts them with the waning of certain physical powers. (2) Socializing versus sexuality--in terms of a redefinition of relationships between men and women. (3) The third major alternative of middle age, Peck calls choosing between cathetic (emotional) flexibility and cathetic impoverishment. This means that the individual may be required to redefine and deepen emotional commitments which may have changed due to changes in human relationships such as death, separation and so on. (4) Mental flexibility versus mental rigidity. Mental flexibility refers to the individual's ability to continue to profit from experience, rather than relying solely on past experiences (Neugarten, 1968: 90; McLeish, 1983: 56).

The final two developmental stages in Peck's schema, and the ones which directly concern us, are those in "old age". They are "ego differentiation" versus "work-role preoccupation", and "body transcendence" versus "body preoccupation". As the name suggests, the first stage pertains to changing work role (retirement). In our society, where many individuals have identified their 'self' with their career or work role; where it has set their clocks, governed their style of life, produced what ever prestige they have, changing work role becomes a problem. Peck argues that in order to adjust successfully to these later years, "ego differentiation" must prevail; that is, one must have an established, varied set of valued

activities and valued self attributes, so that any one of several alternatives can be pursued with a sense of satisfaction and worthwhileness (McLeish, 1983: 56).

A second life-giving or life-dimming choice opens before us in the late years when we are indeed old, according to Peck's schema. This is body transcendence versus body preoccupation. This is the period when we are often beset by feelings of debility, loss of recuperative powers and, bodily aches and pains. We can, Peck suggests, become preoccupied with our physical deficits, become querulously self-centred and full of complaints, or we have an alternative. We can transcend the physical unease of the body, finding continuing joy in human relationships, in the wonder of the world, in mental activities. Death, at this time too becomes a reality. This thought may immobilize many late adults who see it only as the terminating of the "one and only life". (In Erikson's phrase, "the night of the ego"). Others however, and in Peck's view, the successful agers, would be those who transcend their fear of extinction by investing their emotions and their energies, however weakened, in people around them. They may also find a special new strength in the reinforcement of faith--to ongoing cosmic life. Thus the self, in investing itself in other people and causes, affirms or reaffirms its own healing self-worth (Neugarten, 1968: 91; McLeish, 1983: 57).

The heuristic value of these theories will be clarified in the context of the interviews to follow; but basically, each

theory throws different lights on people's lives, and we shall return to them in the following chapters.

Chapter 5

METHODOLOGY

This thesis is a qualitative study on growing old. I interviewed eleven persons ranging in age from 76 to 113: four men and seven women. The sample size is small, but this was intentional so as to allow for face-to-face interaction and indepth interviewing; qualities sadly lacking in much of the research which involves subjective issues, like attitudes to ageing, life satisfaction and so on. For example, in my discussion about life satisfaction, I asked one respondent if she was satisfied with life. Her reply was: "Compared to what, I've only had one life". I would be hard put to quantify that response on a scale of 1-10. Armstrong and Armstrong (1983:32) commented on qualitative research: This is their comment:

> Qualitative research can... look at the meanings of experience in a way that cannot be measured by multiple choice questionnaires that generate machine-readable answers. They can permit the investigation process to be an exchange which allows those being studied to participate actively in the description and definition of their lives.

The respondents in my study "participated actively in the description and definition of their lives" quite readily during long open-ended interviews; some lasting as long as five hours, of two visits each. All interviews were conducted in the places of residence of each respondent, and so they were all comfortable and totally at home in their familar surroundings. Six of them are still living in their

own homes, while three are in the Maimonides Nursing home and two are in St. Anne's Residence, also a nursing home. I used a tape recorder (none objected), and then the data were transcribed verbatim to paper -- a laborious task indeed, as they were all very lengthy. (one respondent's responses actually filled twenty pages).

The interview schedule is divided into four themes. The themes examined are (1) health (2) social networks (3) life styles (4) life satisfaction; four important pathways to ageing. Interwoven with these themes, however, are my respondent's "philosophies of life". Many topics were of course omitted, for reasons of time and space. Also themes that were historical, for example, past marriages, jobs, difficulties in raising children and so on, were omitted as of less relevance than the present.

The sample was selected according to the following criteria (a) "a good age", that is anything above 70; (b) respondents who seemed to have aged well socially; and (c) heterogeneity. The sample was also not anonymous since it was not necessary. The old people were happy and proud to have lived so long and wanted everyone to know.

The demarcation point of seventy years seemed demographically sound in terms of today's average life expectancy, and in addition, I think, there is great truth in the words of the psalmist: "the days of our years are three score and ten... or by reason of strength, four score

years. (Psalm 90:10)

The results of this research will not be generalisable to the population at large, since the sample was not randomly selected. Of course when a given population has special characteristics as do the elderly, it is often difficult to devise randomly selected and representative probability sample. However, I have attempted to include a good cross-section of Canadian society, that is, Catholics, Protestants, Jews, wealthy, poor, married and unmarried, male and female. Furthermore, only three members of this sample knew each other. The richness of the data gathered from the responses of these eleven persons would have been sadly lost in quantitative research. A "profile" of the respondents is presented below, and photographs of the respondents are included in the biographical sketch.

Profile of the Respondents

Females	Age/Religion		Occupation
1. Rae D'Lucy	83	Jewish	Retired jewel store owner.
2. Lillian Lewis	83	Anglican	Retired beautician
3. Edith Temple	81	Anglican	Voluntary worker with war veterans.
4. Ethel Boohana	83	Roman Catholic	Retired fashion model.
5. Mae Alice Cooper-Smith	93	Anglican	Retired from sales in the restaurant business.
6. Sylvia Mcdonald (sister)	78	Roman Catholic	Teacher
7. Rosalind Finestone	89	Jewish	Teacher of Arts and Crafts.
Males			
8. Frank Campbell	84	Anglican	Retired cooper
9. Cecil Royle	76	Anglican	Clergyman
10. Leonard Knott	84	Methodist	Author
11. Josef Joffre	113	Jewish	Retired orthopaedic surgeon. Rabbi.

Dr. Joffre is now deceased, he died on November 7, 1988.

Chapter 6

THE PEOPLE AND THEIR PHILOSOPHIES

The people I interviewed were all over 70, with the oldest (now deceased) being 113. In this section I give a brief biography of each individual, and then explain their philosophies of life and of ageing. Their attitudes to living are a dynamic part of "growing old gracefully".

"There are always new beginnings," says Edith Temple who at 83 is something of a modern day Florence Nightingale. Edith believes the secret of her longevity is living for others. "Give of yourself, help others," she declares. She was born in England in 1905. She lost her father and two brothers during the first world war, and another brother during the second world war. After her father's death, her mother could no longer support the family, and Edith at 13, was sent to Canada to live with relatives she had never met. In this sense Edith became a war orphan. She married and raised three children. "Times were rough", says she. "My husband had only a modest salary as a railway worker. There were no medicare, no hospital plan, nothing." (He incidentally died about four years ago after a long bout with cancer. They were married for 57 years.) A tragedy struck the Temple's life in 1941 when their thirteen year old daughter died of rheumatic fever. "I went to pieces then, she was so young, but, life goes on," she says sorrowfully. Since that time she became a volunteer at St. Anne's Hospital for war veterans, where to this day she

"puts in a good days work helping my boys". (A good days work for Edith is 10 hours a day, plus taking the veterans down to chapel on Sundays). The staff refers to her as "the road runner." They are baffled by her energy. "Its just a love of life", says Edith.

In appreciation of her 40 years of service she was awarded the Order of Canada, and in addition she was given three rooms in a guest house on the hospital grounds where she now resides, so that she can be close to her work which she thoroughly enjoys.

"I never look back, I look forward. I don't want to be like Lot's wife." This is Rae D'Lucy's philosophy; a warm, cheerful and gentle lady whose hallmark is Faith-- a strong Jewish faith. She was born in 1904, in Montreal and worked as a milliner until she met her husband, a jewel store owner. Together they worked and raised two daughters. "Things were not always peaches and cream, times were rough." Rae has a great passion for reading (which she still does avidly today); and music, particularly violin which she played until illness struck (Lupus). She has lived in the Maimonides Nursing home/hospital these past two years as she is no longer mobile due to arthritis. Her husband is alive and well and is her constant visitor. They have been married 56 years. Rae strongly believes in a philosophy which she told me at the start of our interview: "First thing, take very good care of yourself. Second, marry for love, and thirdly don't let little things disturb

you, it works havoc with your life."

Another lady "who never looks back" is Lillian Lewis, and this is her philosophy.

> There is always tomorrow, I hope. Prepare yourself for that, good or bad, and cope with it when it comes. If you hang on to yesterday you don't expand...you have nothing to offer.

Lillian was born in England in 1905 and left for Canada in 1930 to meet and marry her fiancé. She worked as a beautician until retirement. She enjoyed her work "immensely" and from her training in the field of cosmetology she developed the skill of "putting one's best foot forward," and therefore takes great pride in her appearance, and general demeanour. She spends most of her spare time travelling across the globe.."even to Russia, and on very little money." she was widowed 15 years ago, never had children, and has lived alone ever since. Lillian admits to enjoying her own company. "I don't like people who bore me, I enjoy my own company... I do nothing beautifully." she attributes her longevity to being kind to herself. "I treat myself like company, and I don't worry unduly about life."

Mae, at 93 is in amazingly good health. She travels alone when ever she wishes, and is full of 'joie de vivre.' Her philosophy is "never say can't. Have determination and reach out to others, it is rewarding. I don't like selfish people at all, I think they are horrid." Mae was born in England in 1895, but came to Canada five years ago to join her daughter after her second husband died. She has lived

through two worlds wars in which she lost close friends. Her memories of the first world war are particularly sad since her fiancé to whom she was soon to be married died. She recalls," that was the saddest time of my life, I was only 19." Mae was married twice, her first husband died after 45 years of marriage. They had two children. She remarried at 69, her second husband died of cancer after seven years. She has been living at St. Anne's residence for the past 6 months, although frankly she is totally autonomous and can manage on her own, (but at St. Anne's one can do as one pleases), and Mae admits "I like being here overall, I feel useful here as I can help the others, and that I find rewarding." She attributes her longevity to "living carefully, I never overeat, I'm never out of bed after midnight, I exercise daily, why I played golf up to age 75, everyday! And of course my father's genes. He died at ninety plus."

Rosalind Finestone born in Baltimore, U.S.A. in 1899 calls herself "a persistent survivor", and is convinced that "if you don't use it, you lose it". She is an exceedingly out-spoken and exuberant lady and indeed an exemplar of this, her favourite maxim. She claims that the great neurologist Wilder Penfield has been her personal friend and educator, and it was he who taught her a marvellous philosophy on how to balance one's life. This she claims is what Penfield taught her:

> Don't use all your mind constantly, and not give the other parts of your body an opportunity to

> balance your equilibrium--because if you use your head all the time, your hands are going to be worthless. You have to compensate your body by using your hands half the time, and give your mind a rest. You can't use one thing to the exclusion of all others.

