PERSPECTIVES OF THIRD AGE ADULTS ON QUALITY OF LIFE AND DEATH

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by

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Department of Social Work
Abstract

of

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by

Kerry A. Payton

Given the general acceptance that the aging population is expecting to grow for the next few decades, it becomes vital to understand the meanings and factors contributing to mid life meaning and mortality. This study explores two aspects: the perspectives of third ager’s on quality of life and death. This qualitative study uses person-centered theory and an existentialist philosophical approach as a guiding paradigm. A snowball sampling method was utilized. Phenomenological content analysis using latent and manifest coding was applied to the interviews in order to identify themes. The subjects interviewed were ten Third Age adults currently residing in San Joaquin county. Four themes emerged: (1) sharedness; (2) commitment to living; (3) health; and (4) social tensions. Implications for social work practice and policy are discussed.

______________________________________________, Committee Chair
Maria Dinis, Ph.D., MSW

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Date
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Chapter 1

THE PROBLEM

Introduction

Beginning at birth, humans are not free from suffering and the nature of the aging journey. The author believes this aging journey involves deep meaning and stories. Those meanings surround joys, grief, self-perceptions, things taken for granted, bodily declines, diverse life developments and adaptations that help develop life course leading to death.

In Western culture, getting older and the death process is feared due, in part, to preconceived notions and a lack of a more positive understanding of the human experience (Carrese & Rhodes, 1995). Americans are less socially, emotionally or physically prepared for old age than they could be if they had knowledge about aging and an understanding of how early life decisions have later life consequences (McGuire, 2005). The added years of life for many people are requiring that we as a society change old-fashioned thinking, value the lessons and knowledge that Third Age people’s stories provide and be open-minded to standpoints about maturing.

There are different ways people define quality of life (QoL) depending on social indicators, evaluative beliefs (attitudes), relationship with the environment, research model utilized, life values, study objectives and context. However, Rejeski and Mihalko (2001) distinguished between the use of the QOL concept as a psychological construct, and as an "umbrella term" for various desired (medical) outcomes. For contemporary society, it is more accurate to view the personal significance of baby boomers as a
“crossroads generation,” with attributes drawn from the preceding generation as well as having novel attitudes and perspectives of its own (Phillipson, 2007).

At this time, this research study will assess subjective factors (e.g. life domains, self-esteem, feelings) of quality of life indicators as they are identified through an individual, narrative process. Later in this study, it will be presented that there is no consistent, uniform definition of QoL. Researchers are beginning to better understand the importance of QoL concepts, through speaking with people reaching retirement at the same time entering the third age. The interview responses and perspectives about QoL and death could provide clarification within varied areas of social sciences and policy.

**Background of the Problem**

Today, life expectancy at birth in the U.S. has risen to 72.5 years for men and 79.3 years for women (Gonyea, Curley & Alexandra, 2004). In the National Association of Social Worker (NASW) 2004 benchmark study of licensed social workers across the U.S. (Whitaker, Weismiller & Clark, 2006), NASW’s Center for Workforce Studies found that only nine percent (or 30,000) of respondents reported their primary practice area as aging, although the majority (73 percent) provided some services to adults 55 and older.

Also, many Californians over the age of 65 are completely or partially retired (California Heath and Human Services Agency, 2003). Many of these people left the workforce voluntarily and were provided strong economic incentives to do so (California Health and Human Services Agency, 2003). Others have chosen to remain active by becoming involved in their communities through Aging and Disability Resource Centers.
(ADRCs), hobbies, agency advocacy, educational, volunteerism and self-employment opportunities (California Health and Human Services Agency, 2003). According to Phyllis Silverman, an eminent American Thanatologist, people’s values and beliefs about death and bereavement are responsive to and modified by dynamic historic, economic and social forces which influence emotional and social resources (Silverman, 2001).

From being marginal and dependent, the older person has become active and flourishing as a new life course period—the Third age, the period between exit from labour force and the beginning of physical dependency—has emerged (Laslett, 1996). Laslett defined the Third age as a phase of “personal fulfillment,” with the potential for life-enhancing creativity and development of self-expression (Ray, 2005). These life perspectives will help in pinpointing the predictors of overall well-being, which can raise public awareness while improving person-centered care for future generations. Studying third age views of QoL and death would help to define essential aging challenges by bringing to light new perspectives of self-evaluation.

**Statement of the Research Problem**

Third Age adults provide differing perspectives on quality of life and mortality. They communicate a variety of meaningful themes and standpoints about QoL and death. These perspectives can affect life on an economic, environmental and bio-psychosocial-spiritual level. Can learning about these perspectives affect the likelihood of whether third ager’s will obtain better access to learning opportunities, be better cared for, be seen as productive members of society, be understood and valued? Further qualitative research
about Third Age perspectives on quality of life and death needs to occur to raise public awareness while improving person-centered care for these people.

**Purpose of the Study**

The purpose of this thesis is to increase the body of knowledge about the perspectives of ten third age adults on their quality of life and death and the associated implications for social work practice. The intent of this research is to perform an analysis of personal viewpoints, word meanings, shared wisdom and linked themes of adults aged 55-80 during the interview process. This study will explore the values and beliefs of adjusting to life changes, what helps develop and enrich QoL for maturing individuals, how their death beliefs may have changed over time, and the possible contributions of this population’s wisdom to Existentialism and Person-Centered Therapy. Through exploratory interviews, the data obtained will provide insight into their mature perceptions, capacities, and values as they apply to QoL and death while safeguarding their wisdom and human dignity.

**Research Question**

This study explores the following research question: What are the perspectives of Third Age adults on quality of life (QoL) and death?

**Theoretical Framework**

The framework for this study is composed of integrative existentialism, a phenomenological method, as a philosophical branch of humanistic psychology involving powerful emotions, death, awareness, responsibility, meanings, and subjectivity of experiences influenced by Person-Centered therapies. Traditionally, Cognitive
Behavioral Therapy (CBT) has largely overshadowed, and in many cases replaced, the intimate, long-term journey that existential psychology promoted. Of concern is the lack of knowledge of whole-bodied human experiences, the rich discussions about those experiences, which theologian Paul Tillich (1952) suggested as a way to find meaning beyond self to being open to discovery possibilities in the present time. This supported healing. Researcher will explain existentialism, followed by a condensed explanation of how the Person-Centered therapeutic approach fits into this qualitative study of QoL and death as they apply to social work practice and participant growth.

**Humanistic Therapeutic Approaches and Existentialism**

Existentialism, Person-Centered and Rogerian theories will be the following Humanistic Psychology approaches discussed in this section. These humanistic methods assist participants to take responsibility for their own lives and choices (Perls et al., 1951), to deepen authenticity (Bugental, 1989; Yalom, 1980), and to increase interpersonal awareness through dialogical therapy (Friedman, 1985). Rollo May (1953) translated and applied existential philosophical concepts to psychotherapy believing that all people have the tendency to make choices, discover their personal identities, independence and strive toward their actual full potential. Rather than trusting ourselves to problem solve, many people seek out others for answers and life direction pertaining to meaninglessness, forgiveness, and self-love which blurs self-development (Hart, 1999, 2000).

In Existential therapy, therapists are able to teach people to accept the fact that they have choices in life with the possibility of failure, but that taking steps toward
autonomy is within reach (May, 1953). Their concern is not with isolated psychological reactions in themselves but rather with the psychological being of the living person doing the experiencing (May, 1961). According to Gary Yontef, Ph.D., (1993), the existential theoretical lens holds that people are endlessly remaking or discovering themselves so there is no essence of final human nature to be discovered. Existentialism allows people to be the central focus, continually fulfilling their potential, while giving life its meaning with knowing death does not having to be a morbid fear (Corey, 1982).

Application of Humanistic Therapeutic Approaches and Existentialism

In this study, researcher applies existentialism as a humanistic theoretical framework to explore Third Age quality of life and death views. This research develops an overall deeper understanding of third age social values and personal concerns about QoL by bringing forward opportunities to improve third age service-agency conditions and public policy. The researcher’s rationale for utilizing existentialism is to focus on word meanings, conceptual patterns and themes of third agers who explore their attitudes, strengths, expectations, desires, social roles and limitations through vulnerable conversations.

Denial of old age and the glorification of youth are prevalent in American society, thereby making it most unlikely that health workers will do much to change the situation until they first change their own appraisal of these matters (Elwood, 1972). Therefore, utilizing existentialism in this research study encourages people to embrace a shared, unbiased interpretation of aging. Since these topics are uncomfortably disregarded by various systems of care (Carrese & Rhodes, 1995) and by many people in American
society, it is important to dialogue with third agers about their QoL and death perspectives with respect to their belief system.

**Application of Person-Centered approach / Rogerian Therapy**

The Person-Centered approach is directly based on Humanistic principles and also known as Rogerian therapy. Person-Centered therapeutic approach was developed in the 1940s by Carl Rogers. This approach views individuals as having an innate tendency to develop towards their full potential. But Rogers suggests that this is inevitably blocked or distorted by our life experiences, specifically by those people who tell us we are only valued if we behave in certain ways, or have certain feelings and not others.

The social worker and/or clinician, in this theory, aims to provide a welcoming, comfortable setting in which the client does not feel under judgment, which allows the client to experience who they are as a person, reconnect with their own values and sense of self-worth. Wong (2000) found that personal meaning was the best predictor of happiness, perceived well-being, absence of psychopathology and depression in the young-old to older aged adult. As suggested by Rogers (1975), the crucial importance of empathic understanding springs from the person-centered therapist's overriding concern with the client's subjective perceptual world. Only through understanding of the way in which the client, or participant, views himself can the therapist hope to encourage the subtle changes in self-concept which make for maximum potential and holistic growth (Rogers, 1975). In the years before his death, Rogers also reported his own deepening respect for certain aspects of Zen teaching and became fond of quoting sayings of Lao-Tse, especially those that stress the undesirability of imposing on people instead of
allowing them the space in which to find deeper meaning within themselves (Thorne, 1983).

In this study, the researcher also applies the person-centered approach which focuses on presence, revealing sources of expressed meaning, re-evaluating past events and current themes as a shared journey with this researcher. According to Corey (1982), the “techniques” used in person-centered therapy involve communicating acceptance, respect, understanding and sharing with the person the attempt to develop a frame of internal reference by exploring and feeling. A number of authors have argued, however, that even if the individual is powerless to change their life situation, they are always free to choose the attitude with which to face their suffering and death and to extract from this some personal meaning (Brat, 2000; Frankl, 1969, 1988).

This research study encouraged a person-centered framework by asking third age participants to dialogue their thoughts, with an experiential purpose to obtain peace with the past in an attempt to acquire deep meaning and self-definition. With that, Carl Roger’s theory is not fixed because it involves conditions that facilitate personal growth while encouraging people to find their own solutions (Corey, 1982). Yet, it is based on the postulate that people possess within themselves the capacity for self-direction and constructive personal change (Corey, 1982).