To this she added, "If I did not do this, I would not be here today, I was hit by a truck 13 years ago and suffered a broken back, broken hips, and had ten teeth knocked out." She was told she would never walk again, but fighter that she is, she can walk today with the help of a walker.

Rosalind has been living at the Maimonides hospital/nursing home for the past two years. She tells me she is suffering from the early signs of Parkinson's disease, yet she continues to teach the disabled at the hospital, how to rehabilitate themselves by doing arts and crafts. In addition she knits shawls and sweaters for the nurses, and really enjoys making presents for them. Rosalind is a strong-willed, independent person, and gets along marvellously well on her own. "I only need the nurses to put on my stocking and shoe" she declares proudly. When I asked her to what she attributed her longevity, with a mischievous twinkle in her eyes she said:

> I've been in and out of hospital so often since my accident that I think God has lost my address...But seriously now, I'd say my Jewish religion. It has been the bulwark and mainstay of my life.. It teaches me to live right, to eat right, to be satisfied with what I have. It has given me contentment within my heart knowing that at anytime "I've got to go, I've done the best I could,.. that's all.

Sister Sylvia McDonald's keyword is Optimism. She attributes her longevity in part to heredity, to a fairly balanced life, and to optimism, "yes, the keyword is optimism." She sums up her attitude to ageing and to life as follows: "Do anything that makes you keep your marbles, and let's be optimistic about ageing. It's a great grace, tout a grâce-- every minute of your life is grace"! She was born in Pembroke, Ontario in 1910, received a Ph.D. in modern languages, at the age of 53, and has spent most of her life teaching at various institutions such as St. Francis University, Antigonish, and Marianopolis College, Montreal. The last twelve years of her career have involved the pre-retired and the retired. She has done, and is still doing extensive work in giving pre-retirement education programs, organized seminars on ageing, and classes for the retired. Sister McDonald is a member of the Canadian Gerontology Association and Senior Citizens forum of Montreal, and is the author of a most interesting handbook on creative ageing entitled "Trust in God... but tie your camel."

Ethel Boohana has the amazing ability to laugh at her self. "Laughter is the best medicine" is her dictum, and philosophy. with much emphasis and heart-warming honesty she explains her attitude to ageing:

> "I don't like what the ageing process has done to my body, I used to be so beautiful, beautiful breasts, no wrinkles, something to look at, now look at me...ah well, life has its compensations."

Ethel is French Canadian, born in Quebec city in 1907. She lost both parents at two years old, and was brought up in the convent by nuns. She has had an "exciting modelling career" since she was 18 years old with Lilly Simone. She modelled until she was 75 years old. "I loved my work", she explains. I wore beautiful clothes, met exciting people... I had to retire because of health problems, or I'd still be there." Ethel lives at the St. Anne's Residence these past years because her health has deteriorated badly. She suffers from Addison's disease. Although she is no longer physically autonomous, and now requires much help with daily living, the staff at the nursing home told me they derive great pleasure from looking after her, because of her quick wit, ability to laugh at life, and her keen sense of humour.

Leonard Knott who is 84 lives with his wife in a downtown apartment, Montreal:

> I don't feel any different to twenty years ago. I do everything I want to do reasonably as well as I used to. The only way ageing affects me is that I wish it wasn't going to end as soon as it is going to.

He was born in Winnipeg in 1905 and is still enjoying a most fulfilling life as a prolific author. He currently writes a column for the Sunday Gazette addressing senior citizens. His wry sense of humour and love of satire permeate his writing. Leonard claims that since he retired, he is busier than he ever was. He retired from a career as journalist, editor and public relations consultant to an active life as

a writer because he is "happier behind a typewriter than on a golf course or at a card table." He has written about 24 books and as many as 500 articles. Some of his books include "Writing after 50", "Writing for the joy of it"; "Before you die", and several books on Montreal. He has also lectured at Harvard Graduate School of Business Administration, McGill University, and University of Toronto.

Leonard attributes his longevity to

> straight good luck", "I did not do anything specially--in fact I did things which should have shortened my life; I drank too much, I eat too much... so that's good luck;

but, he strongly believes in having a continuing interest:

> The only way to really survive is to be interested in something, if you are not interested in anything, you're going to die. Have an interest whether its physical, mental, or social.

Frank Campbell, who is 84, believes that he is alive today because "like the patriarchs of old", says he, "I have lived by the commandment to honour thy father and thy mother that thy days may be long upon the land which the Lord has given thee." He was born in Barbados where he lived until he was 65, and then emigrated to Canada to be with his children after his wife's death. He retired from being a cooper. "It was tough work, the more hours you put in, the more money you made. I needed the money to make ends meet,... my wife and I, we had five children to feed, it wasn't easy, but I made sure everyone had a good education."

Today he lives with his daughter and her family in La Salle, Quebec where he claims "I live a simple happy life with a strong faith in my creator. I have good health, everything I need, I am a lucky body."

Cecil Royle at 76 is the youngest member of my sample. This is what he says about ageing.

> Growing old is a question of changing gear, one doesn't run in high gear, like one does when one is younger, on the other hand low gear is more powerful.

He was born in Cheshire, England and was sent to Canada at 18 by his father who "envisioned Canada as a land of opportunities". He met and married his wife in Quebec, and together they raised 3 sons. They will celebrate their fiftieth wedding anniversay soon. Cecil is retired from active ministry although he claims "I have more on the agenda now than I have time". He spent most of his career with the parish of Hudson, Quebec, where he thoroughly enjoyed his work, but it was not always a "smooth road", for his early ministry took him to the "battle fields of war-torn Europe" in the 1940s, where he served as chaplain. "The war", he mused, "was 96% boredom and 4% terror".

When I asked him to what he attributed his longevity, with a chuckle, he replied:

> I've been snatched back! The fact is I've beaten the odds now by a small margin. It's sort of, well, like a cat; a cat has nine lives. I nearly died twice from illness, once when I was a tiny boy of 4, then again with the coronary (I suffered

> a massive coronary 11 years ago), and I have had quite a number of narrow escapes from death, both in the war, and in civilian life.

Finally, I had the great privilege of interviewing Dr. Joffre, who at 113 is the oldest man in Canada, and allegedly the oldest man in the world. Regarding ageing, he commented that he was not interested in "setting any records." "Every year I am glad that I am alive", he said. "God gave me long life because I've done so much for mankind; I've always tried to help people, especially children." Speaking of children, he has had six of his own, plus numerous adopted ones. He was born in Latvia, Russia, in 1875. Before coming to Canada in 1893, Joffre earned a doctorate in chemistry from a German university, did post graduate work in London, and was ordained a rabbi. For most of his active life Dr. Joffre worked as an orthopaedic surgeon, he served as a medical officer in the first world war and also founded an artifical limb firm in Ottawa.

He has been living at the Maimonides hospital/nursing home for the past year. His health is unbelievably "good", and he can still walk with the aid of a walker. Dr. Joffre's philosophy of life is simple and straight forward, "I make myself happy," he says contentedly.

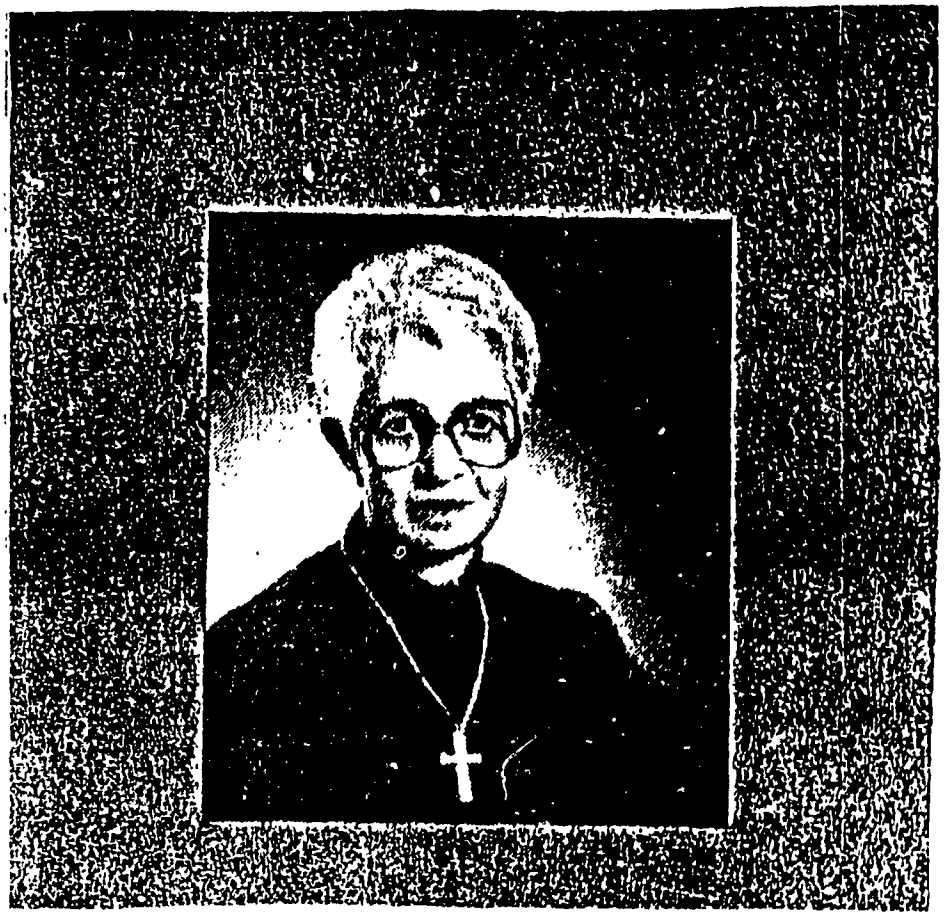
To conclude, let us briefly compare the philosophies of the people. Ethel admits she did not like the ageing process, but laughter is her "medicine" to cope with it. Sylvia believes "optimism is the keyword." Edith, Cecil, Dr. Joffre,

and Mae feel the important thing is reaching out to others, "give of yourself," Dr. Joffre adds "I make myself happy", and Lillian spoke in similar terms, as did Rae. Leonard finds the answer to ageing gracefully in having a continuing interest in something; Frank's is faith in his creator, so are Rosalind's and Rae's. Lillian and Rae also believe in looking ahead, "I don't want to be life Lot's wife". Rosalind, also a 'persistent survivor' explained. "If you don't use it, you lose it". In addition she talked of the necessity of "balance". "Don't use all your mind constantly, and not give the other parts of your body an opportunity to balance your equilibrium..."; and finally Edith concludes that it is "a love of life". A common thread runs through all of these philosophies; that is, a positive attitude to life. This, no doubt contributes to all eleven growing old gracefully.