**Definition of Terms**

The following terms are used throughout this research project. These terms are relevant to the discussion of Third Age adult perspectives on QoL and death.
**Third Age (TA):** 1) The age when active career and parenting ends, typically thought of as the early retirement years between ages 65 and 79, with expanded opportunity for personal fulfillment (Laslett, 1991). 2) Usually denoted as a time of enhancing and/or redefining retirement and life course fulfillment, reflection, social contribution, realistic perceptions, sense of purpose and quality of life for people aged 50-80 (Sadler, 2006).

**Quality of life (QoL):** 1) Refers in some contexts to the quality of society and in other instances to citizen happiness (Veenhoven, 1999). 2) "a systematic framework through which to view work aimed toward improving the lives of individuals" (Keith, Kenneth D., and Schalock, Kenneth L., 2000, p. 366).

**Self-acceptance:** 1) Entails acknowledging one’s own vulnerabilities and finiteness as inevitable aspects of the human condition (Wong, 1998).

**Existentialism:** 1) A chiefly 20th century philosophical movement embracing diverse doctrines but centering on analysis of individual existence in an unfathomable universe and the plight of the individual who must assume ultimate responsibility for acts of free will without any certain knowledge of what is right or wrong or good or bad (Merriam Webster Collegiate Dictionary, 2008).

**Logotherapy:** 1) A highly directive existential psychotherapy, created by Viktor Frankl, that emphasizes the importance of meaning in the patient's life especially as gained through spiritual values (Merriam Webster Collegiate Dictionary, 2008).

**Resilience:** 1) Phenomenon of people beating the odds and doing well against expectation (Bartley, 2006).
**Ageism**: 1) Prejudice or discrimination against a particular age-group and especially the elderly (Merriam Webster Collegiate Dictionary, 2008). 2) A process of systematic stereotyping involving condemning characteristics, negative beliefs and discriminations against people who are older within the aging process (Butler, 1969).

**Existential-phenomenological research**: 1) The respondent’s individual descriptive accounts, when carefully studied and considered collectively, “reveal their own thematic meaning-organization if we, as researchers, remain open to their guidance and speaking, their disclosure, when we attend to them” (von Eckartsberg, 1998b, p. 3).

**Assumptions**

The following assumptions have been made in this study: 1) that people in third age (at 55-80 years of life) have nothing important to say; 2) that people in third age cannot possibly contribute to life, much less their neighborhood, on an intellectual, social nor financial level; 3) that talking about mortality is taboo; 4) that older people are hopeless and void from making choices; 5) that older people are generally dependent; and 6) that third agers no longer have quality of life.

**Justification**

Individual objective and subjective perspectives on quality of life and death are very individualistic and variable in meaning. The ethical principles outlined in the National Association of Social Workers (NASW) make it clear that this study is in accord with the goals of social work practice, as "Social workers' primary goal is to help people in need and to address social problems" (NASW, 2006, p. 5). This research study addresses the need to understand the worth of and serve Third Age adults as a growing
U.S. population. If social workers wish to better understand Third Age adult perspectives about QoL and death, then family members, service providers, community members and social workers need to learn how to communicate with third agers to gain their knowledge in a dignified manner.

Being aware of the influence California third agers have on how QoL and death is understood is crucial, in order to respectfully assist aging people in need, during challenging times within the aging and retirement process. As research indicates, these third age research practices are being done in Australia, Sweden and the UK but U.S. third age research about quality of life is lacking.

Moreover, another ethical principle central to this study in accord with the goals of social work practice is that “Social workers respect the inherent dignity and worth of the person” (NASW, 2006, p. 6). This study focuses on the mission of social work to treat each person in a caring and respectful fashion. Remaining mindful of individual differences and encouraging people to address their own needs and interests in a socially responsible manner is consistent with the ethical standards of the profession (NASW, 2006, p.6).

**Delimitations**

Because this study is exploratory, its findings are limited to the participants interviewed. The sample size is small due to limited methods of finding research participants. Convenience and snowball sampling will be employed of the target population. The findings of this study cannot be generalized beyond the subjects interviewed in this study. This study may serve as a legitimate starting point for
justification and/or further development of studies focusing on third age QoL and mortality perspectives.

**Summary**

In this section, the author provided an introduction, discussed the background of the problem, the statement of the research problem, the research question, the purpose of the study, the theoretical framework and how it applies to the problem, the definition of terms, the assumptions, the justification, and the delimitations of this study. In Chapter 2, a review of the literature will be presented on the following thematic areas: historical background and definitions of quality of life and death; social indicators and constructs; ageist attitudes key to Third Age adult viewpoints; and the associated third ager perspectives, word meanings, themes and values key to their QoL, well-being and mortality. Gaps in the literature will be addressed.
Chapter 2

REVIEW OF THE LITERATURE

Introduction

This chapter reviews the literature pertaining to perspectives of quality of life and death from adults in pre-retirement to their Third Age. The first section is an overview of the historical background and definitions of quality of life. The second section describes the measurement instruments currently used to examine quality of life social indicators and constructs. The third section reviews ageism and attitudes that may, or may not, affect Third Age adult viewpoints of QoL and death. Lastly, the fourth section explains the correlations and differences between values, themes and meanings key to QoL, well-being and death for Third Age adults. Themes will be introduced within this section because they have important implications as to the question being examined: What are the perspectives of Third Age adults on quality of life and death? Gaps in the literature will also be discussed.