Lillian Lewis

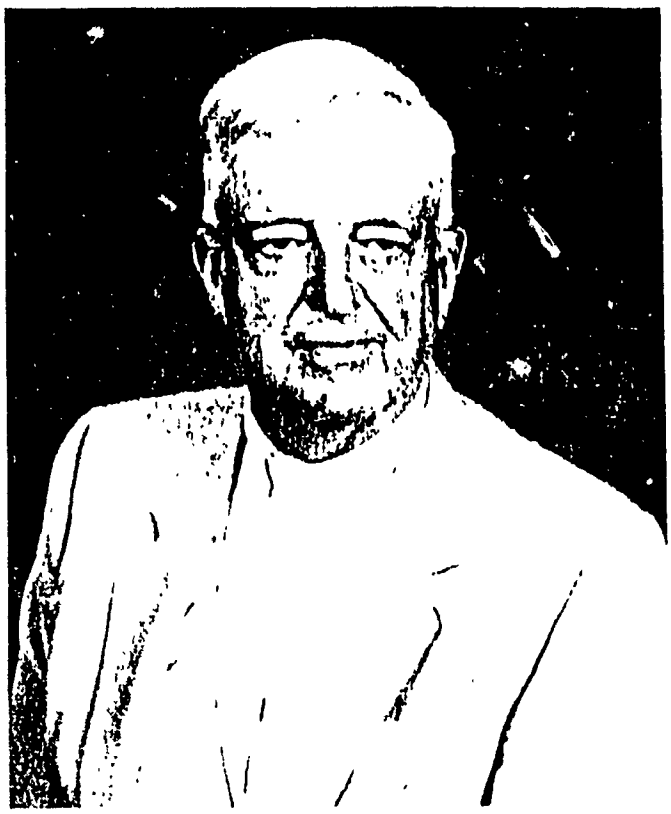
Leonard Knott

Josef Joffre



Sylvia MacDonald

Mae Alice Cooper-Smith

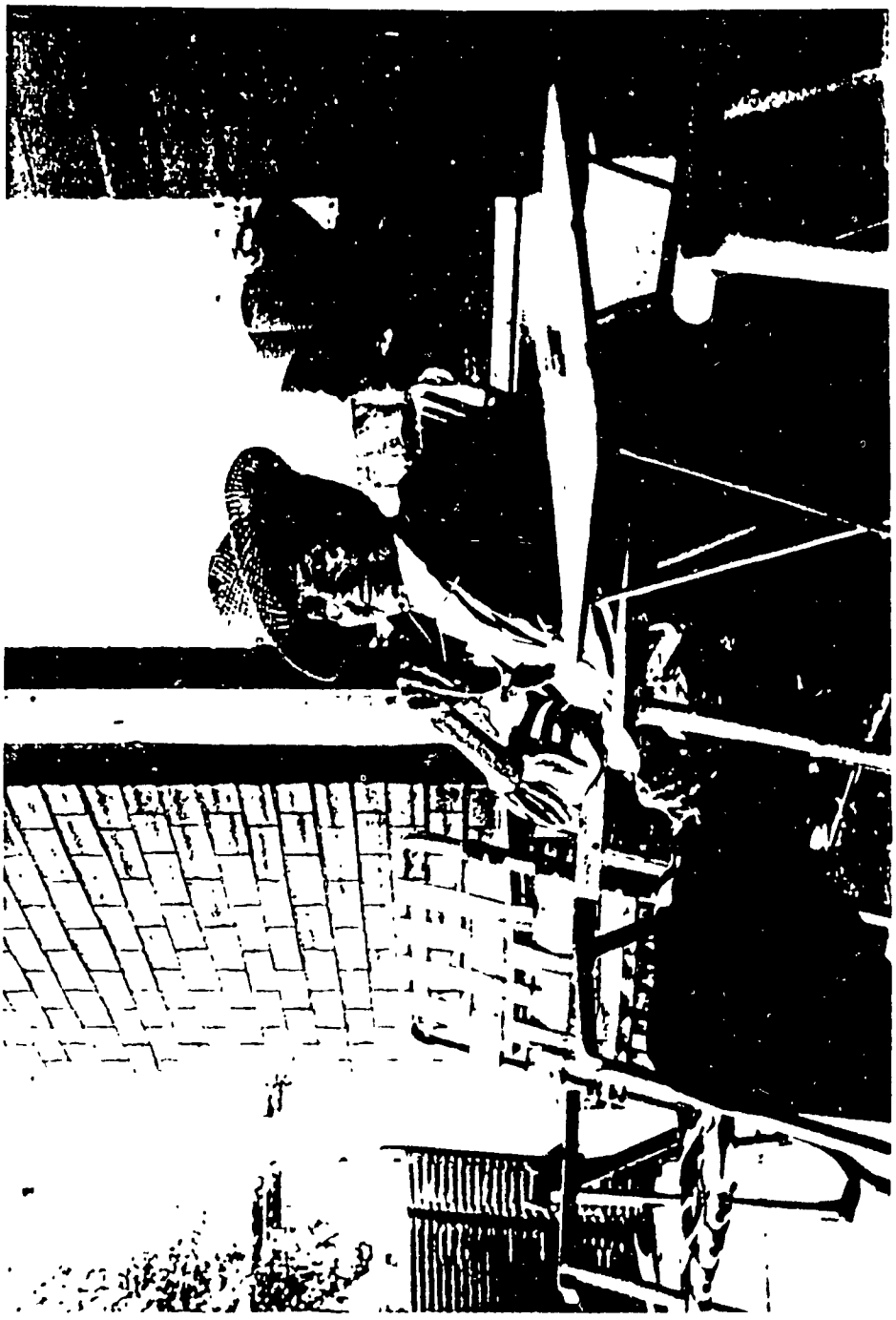


Cecil Royle

Edith Temple receiving the ORDER OF CANADA from Govenor Schreyer 1986.

Frank Campbell

Rae D'Lucy



Ethel Boohana

Rosalind Finestone

Chapter 7

GROWING OLD GRACEFULLY

There are considerable variations in the style of ageing. Some may see ageing as another phase in the life cycle with its own virtues and limitations, and grow old gracefully, as Robert Browning's immortal lines suggest: "Grow old along with me, the best is yet to be. The last of life for which the first was made" (From the poem "Rabbi Ben Ezra"). Others may be more receptive to Dylan Thomas' resistance to old age: "Do not go gentle into that good night, old age should burn and rave at close of day." Still, others may fall some where in between both poles. In any event, there seems to be no one way to age. What is bane to one may be blessing to another.

This section of the thesis will explore some of the various pathways to ageing taken by the people in my sample. The respondents have all aged "well" in a physical sense. Socially however, there are different patterns in their styles of ageing. Despite these variations, however, they have all reached 'ripe old ages' of 76-113, and seem to be quite happy and satisfied with their lives.

Four themes will be addressed in exploring those pathways. These are:

(1) Health
(2) Social Networks
(3) Lifestyles
(4) Life Satisfaction.

Verbatim quotes will be used to clarify and enrich the

analysis.

Health:

It is a complex task to evaluate the health status of the aged because the perception of good health or ill health is so often defined subjectively. Furthermore, health is inextricably tied to the psychological well-being of an individual and is much more than the absence of disease. Indeed health is defined in the World Health Organisation basic charter as "a state of complete, physical, mental and social well being, and not merely the absence of disease" (Statistics Canada, 1982: 43).

According to a recent study by Health and Welfare Canada, the aged are "surprisingly healthy considering the stresses and strains of life." It was found that they tend to appraise themselves as "being in good health," despite chronic diseases, as long as they were able to "independently" and "satisfyingly" perform their daily activities. In fact, the study revealed that as many as 80% of the aged are "functionally capable of independent living and caring for themselves." (Statistics Canada, 1982: 42). A further indication of good health is the number of visits made to a medical doctor. Surprisingly, 46% of those 65 and over made no visits, or no more than 2 visits during the 12 months period prior to the survey (Statistics Canada, 1982: 44). This is certainly contrary to the prevailing belief that old age means sickness and helplessness.

Evidence for this positive self-appraisal among older groups is borne out in a health survey conducted by Rubenstein (1982). One major finding was that feelings of good health become stronger with age. Perhaps, suggests the researcher, this is in part because older persons seem to care for themselves better than the young in that they take more preventive measures like getting regular checkups, eating breakfast, getting enough sleep, and so on. Perhaps also there is validity in her distinction between "health optimists", that is, those who feel healthy despite physical ailments, versus "health pessimists", those who feel ill despite apparent good health. Her findings also indicate that older people seem to be psychologically more stable and "much less self conscious about their bodies" than young people. It is therefore among the old that "health optimists" would more likely be found. Perhaps, suggest Rubenstein, "health pessimist" die sooner too, and therefore never live to tell the tale of old age.

One issue that Rubenstein researched was the degree and type of control people felt they had over their health; and she divided her sample into three groups. the 'health vigilants', more than one third in her sample, are those who believe that diet and exercise conquer all health threats and so they incorporate this into their life style at any cost. The 'true believers' one in five, believe that positive thinking, prayers or faith, optimism or friendship can overcome disease. Finally, the 'fatalist' ten percent;

their well being is entirely in the hands of fate; luck and constitution are the factors that make for good health. In my own research, I asked the sample to evaluate their health. Responses varied from "excellent" to "not so good". Cecil (76) who suffered a coronory eleven years age, and now looks after his health meticulously by "pacing himself better", visiting his doctor regularly (once every six months), eating a diet rich in fibre, low in cholesterol and supplemented with lecithin, says: "I enjoy excellent health, perfect eyesight, perfect hearing. I seem to remain healthy for my age--for any age"! He is perhaps a classic example of Rubenstein's health vigilant.

On the opposite end of the 'health continuum' is Ethel (81) who suffers from Addison's disease, and is unable to look after herself. "My health is not what you would call good, I have no vision in one eye, a year and a half ago, I was a beautiful woman, now today -- everything is gone." Similarly, Rosalind and Rae. Rosalind (89) is a victim of an automobile accident in which she suffered a broken back, a broken hip, and ten teeth were knocked out, yet she is positive and a true 'health optimist', and proudly admits to "doing for herself". "I only need the nurses to help me put on my shoes and stocking". Regarding her health, she says. "I have had so many things happen to me that I should have been dead long ago", then with a chuckle she adds, "I think God is just too busy looking after other people to find me."

Rae (83) fits perfectly into the mould of 'true believers'.

She seems to have had a history of ailments including lupus, various fevers and now is restricted by arthritis. Yet she cheerfully evaluates her health as follows: "I've had everything under the sun, you name it, I've had it. I never think about my illness, when I got sick it didn't faze me--I just pray a lot".

Other variations on the theme of health are expressed by Sylvia 78, and Edith 83. Both say that their health improved as they aged. Sylvia (78) explains: "I can say my health has got better since I've grown older. When they say life begins at 50, I say that is when I began". Edith (83) reiterates the same idea: "I'm in very good health now. It wasn't 'till I was 40. For me life began at 40. My health has improved immensely, even my eyesight is better. I went up hill".