Historical Background and Definitions

Many of the improvements in quality of life introduced during the Roman Empire and Middle Ages, such as a relatively efficient agriculture, extensive road networks, water-supply systems, and shipping routes, decayed substantially as did creative and scholarly engagement activities (Kreis, 2009). Those improvements came to a definitive end with the rise of interests focused toward socio-spiritual, business-related and learning activities secured in the Medieval period just before the Renaissance. Humanism developed from the teachings of Socrates, Cicero, Aristotle and a couple other notable
humanists (Kreis, 2009) whereby the concept of personal inquiry about meaning, life purpose and quality of life emerged.

With that in mind, the historical roots of the term *Quality of Life* (QoL) is noted in the classic writings of Aristotle, from 330 B.C., where in his Nichomachean Ethics, he provides correlations between happiness and human flourishing or what is known as *eudaimonia*, and individual subjective values (Yfantopoulos, 2001). However, when reading Aristotle’s writing on this subject, the relation between happiness and quality of life was reasonable and complicated. Among other things, he said that “to be happy (eudaimon) is ‘to live well and to do well’” (Tatarkiewicz, 1976, p. 4).

Since living well and doing well are not just attitudes, feelings, experiences or beliefs, any complete measure of a good or happy life for Aristotle would have required what we now call objective as well as subjective indicators. This is a more robust view of his conception of the good life, which is usually characterized merely as contemplation. Aristotle suggested that a happy life must include pleasure and virtue. He insists that there are other pleasures besides those of the senses, and that the best pleasures are the ones experienced by virtuous people who have sufficient resources for excellent activity but pleasure is not the same for each person (Kraut, 2011).

According to Kraut (2011), in Aristotle’s Nichomachean Ethics, Book X gives a wider account of what pleasure is. Aristotle writes that what is judged pleasant by a good man really is pleasant which comes from the activities that please people (Kraut, 2011). He does not mean that the way to lead our lives is to search for a good man and continually rely on him to tell us what is pleasurable, but to find the virtuous activity that
brings value to that individual’s life (Kraut, 2011). Theories of human flourishing provide an attempt to base the understanding of a good life on functions, successes and capabilities key to being human (Jennings, 2002). As a person grows, develops, makes gains and maintains relationships throughout his or her lifespan, then quality of life also increases. Aristotle also stated in Nichomachean Ethics:

All knowledge and every pursuit aims at some good. Verbally there is very general agreement; for both the general run of men and people of superior refinement say that it is happiness, and identify living well and doing well with being happy; but with regard to what happiness is they differ, and the many do not give the same account as the wise. For the former think it is some plain and obvious thing, like pleasure, wealth, or honour; they differ, however, from one another- and often even the same man identifies it with different things, with health when he is ill, with wealth when he is poor; but, conscious of their ignorance, they admire those who proclaim some great ideal that is above their comprehension. (Stevenson, 1994, pp. 6-7).

Even though the word "happiness" seems to have gone out of style, the desire to learn something about the way people experience their lives has not, as can be seen by the resurgence in research investigating "well-being" or "quality of life" (Kerce, 1992).

Hence, the term "quality of life" overlaps but is not synonymous with a number of terms, including "well-being," "social indicators," “satisfaction” and "way of life" among others (Andrews, 1980). A common experience of quality of life literature reviewers is how it has increased significantly from the 1970s along with development of better, yet

Similarly, when searching for “Third Age,” from January 2002 to January 2012 on the Oxford Journals website, only 3 title articles returned; but for “quality of life,” 815 title articles emerged. Lastly, when searching for “quality of life” on Google Scholar since 1993, within the ‘articles excluding patents’ section, 2,070,000 results returned! With that data availability, it seems that QoL follows the well-researched health related pattern. However, with relation to the Third Age life stage, scholarly articles are lacking.

Quality of life has several definitions and is complex. Overall it involves personal experiences, perceptions, attitudes and beliefs concerning philosophical, spiritual, cultural, psychological and other interpersonal living dimensions (Kraut, 2011). Hörnquist (1982) defines quality of life as “a broad spectrum of dimensions of human experience, ranging from those associated with the necessities of life, such as food and shelter, to those associated with achieving a sense of fulfillment and personal happiness (p. 59). The quality of life (QoL) components used in various studies include: general health, emotional status, level of well-being, functional capacity, life satisfaction,
happiness, sexual functioning, memory level, employment status and others (Prutkin & Feinstein, 2002). From a semantic point of view, the term "quality" refers to a set of attributes or characteristics of a given object (in this case, life), and "life" is a wide category which would include all living beings but here we are referring to human aging (Fernández-Ballesteros, 1997).

Hodges (1990) considers quality of life from utilitarian and existential perspectives. The aging population is providing an opportunity to understand and define what quality of life is for each individual (Carrese, 1995). McClelland (1975) has suggested that in order for people to take power and build self-dignity, they need to gain information about themselves, their environment and be willing to identify and work with others for change.

**Health Related Quality of Life (HRQoL)**

Turning to health related quality of life (HRQoL), its history in medical sciences and public health can be traced back to the 1940s where the link between QoL and health policy became visible in the U.S. during World War II (Land, Kenneth, Sirgy, Joseph, & Michalos, 2011). As a specific concept, the term "quality of life" (rather than quality of survival) seems to have entered the medical literature in a 1966 article about medically indigent patients receiving hemodialysis (Retan & Lewis, 1966). After noting that the post-dialysis medical problems included sepsis and cannula clotting, the authors concluded that, "while an effective degree of life prolongation was obtained for some of these patients, for most the quality of life was unacceptable" (Retan & Lewis, 1966).