Four respondents Mae (93), Lillian (82), Frank and Leonard (84), are all in good health, yet their responses too, vary. Lillian says that she has a "bit of a problem with one leg", but "that one should never make one's health a conversation piece". However, she feels she has been "extremely fortunate" and only catches a cold when she is upset or tired. Frank a firm believer in "leaving it all in God's hand", feels his health is "pretty good for now". Mae is striking, tall and elegant, looks the picture of health, and attest to that fact, "My health is fine, my doctor says so. My blood pressure hasn't changed. I can even read without my glasses, the only thing is I'm getting a bit deaf in one

ear. "Leonard at 84 is enjoying good health too. He says his health hasn't changed, but he claims the following: "Basically, its good luck, you can take all the care you like, but if you get cancer, you get cancer,--that's it. Fortunately I haven't had it." Leonard would certainly be a good example of Rubenstein's fatalist.

Dr. Joffre, 113 (the oldest man in Canada, and allegedly the oldest man in the world) is somewhat cryptic in his response regarding his health: "God is boss, I don't say anything. I can see what I want to see, hear what I want to hear, but I have no teeth."

In summary, the eleven respondents, both those who declared they were in good health, as well as those with obvious handicaps and restrictions were all positive towards life, and all seemed to be living life happily within their limitations. The respondents however do not fit neatly into Rubenstein's categories. The famous Dr. Joffre is evidently a fatalist, but not in Rubenstein's terms. She described a 'secular' fatalist, whereas in light of Dr. Joffre's comment "God is boss"; he is a 'religious' fatalist. Leonard is more in keeping with the 'secular fatalist' "basically its good luck." Frank too can be classified as a 'religious fatalist': "I leave everything in God's hand not knowing what tomorrow may bring forth." Perhaps the religious fatalists are the more fortunate and perhaps the more contented of the two, since their faith in God strengthens them in adverse times. This, at least would be Durkheim's

view, he writes :

> The real function of religion is to make us act, to aid us to live. The believer who has communicated with his God is not merely a man who sees new truths of which the unbeliever is ignorant; he is a man who is stronger. He feels within him more force, either to endure the trials of existence, or to conquer them. It is as though he were raised above the miseries of the world, because he is raised above his condition as a mere man. (Durkheim 1947: 416).

Furthermore, these individuals do not fit into mutually exclusive categories of 'fatalist', 'true believers,' and 'health vigilant'. For example, Cecil is a health vigilant, yet he expressed the healing of his coronary as "a miracle, God's will." In this sense he is also a religious fatalist. So is Frank, in that he leaves "everything in God's hands", but he also makes a point of "walking everyday for exercise", and abides by his own rigid rule of a "banana a day keeps the doctor away." Frank is therefore also a health vigilant. Mae at 93 is a health vigilant in her life style; "I live carefully, never over eat, and never indulge in drinking", in addition, she is "never out of bed after twelve", yet she attributes her good health mostly to "constitution, her father's genes." A secular fatalist is evidenced here. She admits this quite frankly

> I am a fatalist. I think if you've got to have it, you've got to have it. I never went down into the shelters. [during the war].

Rae fits the 'true believer' whom "illness never faze." She claims it is because she "prays a lot", yet whe also says it is because of her "cast iron constitution" that she has been

able to fight many of her illnesses; a bit of the secular fatalist, no doubt. Everyone in the sample; however, fits in the 'health optimist' typology, although in varying degrees; Rosalind and Rae especially. No doubt, this contributes to all eleven ageing gracefully, and to their being alive to tell it.

Health is not, of course, the only matter that determines the life styles of the elderly, and their personal happiness. In this next section, we consider their social networks.

Social Networks:

Social networks are important throughout the life course and especially in later life, since they offer both 'formal' and 'informal' support, to use Atchley's (1985) terminology. Informal support, the main theme of this section is provided through involvement with family, friends and neighbours. Support through family net works continues to be a vital part of the lives of older Canadians. Rosenthal (1987) who studied social networks in Hamilton Ontario, points out that the extent to which a person can have a supportive family relationship depends on several factors including the availability of kin, household structure, and geographical proximity. She reported that most older people in the Hamilton study had at least one child, and that almost all people who have children also have grand children. She also found that 96% of older people with children had grandchildren and between 23% (men) and 38% (women) have great grand children. In all about 78% of the respondents

age 70 plus, were members of three and four generation families. In terms of geographical proximity, among respondents age 70 plus, who have children, only 11% had no children living within one and one half hours travel time. Of the remainder 42% of persons said that their adult children lived within one and one-half hours travel time, while 58% said some children lived within this distance and some farther away. This 'partial dispersion' facilitated contacts whether face to face, by telephone, or by letters. The study revealed further that contacts were very frequent, about once a week for those within an hours drive, and telephone contacts were at least a couple times a week.

Rosenthal's data, in terms of household structure and availability of kin are similar to that of my own sample. Seven of my respondents reported that they each have two or three children. Of the remaining four, Dr. Joffre has six, Leonard, only one, while Sylvia and Lillian have none. All who have children, also have grand children. Two of them have great grandchildren and three actually have seen four generations.

In terms of household structure, two of my sample are still living with their spouses, five are living in nursing homes, one is living with his married daughter and family, two live on their own, and one (a nun) lives in 'community'. This structure also seems to be the pattern for Canada as a whole as reported in the Canadian Government Report on Ageing (1982). It states that:

> just over 66% of those 65 and over shared a dwelling with at least one person related by blood, marriage or adoption, almost 4% shared a household with non-related persons; and 22% lived along in their own household; while the remainder lived in some form of collective housing. (Statistics Canada, 1982: 77)

There is, however a dearth of Canada wide data regarding the social networks of the elderly.

As regards geographical proximity, none of the respondents in my sample expressed 'distance' as being a problem for maintaining social networks; it seemed everyone was within resonably close distance to each other. Those who were not close, maintained relationships by telephone contacts, letters, and occasional visits; but I did not attempt to collect data on frequency. The quality of social networks in my sample varied widely not only in type of network but also in intensity. Edith, for example declare with great certainty:

> My children are everything to me. I think I'll be a very lonely person if I did not have my children and my grand children. We were all together last week, it was wonderful, my son's 35th wedding anniversary, we took photographs together--oh yes, they mean everything to me.

Lillian on the other hand admits that she is not "fond of kids", and further adds, "I am not pouting or sorry that I have no grand children."

Middle ground are Cecil and Leonard, both of whom incidentally still have their spouses, with whom :"they do everything together." Relationships with their children are

quite strong, but certainly secondary. Leonards puts it humourously:

> Well, my son played a big role in my life when he was at Concordia because when he needed money he came here, and when he ran out of money, he came and stayed here.

(To this he added that he enjoys the occasional visits from his son and grandson). Cecil, father of three sons declares "I have a good rapport with them now, we had some teenage bumps," he adds with a laugh.

Apart from relations with their children, the respondents are also involved in other types of networks: spouses, family, church, neighbourhood, and buddies. Sylvia who lives in 'community' has no children, but finds a strong support system among her nieces and nephews. "My nieces and nephews play a big role in my life. I see them often," infact she adds warmly, "I think my nieces and nephews like me." Lillian has no children (as mentioned before) and is not in touch with brothers and sisters, she admits to not being "close to anyone", yet she has developed a solid social network within her church family. "I have a small circle of friends, quality friends. I'm picked up every Sunday for church,--somebody cares." Frank has a fine 'buddy' network. He lives with a married daughter and family. "I'm a lucky body," he admits. But the highlight of his day is to meet his five buddies in a nearby shopping centre to "ole talk". (His buddies are his Barbadian compatriots, all of the same cohort.) He meets them every day "come rain or shine".

Ethel, Rae and Rosalind are in nursing homes and because they are restricted by poor health, they lean on their families for support. Again there are variations in their relationships. Ethel tells me the following:

> My daughter is my main stay. I have a good daughter, the best. And I have my granddaughter who tells me all about her love affairs--she keeps me young. I had a lot of friends but I think they have disappeared. They seem to have flown away, but I still have 3 visits per week or so. I enjoy my friends.

Rae has her spouse alive, and he is her daily visitor. "Without my husband I am nothing." She enjoys visits from her grand children too, but she is most thrilled with her new great grandson. "In my wildest dreams, I never thought I would live to see a great grandson." Rosalind, something of a matriach gives a sort of twist to the responses

> "I am what they call a pivotal point in my children's life. I reach out to this one and that one, they want to know anything they ask me first. I tell them how to keep in touch with each other. I am what you'd call a headquarters for reportage. I am in constant contact with them by telephone, everyweek. They visit at Passover since they are far away in Calgary and California. Not only do I have a good rapport with my children, but they have a wonderful association with me."

She further claims that in addition to her role as 'pivotal point' in her childrens' life, her friends whom she has "in abundance the world over" not only appreciate her but she adds proudly; "they call me mother confessor, father confessor and advisor, and I've set them straight in so many places, they call me their guru." Mae also lives in a nursing home, but because of her fine health she can travel

anytime she pleases, and does so frequently to visit her family, some of whom are scattered across the country. Dr. Joffre has two daughters left of his family. They are in their 80's but are his constant visitors at the nursing home where he now lives; and he tells me he looks forward to their visits.

To sum up, we can see from the data that all eleven people seem quite contented with their relationships although they vary in terms of the types of networks. For example some identify more with spouses, others with children, grandchildren, great grandchildren, buddies, churchgroups, as well as friends. Not all these specific networks are equally strong, but each individual has at least <u>one</u> strong network. Despite the variations however, a common thread is present in this exposition. The need for intimacy, for affection, infact for interdependence, runs through the analysis, "they are my life", I'd be lonely without them," "somebody cares," "without my husband I'm good for nothing", "I'm a pivotal point im my childrens' life." These are all expressions of the need for emotional support; a need that is part of the human condition, but perhaps especially crucial to people in later life who face the losses associated with ageing.

It is important to note that no one in the sample was abandoned and left to manage on his or her own. Previous research has destroyed the myths that older people are

isolated from and abandoned by their families (Shanas, 1979). My own research confirms these findings.

Most of the eleven respondents expressed that they were quite "involved" and were busy enjoying life. A discussion of their life styles will reveal how they spend their time.

Life Styles:

> "The only way to really survive is to be interested in something If you're not interested, your're going to die."

This quotation from Leonard (84) seems to sound the keynote in the lifestyles of my entire sample. The types of interest, and the degree of activity with which these interests are pursued vary widely among the respondents. Activities are myriad and comprised of such diverse interests as writing novels, teaching pre-retirement and retirement courses, delving in Jungian philosophy, researching family histories, working (voluntarily) with war veterans, gardening, knitting, socializing with friends and buddies, reading 'good' books, going to the theatre, attending church and church functions and much more.

By and large this seems to be typical of the Canadian elderly population as far as available data indicate. The Fact Book on Ageing in Canada states that "Canadian elderly have many diverse interests" (Health and Welfare Canada 1983: 86) The survey also reported that many are involved in a wide range of activities such as visiting or talking to friends; informal activity, as it is often referred to. In

the week of the survey, four out of five persons aged 65 and over reported taking part in this activity, while 2 out of 5 retired individuals, age 65 and over reported seeing friends or relatives three or more times a week. As regards leisure activities like hobbies and crafts (solitary activity) so to speak, the data suggest that older people "were only slightly less likely" than younger people to engage in these activities. Data regarding work (formal activity) reported that older Canadians spend much of their time doing voluntary work. Indeed between February 1979 and February 1980, 1 out of 10 Canadians aged 65 and over did unpaid voluntray work. Older women, it further stated, were more active in volunteer work than older men. Among women, 1 out of every 10 are still active volunteers at age 70 and beyond (Health and Welfare, Canada 1983: 85-86). The elderly therefore, are participating in active life, and in addition are giving service to others.