Regarding outcome measures, Oncology was one of the first disease areas that placed a
significant amount of emphasis on Health Related QoL (Kiebert, Wait, Bernhard, Bezjack, Cella, Day, Houghton, Moinpour, Scott & Stephens, 2001) and one of the earliest studies assessing the effect of cancer treatment on QoL occurred in the mid-1970s (Slevin, 1992).

Traditional measures of health were generally based on the biologic indicators of disease, disability and death yet these measures were found not only to be insufficient, failing to cover other health dimensions, but are not universally relevant to all patients (Cieply, 2007). Many authors have proposed instruments or indexes which reduced QoL to one of its components and/or considered only the subjective appraisal of wellbeing or one of those several components reducing to health (Fernández-Ballesteros & Santacreu, 2011).

For example, QoL has been defined as equivalent to the well-being in the social domain, to the health status in the bio-medical field (also called Health-related QoL), and to life satisfaction or happiness not only within the psychology field but in may others (Fernández-Ballesteros et al., 2011). Walker and Rosser (1987) define QoL in the medical setting as "a concept encompassing a broad range of physical and psychological characteristics and limitations, which describe an individual's ability to function and to derive satisfaction from doing so." While no consensus has been reached on the definition of the concept, most researchers would agree that QoL: a) is a multidimensional construct, encompassing aspects of psychological, social, and physical well-being, and b) should reflect the patient's subjective evaluation of well-being rather than the health care professional's view (Snoek, 2000).
Measurement Instruments: QoL Social Indicators and Constructs

The social indicators movement focuses its attention on measuring. Land (1996) provides a history of the social indicators and subjective well-being movements in the social sciences. The term *social indicators* was given meaning, in the 1960s, in an attempt by the American Academy of Arts to anticipate the nature of the second-order consequences of the space program for American society (Land, 1983; Noll & Zapf, 1994). The need for social indicators also was emphasized by the publication of the 101 page *Toward a Social Report (TSR)* on the last day of the Johnson administration in 1969 (Land, 2001). Conceived of as a prototypical counterpart to the annual economic reports of the president, each of its seven chapters addressed major issues in an important area of social concern (health and illness; social mobility; the physical environment; income and poverty; public order and safety; learning, science, and art; and participation and alienation) and provided its readers with an assessment of prevalent conditions (Land, 2001). The growth of the social indicators movement coincided with the questioning of economic growth in terms of whether more was always better (Land, 1996). Subjective well-being research, in contrast, is concerned with individuals’ subjective experience of their lives.

Although the clinical measurements of functional status were often used for elderly people, little attention was given by clinicians and researchers to the early publications in the non-clinical literature of surveys that had been done by psychologists using indexes to appraise happiness and psychological well-being (Prutkin & Feinstein, 2002). For example, Diener (1994) wrote a paper about the field of subjective well-being
with the aim to alert social indicators researchers to relevant, more current, research from the psychology field regarding the affective aspects of subjective well-being. This included the pleasant and unpleasant experiences, associated feelings, emotions and moods (e.g., fear, anger, joy, affection, guilt) while showing the available varied measurement methods. The goal of the social indicators is not to discover the cause of subjective well-being, but to understand the antecedents of varied subjective well-being parameters (Land et al., 2011).

Similarly, in *The Human Meaning of Social Change* (1972), Campbell and Converse argued that the direct monitoring of key social-psychological states (attitudes, expectations, feelings, aspirations, and values) in the population is necessary for an understanding of social change and the quality of life. In this approach, social indicators are used to measure psychological satisfaction, happiness, and life fulfillment by employing survey research instruments that ascertain the subjective reality in which people live (Campbell & Converse, 1972). The result may be termed "life satisfaction," "subjective well-being," or "happiness indicators" (Land, 2001).

As suggested by Farquhar (1995), there are two ways to measure the quality of life: through structured and non-structured interviews. When using structured instruments such as scales, the concept of quality of life actually used is the researcher’s, whereas the methodology used in non-structured interviews allows subjects to identify the factors which contribute for their positive or negative attribution to the quality of life. The validity of the measurements of quality of life is difficult to be established as there are no
ways to determine to which gold-standard the scales should be compared (Farquhar, 1995).

Until more recently, this author recognized through research that most of the measurement scales have been developed by professionals, based on their standards about what determines the quality of life, not on the direct method of asking aging adults themselves their key positive and negative standards to their QoL. Most of the quality of life measures are not developed in elderly populations, although they are capable of thinking and talking about their quality of life (Faruquar, 1995). In a survey of individuals aged 65 years or more, the respondents were familiar with the term quality of life and talked about it in both positive and negative terms (Faruquar, 1995).

In making negative evaluations, they stressed on dependency and functional limitations, unhappiness and reduced social contacts through death of friends and family members. Family, activities and social contacts were the factors, which they thought gave their life quality (Netuveli & Blane, 2008). According to Alan Walker and Laurent van der Maeson (2004), the best known measurement example is the Quality Adjusted Life Years (QALY) which uses health professionals’ definitions of the fundamentals of QoL in order to assess the value of clinical interventions.

**Ageism and Attitudes regarding Third Age QoL**

Ageist biases get communicated through the use of language and through media outlets, portraying negative perceptions of older people through comedic, unhealthy, deteriorating, and unproductive visions. In biblical times, older people were regarded as given a long life by God to fulfill a divine purpose (Branco & Williamson, 1982). By
virtue of their age and greater experience, they were regarded as wise and they were the custodians of the traditions and history of their people (Nelson, 2005). However, one of the events leading to negative views of older people emerged from the industrial revolution which required families to be more mobile and adaptable to market changes, so younger relatives lead the family mobility path (Nelson, 2007). Older persons today are treated as second-class citizens with nothing to offer society and the negative attitudes about aging that give rise to ageism tend to manifest themselves in subtle ways in the daily life of the average older person (Nelson, 2005).

According to Fiske (1998), age is one of the earliest characteristics people notice about other people. A remark such as “You certainly look good for 85 years old,” although said with good intentions, can reinforce ageist attitudes (Miller, 2009). The term elderspeak, also called “baby talk” describes speech that is modified through slower rates, longer pauses, exaggerated intonation, elevated pitch and volume (Thornton & Light, 2006) which is demeaning and lowers self-esteem (Miller, 2009). The United States is not alone with regard to aging attitudes which is evident through a Great Britain study that demonstrated that ageist attitudes extended far beyond racism, sexism and negative attitudes to younger people with disabilities (Finkel, 2011). According to Finkel (2011), “Ageism is a system of destructive false beliefs about older people that is pervasive in America with multidimensional origins” (p. 281).

Similarly, ageism is pervasive in our society (Greene, Adelman, Charon, & Hoffman, 1986). Ageism is reflected on many different levels from negative physician attitudes (Greene, Adelman, Charon, & Hoffman, 1986), no need for learning
advancement (Laslett, 1991), to individualized ageist expressions (Levy & Banaji, 2002). Levenson (1981) suggests that the medical community implicitly trains doctors to treat patients with an age bias, putting little value on geriatrics in the medical school curriculum.

Levenson (1981) further suggests that in their medical training, medical students learn to approach the treatment of older people with a noticeable degree of apathy. According to Levenson (1981), doctors all too often think that because old age is unstoppable, illnesses that accompany getting older are not that important, because such illnesses are seen as a natural part of the aging process. Older adults also engage in ageism when they adopt a perspective that they are too old to enjoy life, form new relationships, learn, or participate in new experiences (Rosenberg, 2009).

Values, Perceptions and Meanings: QoL, Well-Being and Death

Being aware of reality is about realizing every life opportunity, the potential in one’s existence. Ventegodt et al., (2003) and Viktor Frankl (1997) called it “meaning”. At some point in life, whether it is a personal encounter with death, bitterness with the emptiness of success or even a key crossroad, the existential question of meaning will be initiated.

Some research findings on sources of meaning have revealed some fairly stable tendencies for people to view relationships, work, and other domains of life as contributing largely to their sense of meaning (Steger, Oishi, & Kesebir, in press). With a growing proportion of the U.S. population able to expect to retire and have a number of years in which they are healthy, the third age has taken shape as an important new life
phase in later life during which the positive aspects of aging are particularly visible (Carr, Dawn, & Manning, 2010). The capacity to accept life’s twists and turns, many of which are beyond one’s control, is vital for adaptive functioning in late adulthood (Berk, 2010). Examining content and cultivating Third Age QoL themes, meanings and death beliefs are the focus of this section.

Around the year 2009, the first wave of the “baby boomer” demographic hit unprecedented shift in the population, in which some have termed the “graying of America” (Nelson, 2005). The Central Valley is one of the world’s most abundant agricultural centers and the San Joaquin Valley is becoming the state’s third largest older adult population center (California Health and Human Services Agency, 2003). Age-identities, particularly those of third agers, are not exclusively matters of private conservations and intimate dialogues. Age-identities are experiences that take place in a larger societal context, reflecting a larger meaning-making process that impacts our everyday experiences (Coupland, 2009). As the population becomes increasingly diverse, the meaning of successful aging and their related experiences will become even more difficult to define without expanding research models.

Content and Themes of Meaning

The longevity revolution and the changing experience of what it means to be old in today’s society requires researchers and practitioners to continue to engage in discussions about meaning and purpose in later life (Butler, 2009). According to some, in a cosmos devoid of intrinsic meaning, no life can be meaningful, and people should instead seek meaning in experiences that provide them pleasure or stimulation (Camus,
1955). Previous research has suggested that those who are searching for meaning generally feel like their lives have somewhat less meaning, and they are generally less satisfied with their lives as well (Steger, Frazier, Oishi, & Kaler, 2006; Steger, Kashdan, Sullivan, & Lorentz, 2008). For some, the search for meaning is palpable and pressing, whereas others may feel little or no drive to seek meaning in their lives.

*Creative and Leisure Themes*

In keeping creative themes and pleasing activities in mind, the focus on the meaning and purpose of creative engagement is related to the increasing number of years of healthy retirement, whereby individuals have the opportunity to become active participants, in the meaning-making process, through engagement in particular activities (Carr & Manning, 2010). For example, Cheek and Piercy (2008) describe the use of quilting as a form of generativity that promotes development whereby older adults connect with the cultural significance of passing down techniques from previous generations, while fulfilling an important role in their respective communities. For these third age adults, quilting and artistic engagement promotes development of selfhood in later life through the articulation of a sense of purpose and meaning associated with being an elder quilter in their community (Carr et al., 2010). Creative engagement is critical to the way older adults formulate their sense of self and purpose in life during the era of the third age (Carr et al., 2010).