A popular negative stereotype of ageing is to equate old age with dependency. 80% of Canadians over 65 are infact quite capable of independent living as stated before. Further confirmation of this independence and physical autonomy among the elderly is found in a study done by Connidis (1985) in London Ontario. She reported that of her 400 respondents, 65 and older only 12% had used community services at some time in the past. Community services included physio-therapists, Meals on Wheels, house cleaning services and the home-maker service. Only 28% of the respondents were using

any form of community service at the time of the interview and just over 4% of the sample were in need of services that they could not find or could not afford.

Canada wide data further refutes the myth of dependency. In a 1981 survey of old age security dependents, respondents reported service use as follows: Meal service 8%, special transportation 3.5%, homemaker 4.3%, assistance for shopping or banking 4.3%, nursing or other medical care at home 3.7%. The majority of older Canadians therefore are quite independent and are able to function without the aid of community services. These statistical data however, though quite reflective of my sample in terms of numbers, fail to capture the qualitative differenes in lifestyle which is the issue germane to this discussion. A brief look at the way in which each individual in the sample spend his or her time will be useful.

One prevalent negative belief is that elderly people have a lot of time on their hands and are consequently bored. Cecil, Sylvia and Edith, the most active (busiest) respondents in my sample do not share this view. "I have more on the agenda than I have time", declares Cecil. What is interesting is the diverse ways in which time is used.

Although retired from active ministry, Cecil spends his mornings doing various form of "church work" and then finds time in the afternoon to devote to his leisure activities of

researching family histories, stamp collecting, gardening in the warm weather, carpentry, or just spending time together with his wife. In addition, he is writing a commentary on St. John's Revelation, as well as researching family histories.

Sylvia is formerly retired from academic life but she tells me,

> I don't think there is such a thing as retirement; in other words you may retire from a job, but you don't retire from life. What it amounts to, is to keep up a lot of interest, and diversify those interests. Do something for the mind, a mental interest; something for the body, like sports, exercise; something for the emotions; something for your creativity, arts, crafts; something for your social life, maintaining relationships; something for your soul, a religious value.

She is busy most days teaching courses in retirement and preretirement and her spare time, "if there is such a thing", she adds, is spent in pursuit of her own interest in Jungian philosophy, knitting and "listening" to baseball. "yesterday's game went into 14 innings, and I nearly ate my fingernails off".

Edith puts in a ten hour day with the war veterans. "I enjoy my work so much, Tuesday evenings are real fun, we have a sing along, all the old war songs since 1914." In her spare time she enjoys solitude, watching the birds, doing her exercises, and housekeeping. In addition to all this, she devotes some time to church activities.

The responses to those who reported a slower pace were also varied. Lillian admits to having a lot of time on her hands, but she says "It never drags, if I have nothing to do, I take a little sleep." Her dictum is "don't routine yourself--you'd bore yourself; I do nothing beautifully," she adds. She has many diverse interest which she pursues somewhat sporadically. She loves to do her own shopping with the help of a "cabbie", her own cooking and housekeeping, and during the summer weather she grows beautiful geraniums. "Reading", she declares "is a way of life, so my weekly jaunts to the library are something I am rather fond of."

Leonard and Frank seem to pace themselves comfortably, though Leonard does admit to the occasional deadlines for his weekly articles to the Gazette. He is a prolific author and claims he is "happier at the typewriter than on the golf course." He begins his day routinely with a morning walk, usually a mile or so, to fetch his newspaper. His afternoons are devoted to writing, and his evenings, with his wife. Frank who lives with his married daughter helps with house chores in the morning, but the highlight of his day is spent in socializing with his buddies. "This keeps me going", says Frank. "Late afternoons, I read a bellyful, write letter to friends and relatives in Barbados, and then I nap."

Rosalind, Rae, Ethel, Mae, and Dr. Joffre all live in nursing homes, and all but Mae are restricted to some degree

by health. Their time too is spent in various diverse ways. Mae spends her time "helping out" in the nursing home and finds something of a "calling" in this activity. Often however, she is usually away visiting family and friends. She reads "good books, no romance nonsense", and enjoys the theatre and music. Rae is also an avid reader. "I read an awful lot, I can't tell you how many books I've read." She also listens to music, plays Trivia and enjoys her husband's daily visits. He takes her on "outings", weather permitting. When I asked her if she had too much time on hand she admits. "That's all I have-- a lot of time, I am not really bored though, the physiotherapist keeps me busy in the mornings, afternoons, I read."

Rosalind, despite her health claims that her life style is one in which she is "fully booked". "My time is so heavy that I wish I had an hour a day extra just for myself." Between the usual hospital routine, Rosalind fulfills her greatest passion-- arts and crafts. She teaches different types of crafts four days a week as rehabilitation therapy to other patients, and knits "a sweater a week as gifts for hospital staff and patients." She loves listening to the radio, and spends time doing so. "I get all my information that way so I keep 'au courant' with what's going on in the world."

Ethel's health has limited her lifestyle rather drastically.

> I cannot see well enough to read, and its depressing to get up at mornings and see a lot of sick old ladies, but I love my solitude--I relive

> my memories, and I listen to tapes of books and music.

Because of her great love of music, she learnt to play the organ after she retired from her modelling career. Her daughter is very devoted to her and often takes her shopping, to dinner, or to a show, and these activities she enjoys.

Dr. Joffre's life seems to be a quiet, pleasant routine. He tells me he spends his mornings, "everyone of them in the synagogue, searching the scriptures". After lunch, he reads a bit of the paper, and naps, then he looks forward to his visitors and so passes the time.

Despite these diversities, there are also many similar patterns in the lifestyle of this sample. Atchley (1985: 126) points out that life styles in many ways show large cohort and period influences. Within the various lifestyles of all eleven respondents common elements emerge. A sense of order is present in their lives, they find joy in the simple pleasures of reading and listening to music, a love of solitude, of nature, a sense of 'joie de vivre'. There seems to be an absence of ennui; None expressed a particular fondness for television except to view the news or some sport, and all but one was very religious. Responses on the issue of religion were rather firm. A few examples would suffice. "Its my life" declared Frank. Rosalind echoed a similar thought "my Jewish religion has been the bulwark and mainstay of my life, and I've lived both judiciously and jewishly." "I get great satisfaction from my church" said

Lillian, "and I have a background of church, I go every Sunday, I never play ball on Sundays, that covers much." Cecil articulated it as follows "it is a support system with my relationship with Jesus Christ; a support system, and also a way of expressing it". "Church is a sacrament, meditation, and a life of prayer" said Sylvia, and in the same vein, Ethel claims she says three rosaries every night. Edith believes the rest of her week 'hangs' on how she spends Sundays, "a Sunday well spent", means a week of content--church is a Sunday well spent. These common elements may indeed be the result of cohort membership.

It is obvious from the examination of the life styles of these eleven respondents that the popular belief that old age brings physical decline and suffering, and that the old people cannot do the things they used to do or want to do is certainly ungrounded. Furthermore, the post-retirement years, contrary to popular beliefs are not at all empty years. The elderly are getting along quite well and doing far better than we give them credit for. In addition, and worthy of note is their voluntary work and contribution to others. Indeed Sylvia's maxim ".. you may retire from a job, but you don't retire from life" is evident in the lifestyles of many. Her life is a fitting example, in that she devotes much time to teaching retirement and preretirement courses. Edith gives unselfishly of her time to the war veterans, 10 hours a day, visiting them, comforting those who are sick, taking them to chapel on

Sundays, singing and reading to them, and even attending the funerals of those who have no kin. Leonard writes an interesting 'self help' column addressed to senior citizens in the weekly Gazette, Cecil still gives pastoral care and is an assistant priest at a very active and demanding parish. Mae helps those less physically able at the nursing home where she resides, and Rosalind, whose health is badly impaired, still continues to teach her crafts as rehabilitation to those at the hospital where she lives. She sums it up very wisely.

> You do not live for yourself alone, you live for others as well, and not with money do you do your charity --you give of yourself, and you help the next person to earn a living, 'cause if each one will teach one, they will learn to earn; if they learn to earn they will keep their respectability, and a high opinion of themselves.

We have now looked thus far, at the respondents' health, social networks, lifestyle, and their satisfaction with each of these areas. The issue is to find out how this all adds up-- in short, how do these eleven elderly Canadians feel about their lives in terms of over all satisfaction, or a sense of well-being.

Life Satisfaction

> It all comes down to the ultimate conclusion; our success in life and in ageing rests squarely on no one's shoulders but our own.

So writes Sylvia McDonald in her recent book "Trust in God, but tie your camel." Sylvia McDonald, it will be recalled,

is one of the people I interviewed.

Life satisfaction is a complex variable. It is not easy to define, nor to measure. Perhaps George (1979: 210) has the most useful definition for our purposes. "An assessment of one's overall condition of existence and/or one's progress towards desired goals. It refers to life in general over a long time period." Inclusive in the concept of life satisfaction is the component of happiness. Happiness is needs proportioned to means, according tc Durkheim (1896/1966: 246). Complementing this definition, and evident among the respondents in my own sample are five components of life satisfaction which Havighurst et al (1983) propose. (1) Zest, showing vitality in several areas of life, being enthusiastic (2) Resolution and fortitude, not giving up, taking the good with the bad, and making the most of it, accepting responsibility for one's own personal life. (3) Completion, a feeling of having accomplished what one wanted to do. (4) Self-esteem, thinking of one's self as a person of worth. (5) Outlook, being optimistic, having hope (in Atchley, 1985: 247). The way to maintain a high degree of satisfaction, and thereby age gracefully, suggests Atchley, is to remain "relatively autonomous, at least psychologically." He defines autonomy as "the perception that one is responsible for one's own life satisfaction." This is the same idea expressed above by Sylvia McDonald, and earlier by some of the others.

The research on life satisfaction in Canada indicates that older Canadians are less likely to feel stress to the degree younger people do, and more likely to feel satisfied with their lives in such domaines as housing, standard of living and family life (Northcott, 1982). He sums it up as follows. "The picture one gets of old age is that it is a period of relatively low pressure and relatively high satisfaction though not without its problems" (1982: 77). Older people then are doing far better than we assume. A recent study indicated that the majority of Canadians age 65 and over have incomes above the poverty line, and that furthermore they enjoy good health enough to carry out their ususal activities and live outside of institutions (Matthews, Tindale and Norris, 1984).