Similarly, Hutchinson and associates (2008) research support these findings, indicating that social participation in an organized group like the Red Hat Society provides women with a resource for coping with challenges and losses in later life. This
engagement occurs within a more formal system of leisure which typically includes activities such as participation in organizations, religious groups and volunteer activities. Participation of older adults in these activities has been found to decrease over time (Stanley & Freysinger, 1995; Strain et al., 2002; Verbrugge et al., 1996). Studies have shown that participation in formal leisure activities is positively associated with aspects of psychological well-being such as increased happiness (Menec, 2003), and decreased depressive symptoms (Musick & Wilson, 2003).

Formal leisure participation has also been linked to the physical functioning of adults by decreasing their risk of mortality (Lennartsson & Silverstein, 2001; Sabin, 1993; Wolinsky, Stump, & Clarke, 1995) and increasing physical functioning and health status (Everard, 2000; Menec, 2003). Participation in other social groups like Rotary, Grandparents raising Grandchildren, Volunteers of America, and the Older Women’s League promotes a sense of rebirth, improved overall health and quality of life and these groups provide an exit from stereotyped attitudes. Involvement in leisure activities and, especially, volunteer service is related to better physical and mental health and reduced mortality (Avlund, Lund, Holstein, Due, Sakan-Rantala, & Heikkinen, 2004).

*Retirement Themes*

As baby boomers enter retirement, issues related to the third age of life will become increasingly important (Carr et al., 2010), while their meaningful stories, innovations and life goals will continue to change. According to AARP, many people are satisfied with retirement because conditions have changed due to people living healthier, and are more active than previous generations which assists with longevity (Sadler &
Krefft, 2007). The redefinition of retirement has begun because people have become mindful about their future, investments, and health after fifty since conventional retirement no longer offers what third ager’s seek (Sadler et al., 2007).

**Spirituality Themes**

In the era of the third age, older adults face new challenges and meaning in life. It is of key importance to allow them to use their own words to articulate their ways of making meaning (Carr et al., 2010). Peterson, Park and Seligman (2006) studied the relationship between character strengths, well-being, and meaning in older people. One of the meaning measurements utilized by Peterson and his fellow researchers is based on the Meaning of Life Orientation subscale (Peterson, Park, & Seligman, 2006) and the other is the Meaning in Life Questionnaire developed by Steger et al., (2006).

What is noteworthy is that the top four character strengths most significantly related to meaning orientation and presence of meaning are religiousness, gratitude, hope, and zest for life (Wong, 2012). The high correlation between religiousness and meaning confirms previous research on the inherent connection between meaning and spirituality (Pargament, 1997; Wong, 1998b). This finding suggests that religiosity or philosophy of life about the big picture is an essential aspect of meaning in life (Wong, 2012). Spirituality is vital to understanding the meaning making process in later life, and provides a framework for our sense of self in the larger context (Sinnott, 2009).

**Overall Health Themes**

Some research has been more directly focused on participation in activities and perceived improvements in health. For example, Wilcox and associates (2009) examined
older adults’ perceptions of the role of physical activity and nutrition in maintaining cognitive health. This research focused on participant description of knowledge rather than participants interpretation of positive health outcomes. Grant (2001), on the other hand, examined the extent to which physical activity in later life is inhibited by ageist conceptions of what older adults can and should do.

However, perceptions of being “too old” to engage in such activities create barriers to continued activity, and inhibits individuals from choosing to engage in meaningful, healthy ways (Carr & Manning, 2010). An interpretative hermeneutic phenomenological analysis by Borglin, Edberg, and Hallberg (2005) revealed that quality of life in old age implied a preserved self and meaning in existence. The manner in which the individual’s life was viewed, thoughts about death and dying, and telling one’s story proved to be areas of importance for their perception of quality of life (Borglin et al., 2005).

Death Themes

From an existential viewpoint, there is a progressive knowledge seeking to discover death’s impact upon living a quality life. People tend to avoid the thoughts and feelings associated with death because of the terror that can arise from the awareness that death is inevitable (Kastenbaum, 2000; Kubler-Ross, 1997; Yalom, 1980). Even when confronted with unsettling news of the death of someone they have known, contemporary Westerners typically avoid questions that search for some meaning in death (Byock, 2002). Instead, in a manner that deflects deeper inquiry, typically people seek to ascribe a reason for the specific death such as when people are overheard asking, “Was he a
smoker?” or, “Was she wearing her seat belt?” as if in assigning an explanation for an individual’s demise, one’s distance from death can be preserved (Byock, 2002). Avoiding thoughts and feelings that are associated with death can build barriers which may create for people not just a type of anxiety about dying, but also an anxiety about living (Scull, 1989).

Death perspectives became a topic of psychological interest in the late-1950s with psychologist Feifel’s (1959) research on geriatric and mentally ill populations, although a handful of pioneering studies appeared before that time (Neimeyer, Wittkowski, & Moser, 2004). Although Feifel did not directly question interviewees about their own death anxiety, participants tended to believe that fear of death peaked in old age when asked to describe when “people in general” fear death (Neimeyer et al., 2004). The results of Feifel’s studies suggests that old age is not necessarily a period of morose preoccupation with personal death and the elderly may report lower levels of death fear than more youthful cohorts (Niemeyer et al., 2004). Individuals who support death acceptance are probably more able than others to communicate meaning in death by putting it into context, which should enable them to experience less fear when thinking of their own death, thus putting this hypothesis in harmony with both existential and meaning reconstruction theories of coping with death and loss (Neimeyer, 2001; Tomer, 1994) and is a topic worthy of further research (Neimeyer et al., 2004).