There is further empirical evidence for this high level of satisfaction among older Canadians in a survey by Atkinson (1980). Among a representative sample of 3300 Canadians, age was strongly related to overall life satisfaction, with older respondents reporting the higher rates. One anomaly in his findings was that income, often a predictor of life satisfaction, decreased with age, yet life satisfaction continued to increase despite this. He attributes this to two causes. First he feels that hopes and goals of older people are more confined to their current situation because the likelihood of altering it is limited. Secondly, increased leisure time, which is typical of later life is assumed to enhance older peoples' general satisfaction with

life. Although these studies lack qualitative data, and do not describe the actual experiences of the old themselves they clearly indicate that older people tend to perceive themselves in very positive terms. Even in the area of health, life satisfaction is related to subjective health, that is, how respondents evaluate their own health (Snider, 1980). There is indeed credibility in the "health optimist" theme mentioned before. All of these findings are confirmed in my own research, and hopefully the quality of responses will fill some of the gaps often ignored in quantatative research.

In my research, questions on the issue of life satisfaction yielded a wide variety of responses. Lillian responded to my question: "Are you satisfied with your life?" by saying: "Compared to what, I've only had one life." Widowed quite young, her main regret is that she has lived alone for so long. "I have not got what I want out of life, but I don't make myself unhappy. If I am not happy with myself, I'd get up and do something about it; the key to contentment is in not worrying -- maybe I have plenty to worry about, I don't know."

Ethel, Mae, Rosalind, Rae and Dr. Joffre are living in nursing homes but none except Ethel, who loves the care she receives, but finds "the sight of so many sick old ladies depressing", said that they were unhappy because of this. As a matter of fact it was quite the contrary. Mae feels "very satisfied: in being able "to give a hand" around the home, Rosalind is thrilled at being able to teach her crafts to

patients needing rehabilitation, and Rae enjoys the social activity of Trivia. "I'm rather good at it", she adds. Perhaps there is validity in Myles' (1979) findings that high levels of life satisfaction exist among institutionalized individuals. Comparing institutionalized individuals with older persons residing in the community, he discovered that those in institutions interact more with friends and neighbours and derived more satisfaction from these relationships.

In my own case, the two nursing homes where these respondents reside are well run, good care is provided, and one can remain autonomous for as long as possible. Among these five respondnets the level of satisfaction seems to vary. Ethel seems to be the least happy. Of course the disease has really taken its toll on her. As an ex-fashion model has always enjoyed a rich and glamourous life. She finds it difficult to cope with the concommitants of the ageing process.

> I feel guilty saying this, but I hate what age is doing to me-I used to be beautiful, something to look at. Up to age 75 I was in good shape; Oh, I enjoyed life so much! I used to dance when I was younger, up to age 75, I was dancing, until my disease got worse. I thought my health would hold-- but I am a fighter.

Money was her other problem. "I'd be more satisfied with life if I had more money to spend. You see when you are used to beautiful things, when you are used to having a purse of $200.00-you don't go for $29:- Its no use, you are used to the good stuff." When I asked her if she was happy she replied.

> A hard question to answer. I am very happy as long as I keep on seeing my children the way I do. When I see them in such good health, that makes me happy; beautiful children help you a lot. But to say I have regrets-- no, if I could live my life over I would not change it. I would do the same thing. I would marry the same man, only one thing, it took me 10 years to have a daughter, I would love to have had more, but its been a good life-- I have had more than I expected out of life.

Rae is also restricted by health and this fact makes her unhappy. However she is proud of the fact that she has lived to be so old, to see a great grandchild. "Age does not affect me. I am proud of telling my age. It is a wonderful feeling to know that I did reach this age." As to the question of regrets. "Who hasn't" says she, "but what is gone is gone, and I don't want to think about the past--I don't want to become like Lot's wife". Rosalind is similar to Rae. She is proud of the fact that she has lived so long. She claims she is quite satisfied with her life in that she has accomplished a lot more than she ever expected. "I've done my share of giving the children and grandchildren the right direction and if they are happy, I'm happy". On the question regarding whether or not she would change her life if she could, she replied

> I would not change my life. I don't think I could, its not in me to do anything different to what I've already done. I don't think I could ever change it. I am what I am and that's it.

She is never 'in the dumps' because she is so busy,

> I've got too many things planned for the next day that I want to accomplish, if that day doesn't come somebody else is going to do it,

> that's all, and if I am ever worried I talk to the man in the sky.

Mae, although she lives in the nursing home, is physically autonomous, and she is also very happy and very satisfied. " I have had two wonderful husbands who adored me; I have no regrets really." When I asked her what makes her most happy she responded: "A wonderful book, a wonderful film, seeing my children." Dr. Joffre puts his idea quite tersely. "I make myself happy"--this is indeed an explicit declaration of Atchley's idea of automony, Sylvia McDonald's philosophy, and perhaps the true answer to ageing gracefully.

Sylvia, Leonard, Cecil, Edith and Frank all responded that they were contented with life, but the reasons for contentment are all different. Sylvia and Leonard share some similarity in their assessment of life. "When people say they'd like to start over again, I don't know," says Sylvia. "I am sure if I could, I would not do anything differently, I'd keep repeating the same mistakes over again." Leonard echoes this thought. "There are hundreds of things I would have done differently, but I'm afraid I'll do exactly the same thing and have the same regrets again." "I'm satisfied with my life", Sylvia goes on to say.

> Life's been good to me. To say I have what I expected out of life though, I'd say not necessarily so, because I like the unexpected, I like the challenge of something new.

Leonard whose life is writing admits he used to be unhappy when he received a rejection letter, but he seems to accept

these annoyances with more grace. "A rejection today will be an acceptance tomorrow". He further elaborates that everything he has done in his life he has enjoyed.

> When I was a boy, I wanted to be a newspaper man, that's all I wanted, so I was a newspaper man for 10 years. If it hadn't been for the depression, I might have stayed there, I'm glad the depression came, because it got me into another area that I enjoyed too.

It seems this quality to grow old gracefully is tied in with the ability to accept change. Not only for Leonard, but for Frank who came to Canada after the death of his wife almost 20 years ago. When I asked him if he was satisfied with his life, he responded "Praise God, Praise God, Praise God". He is thankful for the good life he has with his daughter. "I have good health, good children what more can I want?" He, like Lillian believes that the key to graceful ageing is not to worry.

> I can shrug off anything that bothers me-- If anything worries me, I shrug it off in 20 minutes. Father, I leave all to you, I say. I have no regrets, if I could live my life over again, I think I'll live it the same way.

Edith and Cecil who are both actively "involved" with helping others remarked that they were very satisfied with life. Edith adds.

> I don't know if I had any expectations, I would love to have grown up with my brothers and sisters, and my mother and father, it wasn't to be, so really I couldn't change that.

As far as regrets go, she says, she would love to have been

a nurse. Perhaps her work with the war veterans has fulfilled this wish. Cecil states:

> I enjoy life very much and as a Christian I look forward to a life in heaven; I'm in no exact hurry to get there though. this has been a very happy time of life actually, our retirement years; partly because we've lived together so much, my spouse and myself.

When asked how he would change his life if he could, he replied.

> I wouldn't want to change my vocation; I am grateful I had a vocation. I would rearrange many of my problems. I would have put more time in reflections and spent more time with the family when they were younger.

It is evident in the responses of all eleven respondents that the various components of life satisfaction propounded by Havighurst (1961) have been met rather favourably, although with varying degrees. Since a sense of autonomy also helps in the adaptation to ageing, in the sense that, people are responsible for their own life satistaction, and ultimately for their own ageing, I asked my respondents to assess their lives in terms of future plans; "one's progress towards desired goals" (George, 1984: 210) In short, the degree to which they had control over their lives. The responses were diverse. Even among those who were restricted by health; that is, not physically autonomous, a sense of psychological autonomy prevailed.

Dr. Joffre who is profoundly thankful that he has lived so long, and have lived a full life in the service of others

remarked that he hoped God would take him before he suffered. Rae who has lost the ability to walk on account of arthritis is still very hopeful. "I don't see myself going home, but the thought is too far away. I always say, I'm going to do it, I'm going to walk today." Her unrealised ambition is to visit Israel. "I know so much about Israel, I have a married grandson in a kibbutz, and my husband has a lot of relatives in Israel." Rosalind, also restricted by health has accepted her life with resolution and fortitude.

> My future is one day at a time, what's the use of complaining. If I don't finish my knitting, my daughter will finish it. There is a prayer in the Jewish religion which I say everynight.

(She recited it in Yiddish, and then interpreted it as follows.

> Thank you God, the day has gone, the night has come, and I am still here, and I'll be able to say my prayers to you.

When I asked her if she felt useful, she replied quite spiritedly. "Well, if I wasn't useful, nobody would be waiting on all these baby sweaters while the babies are being born."

Ethel, another who is restricted by poor health replies, "I've lived a full life, I have no unrealised ambitions, I've had everything a woman can ask for, I am not afraid of death, I just don't want to suffer." The remaining seven respondents are all physically autonomous and therefore have a greater sense of control over their lives. It is

therefore interesting to examine their responses, and again the variations are clear. "I am fully autonomous" says Cecil who hopes to carry on with church work, and also he is looking forward to completing his commentary on "St John's revelation", and also to continue with his research on the history of certain families. Leonard too, hopes to carry on with his writing as he has always done.

> I feel that many books that I've written, help people, and I get a fantastic amount of mail from people all over the states who write in and say, I always wanted to write a book and I never would, but now I've seen your book, I can do it. This makes me feel great, and these kinds of letters make me feel useful.

Frank who is "free to do as he pleases", says that for the rest of his life he will serve God. "I will give the Lord the balance of my life, until it pleases Him to take the breath from my body, 'cause this breath is not mine". Lillian is very happy about the future. "I hope to make another trip if I can rake some money together. I do ask sometimes though. "What is the end? but I'm not going to think of the end, I'm only in the middle, there is always tomorrow." Mae who lives in a nursing home, but enjoys excellent health tells me.

> I am not restricted by anything. I can jump on a bus or the plane to go anywhere. I can go to England if I wanted to, tomorrow. I am not afraid of anything. I have lived through two world wars.

To my question on what were her future plan, she replied:

> To live my life peacefully, help people as much

> as I can, I love to help people. I don't like selfish people at all. They are horrid.

Sylvia and Edith, whose days are full at present said that they would love to continue with their work. Edith adds, "if this old brain continues to function, but I know one day I'll have to ask for help occasionally, and if not-- so be it." Sylvia hopes she would have time to do some religious writings, and Edith with a chuckle declares. "I've always wanted to skate on a skate board!"

Conclusion

To sum up, four pathways were tapped to "growing old gracefully". They are health, social networks, life styles and life satisfaction. On the issue of health, the respondents, except for Ethel were all 'health optimists', reporting their health as "good", "fine", and even "excellent". Most felt that health was an issue over which they had control either by watching their diet, exercising, or even prayers. The important point is that all had a positive attitude to life, despite obvious handicaps and limitations, and these factors we can therefore assume are instrumental in their growing old gracefully.

Social networks, the next theme, revealed that the quality of networks varied widely, but that all the respondents had at least one strong network, be it spouse, children, grandchildren, great grand children, buddies, friends, church groups. They were all well integrated into one or more of these networks and were working hard at maintaining

these relationships. As Sylvia explained: "My nieces and nephews play a big role in my life, I see them often", and Ethel reiterates a similar thought: "My daughter is my main stay." No one was alone or abandoned as popular belief holds, and this 'interdependence' was expressed by all as vital for emotional well being, and hence for growing old gracefully. Regarding life styles, all respondents were involved in a plethora of activities and were enjoying them. Activities included writing novels, teaching, gardening, doing voluntary work and much more. The key issue however was that each had an interest of some kind.

Also, contrary to popular myth, my respondents have shown that post retirement years can be full and happy, "I've more on the agenda than I have time." (according to Cecil), similarly, "my time is fully booked" Rosalind announced, to cite just two examples. They all were happy with their lives and were enjoying their work and pastimes. These kinds of lifestyles obviously contributed to graceful ageing.

Finally life satisfaction was the last theme. Sylvia's philosophy that we are responsible for our own ageing was manifested in all eleven respondents. Dr. Joffre was clear and concise about that. "I make myself happy". Lillian echoed the same thought"...if I am not happy with myself, I'd get up and do something about it." Furthermore, they were all hopeful about the future and looked forward with zest to continuing their work to their lives end. Again this attitude to life and to the future is responsible for

their growing old gracefully.

This style of ageing, that is, graceful ageing therefore involves the following variables (a) a positive attitude to health--optimism despite illness, (b) Having at least one social network, (c) Having an interest in something, (d) Making one's self happy since everyone is responsible for his or her ageing.

These themes are manifested in each of these individuals, although with interesting variations. This fact emphasizes the uniqueness and heterogeneity of each. Despite the variations however, one common denominator prevailed and that is: they each had an indomitable will. This will was manifested in the way the respondents evaluated themselves, their self concepts; a few examples will suffice. Rosalind calls herself a 'persistent survivor", she claims this 'will' enabled her to walk after her terrible accident in which she suffered many broken bones. Ethel, and Rae, both in poor health call themselves "fighters". Mae, is determined, "never say can't", and Edith, despite the death of loved ones never gives up, "there are always new beginnings," she says. Perhaps this indomitable will is in essence the true key to their growing old gracefully, and in the final analysis to their longevity.

Perhaps the most important finding however, was not so much the data on health, networks, lifestyles and life satisfaction, but the mine of wisdom which my respondents

showed to me.

The final question of my interview schedule was the following: "What advice can you give to people who are growing older? Some or the responses are presented below:

Edith and Leonard are similar in their response. Their key word is plan. Edith replied:

> Please, please make up your mind before you grow too old that you've got something that you can do when you grow old. Many people don't prepare for retirement. They don't plan. They think all they have to do is take a trip down South or play bridge.

This is what Leonard had to say:

> Get interested in something before you get older. Prepare for it now; when you are thirty....When you retire you don't start with an empty "bank", you have something to work on.

Mae's and Lillian's advice is to "relax and enjoy it":

(Mae) Don't worry about things, take life easy, you are growing older. Get all the happiness you can out of life, I think older people are enjoying life more than younger people today.

Lillian, in addition, offers a few "don'ts":

> Relax, you are fortunate in being able to grow older. Enjoy it, don't push your self, do what you like to do, don't push your nose into other people's business, don't be whiney, don't expect people to do things for you; accept it when they do--graciously.

Rosalind believes one should age with a measure of self confidence:

> Be self assured that what you've done is right, and that there are not many things you have to change tomorrow to make up for what you didn't do two years ago. You can't be sorry for yourself for things that are already gone, but make sure that tomorrow will be a better day.

Finally Ethel, like a true pragmatist, replied: "to those growing older, keep quiet, shut up, and accept it."

This "mine of wisdom" is in the nature of a "personal" finding, perhaps, rather than the traditional listing of statistical correlations and tests of significance in multivariate analysis. Nonetheless, perhaps the principal advantage of qualitative research is that it is not only experiential, it is also reflexive.

Chapter 8

CONCLUSION

There are many ways to be 'old'. This thesis has examined the pathway to growing old gracefully by looking at some of the factors that shape the nature and quality of later life. I have attempted to put ageing in perspective, as a natural process of living rather than as a social problem. The demographic changes taking place in Canadian society today clearly indicate that ageing must be a vital area of concern for all. We see in the chapter on demography that the absolute numbers of elderly people and the proportion of those over 65 have grown significantly. This trend resulted because of increased longevity due to better health care, decreasing birth and infant mortality rates, higher standards of living and a decreasing immigration rate. Despite these changes however, there need not be a demographically induced 'crisis' if proper planning is done and if social policies are implemented effectively. Too often, age-related issues are seen solely in terms of the threat of an increased economic burden. The elderly are a great resource, many are leading full independent lives, as my study revealed, and statistics indicate that the vast majority of them, 85% in fact are perfectly capable of looking after themselves. Many of them continue to make enormous contributions to society, and in this way they are part of the solution, not the problem!

Dependency and the supposed burden of an older population, I pointed out, have more to do with our way of thinking about ageing than with numbers of old people; and unfortunately our society exalts youth, and devalues age. The equation Youth=Beauty, Age=Ugly, is still extant. This negative attitude to ageing is the result of prevailing myths and stereotypes regarding the ageing process. The chapter on Myths and Realities of ageing examined some of these myths, and presented data to refute these myths. The chapter on Ageism argued that Ageism, rather than ageing is the social problem. Ageism refers to the negative stereotypes of beliefs we hold regarding the elderly. It is manifested in many areas of our lives, and I cited four of these areas to substantiate my point. The media, our literature and poetry, language, and our humour are the areas I examined.

In an effort to understand how people respond to the ageing process, I developed a theoretical framework for successful ageing using many of the popular micro theories of ageing. The following shows how these theories relate to the data, I culled from the interviews. I argued earlier that there is no grand theory for the study of ageing in the sense that no one theory provides a complete explanation to the study of ageing. Implicit in each theory however is a value system or a prescription for successful ageing. Three theories of social gerontology were mentioned: - the activity theory, the disengagment and the continuity theory. The activity theory states in brief that people must retain adequate

levels of social activity if they are to age successfully--that is, a positive relationship exists between activity (physical, mental, social) and life satisfaction in old age. In addition the theory prescribes that any activities and roles which the individuals has been forced to give up should be replaced with new activities. In other words, if one must age gracefully, one must resist the shrinkage of one's social world. In many ways, this idea of activity was present in many of the life styles of my respondents." I have more on the agenda than I have time." "My time is fully booked". "I have a lot of time on my hands, but I'm never bored", and so on. Some expressed the importance of physical exercise as a part of their daily activities. For example "I do my own floors, its good exercise. Others had a specific regime of 'stretching exercises', bike riding, and walking, especially the 'health vigilants'. All respondents kept mentally active by either reading, writing, playing Trivia, or doing crafts. Socially they maintained relationships with family and friends, through visits and by telephone, and many were deeply involved in doing volunteer work in the community; one respondent, as much as 10 hours per day. There was no evidence as such however of replacing lost roles. For example those who were widowed remained so, (except one) and continued to age gracefully despite this loss. Ethel for example voiced the fact that she was contented to live with her memories. Lillian on the other hand, who was widowed young felt a great loss that she did not have a "partner to grow old with". Retirement, often,

referred to as a 'role loss' was viewed positively by my respondents. For example Leonard was happy that he now had the time to do what he wanted. "Since I retired", said he, "I am busier than I ever was, but at least I can do it when I feel like it. If I want to take a month off, I can." Sylvia summed it up succinctly and wisely when she said "You may retire from a job, but you don't retire from life." Finally those who are parents seemed to continue in their primary roles even to children who were grown. Obviously quality, rather than quantity of roles is the important issue.

Disengagement theory argues that ageing witnesses the mutual withdrawal of the aged from society, and society from the elderly, in order to insure society's optimal functioning. The process involves a loosening of social ties due to lessened social interaction. In my research, this theory complements, and in a sense works simultaneously with the activity theory. It seemed too, as Brown (1974: 259) observed that the elderly tend to disengage from contacts which are not totally satisfying and maintain those that are. For example Dr. Joffre spent most of his leisure hours in "searching the scriptures", Sylvia devoted much of her time to Jungian philosophy, Cecil to writing his commentary on St. John's Revelation, Ethel enjoyed listening to music, and even learning to play the organ. These respondents have certainly not "disengaged" in the derogatory sense. Indeed, Lillian's comment," I do nothing beautifully", is certainly

a cheery comment! As I mentioned before, most of the respondents had active lifestyles, although in some cases they have had to modify these activities to suit their resources. Rosalind, despite her physical resources said that her days are "fully booked." She is busy still teaching crafts in the nursing home where she resides, and keeps "au courant" with the outside world by listening to her radio. Mae, also in a nursing home devotes much of her time in "helping out". They are all active, although their locales have changes. Thus it is usual for the elderly to disengage, but also to be very active. The two theories are not mutually contradictory.

Finally, the continuity theory of ageing states that there is a positive relationship between well being and continuity of life habits. "As the individual grows older, he is disposed towards maintaining continuity in his habits, association, preferences and so on. Although my study was not a longitudinal one, most quotes from the respondents implied a continuity of life habits, and this seemed to be the strongest of these three theories in determining the level of satisfaction and general well-being among the respondents. They quite often expressed, and rather fervently, a great desire to continue living their lives the way they were at present. Edith is a fine examplar. She has been working with war veterans since she was 40, "I love my work at the hospital, all the 'boys' up there are mine.....I want to continue doing what I am doing

at the hospital". Leonard, the author reiterated a similar idea. "I don't do anything different now, I have been writing for many years now, I do it better than I do anything else, I'd rather work at a typewriter than play golf." Cecil, the clergyman, although retired from active ministry continues his pastoral work. "Growing older", said he, "is only a question of changing gear: what one has to do is go into lower gear...."

More support for this theory can be seen in the case of Ethel. Her health has restricted her so much that she had to curtail almost all physical activites, and find other options; a drastic resocialization no doubt; for example her eyesight is so bad that she has learnt to 'listen' to tapes of books. Ethel is the one respondent who voiced any dissonance about her life in general. "The sight of so many sick old ladies is depressing..." Their church going habits and their religious beliefs too were a continuation of their daily life style. "I have a background of church, I go every Sunday" said Lillian. "My Jewish religion has been the bulwark and mainstay of my life." Rosalind explained.

Not totally relevant to the theory, but nevertheless noteworthy, is the fact that those respondents who had witnessed third and fourth generations have indeed enjoyed a sense of continuity. Rae explained,

> I never knew that in my wildest dreams, I'd live to be 83 and to have a great grand child, it gives me a feeling of continuity, its a wonderful feeling to know that I did reach this age and hope

to reach some more.

The personality/development theories are pivotal, as I argued, in describing patterns of successful ageing.."the fulcrum around which the other variables are organised." Neugarten, Erikson and Peck were cited as developmental theorists. Their works are all similar in that they see middle and old age as being the period for self actualization-- "interiority" to quote Neugarten, "intergrity" to quote Erikson, and "ego differentiation" in Peck's term. (page 52). Erikson's schema is the one which provides much congruence for my findings. From the foregoing quotes, we can see that the respondents have indeed taken control of their own lives, despite the losses associated with ageing. In some ways these responses are confirmations of Erikson's thesis about the final stage of successful human development. According to Erikson, there are two basic paths through his eight stages of growth: a negative or a positive development. Of course, failure at one particular stage does not mean that the individual cannot be successful in the future stages. In fact the first seven stages are a prelude, a foundation, for the last and final stage of integrity, versus despair. Erikson writes of this last stage:

> Only in him who in some way has taken care of things and people and has adapted himself to the triumphs and disappointments adherent to being, the originator of others or the generator of products and ideas - only in him may gradually ripen the fruit of these seven stages. I know no better word for it than ego integrity.. It is the acceptance of one's one and only life cycle as

> something that had to be and that, by necessity, permitted of no substitution... In such final consolidation, death loses its sting (Erikson, 1963:260).

Looking back on their lives, most of my respondents seem to echo Erikson's ideas. None were bitter. None were in despair. Reflecting on her life, Rosalind said: "I don't think I could change my life, its not in me to do anything different to what I've already done, I am what I am and that's it." Rae expressed similar thoughts: "I'm satisfied with my life, life's been good to me." Sylvia also shared this feeling: "I am sure if I could, [relive it] I would not do anything differently, I'd keep repeating the same mistakes over again", and Ethel concluded: "I have lived a full life, I have no unrealised ambition. I have had more than I expected out of life." The Erikson model, emphasizing the choices available at each stage of life, can be seen to chart a pathway to ageing as either a bane or a blessing; and all respondents seem to have chosen the latter.

Growing old gracefully results, finally, as Erikson argued, in death losing its sting. Ethel, in very poor health, is at peace: "I have had everything a woman can ask for, I am not afraid of death, I just don't want to suffer." Rosalind's thoughts are similar. "I am ready to go when He is ready to take me, dying is only going to sleep and not waking up, that's all." Finally Edith commented: "Death is a thanksgiving when you've lived to be 80."

A Coda

Reflecting on the 'grace' with which each respondent has aged, Shakespeare's negative commentary on old age as "second childishness" and "mere oblivion" "...sans teeth, sans eyes, sans taste, sans everything (As You Like It, Act II. Scene VII), stands in need of modification. More fitting are the words of the famous French poet and dramatist, Paul Claudel: "Eighty years old! no eyes left, no ears, no teeth, no legs, no wind! and when all is said and done, how astonishingly well one does without them."

Appendices

1 Interview Schedule

2 Knott's Column

3 Obituary on Dr. Joffre

Interview Schedule

These are the sorts of questions that were asked. The questions often overlapped, and it was not always, or even usually necessary to go through the list, one by one. Not all the answers to each question are reviewed in the thesis: This would have "bogged us down" in triva. The principal themes, however, were clarified by this wide range of questions.

General Questions

Name:
Age :
What did you do for a living?
Did you enjoy your work?

Health

How is your health?
How would you describe your health?
Do you find your health has changed a lot as you got older
How is your eyesight?
How is your hearing?
Are you mobile?
Can you manage from day to day without help?
Are you often sick?
How often do you see the doctor?
Has your health always been good?
Are you able to do the things you want to do?

Social Networks

Do you live alone? (not asked of respondnets living in nursing homes).
Is your spouse alive?
(If yes) Do you do many activities together?
Do you have children? How many?
Where are they now?
Do you see your children often?
Do you have a good rapport with them?
Do you have grand children? Great-grand children?
What role do they play in your life?
Do you have many friends?

Do you enjoy your friends?
Do you have a special friend in whom you can confide?
Do you enjoy visiting your friends?
Do you enjoy them visiting you?
Do you feel appreciated by your friends?
Do you feel appreciated by your family?

Life Styles

What do you do with your time?
How do you spend the average day?
How do you spend the average week?
What are your hobbies?
How much time do you devote to these hobbies?
Do you have lots of time on your hands?
Are you bored when this happens
What sort of work do you do? Household chores, voluntary etc.
Do you have outside activities? (clubs, shopping, etc.)
Do you go out a lot?
What form of exercise do you do?
Do you go to church?
What role does church play in your life?

Life Satisfaction

How does age affect you?
What do you dislike most about growing old?
What do you most fear about being old?
What advantages do you see in being old?
Is getting older like you thought it would be?
Are you happy?
What makes you most happy?
What makes you most unhappy?
Do you get down in the dumps very often?
Do you feel lonely often?
Do you enjoy solitude?
Do you enjoy people? (company)?
Are you satisfied with your life?
Would you say you have got what you expected out of life?
Do you have any regrets in life?
If you could live your life over again, how would you change it?
Do you have any ambitions (goals) you have not yet realised?
What do you plan to do with the rest of your life?
Has money been important to you?
What kinds of things do you worry about?
To what do you attribute your longetivy?
What advice can you give to people who are growing older?

The Gazette

Rise of gerontology offers seniors new careers – as guinea pigs

It's nice to be needed and, thanks to our growing numbers, there's a brand-new vocation available to senior citizens. Gerontology is becoming an "in" subject in educational circles. And budding gerontologists need guinea pigs to practise on.

The guinea pigs are *us*.

All kinds of young people studying to be social scientists, welfare workers, architects and designers are displaying an uncommon interest in seniors and studying ways and means of making our lives better. It's a good sign, which we who are the beneficiaries cannot but approve.

If they're going to succeed, then obviously they need to know more about us — a lot more than most of them, in my limited experience, seem to know at present. For one thing, they've got to stop being afraid of old men and old women. We're not going to bite them. And we won't break if we fall.

No second childhood

While we may often seem to be disgruntled, ungracious or even impatient with youngsters of all ages, we're really not that bad. Sometimes, we're downright nice and, if we have the wherewithal, we may even be generous.

They also need to learn that we're not old-age infants enjoying a second childhood. We may safely be treated and spoken to as ordinary adults. I'm not asking for respect, which is too much to demand in this youth-oriented age. But babytalking to Grandpa and Grandma is definitely not in order.

To get to know us, and therefore discover what to do with us, these young enquirers into the art of aging must see us close-up. Some of them, I learned to my astonishment, have absolutely no day-to-day contact with elderly persons. So I agreed in a moment of weakness to serve as a gerontological guinea pig in a social-science class at Concordia University in downtown Montreal.

For an hour and a half I sat in a straight-back chair (an achievement in itself for an 83-year-old) and answered questions fired by a teacher and by the students themselves.

I don't know what impression they got of an old, retired pensioner or whether they thought I was a typical specimen or not. I do know I learned something from them.

In their late teens or early twenties, they were there because they had decided on careers that would involve helping, treating, caring for and studying the aged. Most kids their age, I suppose, don't give a hoot about us one way or another. For them, we're simply over the hill, out of circulation and sitting around waiting to die. These students were different. They care — or at least, up to now, they think they do.

Even with them, the No. 1 question was, "Do you worry about dying?" As if that were a subject constantly on our minds. "We think of it sometimes, and it's real scary," one student commented. "How come it doesn't bother you when it's so much closer?"

I had to admit I didn't know why I don't go about in a cold sweat all the time waiting for the Grim Reaper. Except that there seems to be so many more interesting things to think about — such as what's going to happen to Ben Johnson? Is Toronto really going to get the 1996 Olympics? What about free trade? Or, even more important, what's for dinner?

Next big question of the night was, "What do you remember from when you were young?" What they wanted, I'm sure, was some old pioneer stuff about life before television and radio and even motor cars. If I'd been an Indian fighter in the Northwest, that would have been perfect.

Well, there's a lot of good stuff in our memory banks but, would you believe it, I couldn't recall even one very exciting thing that had happened to me — until after I'd left the classroom and was on my way home. That left them a little disappointed and hoping that I was not typical of other old-agers they would meet in the future.

There's a lesson for us seniors there. When we face a junior audience at home or wherever, let's be prepared and brush up our think boxes to remember, or invent, some really exciting stuff about when we were young.

They'll love it — and love us too. And that's the object of the exercise, isn't it?

Courses like the one at Concordia are going all over the country. The rest of the population may seem to be uncaring but a growing number of youngsters are convinced that one big problem of the future is going to be dealing with masses of old-timers — of which they will inevitably be part.

For hundreds of years medical schools and practitioners have been concerned with prolonging life. They've done pretty well at it. We can now expect to live well into our 80s and set a century or more as a goal. What's more important now is how those who survive enjoy these added years.

Firsthand experience

Interior designer Debbie Lowrey teaches a class at the California Institute of Design and Merchandising. As part of her course, she lets her students experience what it's like to be wheelchair-bound or have poor eyesight. Each student is required to spend a three-hour field trip in a department store in a wheelchair and another period wearing vaseline-smeared eyeglasses (to simulate cataracts). During the sessions students must shop, eat, go to the bathroom, and use elevators or escalators.

An interior designer for retirement communities for 10 years, Lowrey became aware of the need for this type of training after observing that many accessibility codes and barrier-free designs are simply inadequate for older people.

"I could explain elderly persons' problems all day long to my students," she says, "but they'd never understand till they experienced the predicaments themselves."

Letting young people play at being old is one way; taking the old to the classroom where they can be seen *live* is another. The students I visited seemed to enjoy having a senior around as Exhibit A. And what do you know, I've been invited to play a bit part in a movie about elderly people being produced by students at Champlain College.

It's all in the interests of making the elderly healthier, wealthier and perhaps even happier. A worthwhile objective, I'd say. □

The Gazette, Montreal, Sunday, December 18, 1989

The Gazette

Montreal, Nov. 8, 1989

JOSEPH JOFFRE
Born in Latvia

Man dead at age 113 was possibly world's oldest

Joseph Joffre, at 113 possibly the world's oldest man, died yesterday at Maimonides Hospital in Côte St. Luc.

"He was lucid until the very last moment," said Min Greenblatt, the youngest of Mr. Joffre's 15 children. "I console myself with the fact that he died with dignity and lived a full life."

Mr. Joffre was born March 10, 1875, in Lebow, Latvia, now part of the Soviet Union, but his birthdate was never verified.

"He was never registered because when he was born in Russia in 1875, a Jewish child was never considered worth registering," his daughter said.

An American woman believed to be 117 died last Friday. Her birthdate was never authenticated either.

The *Guinness Book of World Records* lists a 112-year-old Miami woman as the oldest in the world. However, a Guinness official said recently the editors have papers showing a French woman to be 113.

Before coming to Canada in 1893, Mr. Joffre earned a doctorate in chemistry in Germany, did post-doctoral work in London, and was ordained a rabbi.

He worked in hospitals as a chemist and then founded an artificial-limb firm in Ottawa where he met and married a fellow Latvian, Sarah Miller, in 1912. The couple were married for 60 years before Mrs. Joffre's death at 86.

After serving as a medical officer in the First World War, Mr. Joffre came to Montreal where he founded two chemical companies.

He was also active in local charity works as a member of the Knights of Pythias and the Golden Age Club of the Allied Jewish Community Services.

Mr. Joffre is survived by four of his children, 14 grandchildren and 21 great grand-

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