Gaps in the Literature

The gaps in the literature include imitations of Third Age quality of life and death research focused on theoretical meaning inconsistency and lack of concise definitions of
quality of life (Bond & Corner, 2004; Farquhar, 1995; Glatzer, von Below, & Stoffregen, 2004), psychological and other interpersonal living dimensions (Kraut, 2011). A gap in literature exists between ‘objective’ and subjective living conditions, social and emotional ties and the importance of both health and subjective wellbeing to QoL in old age (Walker & van der Maesen, 2004). The strongest predictors of overall subjective well-being, however, were the subjective evaluations of the domains of finances, health, social network, and leisure activities (Daatland & Herlofson, 2001). There is a common need for research in all countries, regarding physical and mental health, in order to maintain well being, with exception to Germany and Sweden (Walker et al., 2004). This author’s research helps to expand literature about California’s Third Age adult perspectives of quality of life and death. Specifically, this author’s Third Age research includes: bio-psycho-social-spiritual viewpoints, resilience factors, word definitions, life satisfaction patterns, dignity and well-being values.

Another gap in the literature is that there is minimal comparative analysis studies key to Third Age cultural diversity and their views of quality of life, satisfaction and death (Walker et al., 2004). For example, in Eastern and Native American cultures it is common for people to revere elders, honoring them for their wisdom, abilities, and life experiences (Suri, 2009). Unfortunately, this attitude is often missing in North American culture. It is for these reasons the author of this research wishes to recognize the importance of diverse Third Age perspectives.
Summary

In this section, the author discussed the historical background and definitions of quality of life, the measurement instruments currently used to examine quality of life social indicators and constructs, as well as ageist attitudes key to Third Age adult viewpoints of QoL and death. Associated perspectives, meanings, values and insights key to Third Age adult QoL, well-being and mortality are also revealed. Gaps in the literature were also presented. In the next chapter, the methodology is described.
Chapter 3

METHODOLOGY

Introduction

In this chapter, the methodology and research design utilized is described for this research study. The following areas are addressed: the Research Question, Study Design, Study Population, Sample Population, Instrumentation, Data Gathering Procedures, Data Analysis and a Summary. In addition, there is a description of the steps taken to protect human subjects.

Research Question

This study investigates the following research question: What are the perspectives of Third Age adults on quality of life and death?

Study Design

The researcher employed a qualitative content analysis approach for this study. This qualitative, phenomenological study used person-centered theory and an existential philosophical model as the guiding paradigm. Trust and rapport are established with the research participants in order to make certain the perspectives of these participants are authentically gathered and accurately represented in the research findings. The researcher is looking for common linkages between the meanings in the data that are communicated by the participant, through his or her wisdom and experiences. Also, latent and manifest coding was employed to identify themes in word meanings, definitions and viewpoints within the ten interviews conducted.
According to Leedy and Ormrod (2010), the term *phenomenology* refers to “a person’s perceptions of the meaning of an event, as opposed to the event as it exists external to the person” (p. 141). This research will include phenomenological characteristics in order to understand individual perceptions, perspectives, and understandings of quality of life and death. By looking at various viewpoints of the same question being researched, the researcher would be able to make some generalizations of what something is like, or how something was experienced, from the participant’s perspective.

Although, typically a phenomenological interview is unstructured, the author created an interview guide so that the interviewer and interviewee work together to better understand the everyday experiences related to QoL and death. So, the participant conducts most of the interview conversation, while the researcher defers any preconceived notions that may sway what the researcher hears the participant saying.

**Qualitative Content Analysis Approach**

Qualitative content analysis originated in anthropology, the physical sciences and education, in order to explore the relationships between word meanings, patterns and themes behind the development of varied physical messages of how people view the world. Hence, qualitative researchers study their subjects in their natural settings, attempting to interpret phenomena in terms of the meaning people bring to them (Denzin & Lincoln, 2005). Qualitative research requires an interpretation, by the researcher, of the data for analysis and finding motifs, word themes, common threads, or the absences of such commonality.
From that data analysis, coding categories appear from the raw data. Qualitative content analysis is defined as “an approach of empirical, methodological controlled analysis of texts within their context of communication, following content analytic rules and step by step models, without rash quantification” (Mayring, 2000). With that, qualitative research allows for the participants to more directly engage in the research by using their own words and behavior instead of requiring the participant to select from pre-formulated responses created by the researcher (Rubin & Babbie, 2008).

**Qualitative Research Interviewing**

As a qualitative tool, an advantage of qualitative research interviewing was the direct contact between the researcher and the research participant which produces in-depth, complex yet subjective data while using their own language. The main method of collecting qualitative data that the author utilized for this study was face to face, individual interviews. Qualitative interviewing is particularly useful as a research method for accessing individuals' attitudes and values—things that cannot necessarily be observed or accommodated in a formal questionnaire (Seale, 2004).

The meanings and experiences of the participants are the focus of qualitative studies, rather than a meaning or explanation brought to the research, by the researcher. The qualitative approach usually produces descriptions or typologies, along with expressions from subjects reflecting how they view the social world. By this means, the perspectives of the producers of the text can be better understood by the investigator as well as the readers of the study’s results (Berg, 2001). When conducting these qualitative
interviews, the author will be able to view and comprehend multiple sides of, and different versions of, a similar situation.

In addition, qualitative interviews allow people to communicate to others, a situation or meaning, from their own point of view; they are also based on the conversations of everyday life and how people are affected by occurrences that persist. Semi-structured interviews involve a series of exploratory questions based on the topic areas the researcher wants to cover. The open ended nature of the question defines the topic under investigation but provides opportunities for both interviewer and interviewee to discuss some topics in more detail (Hancock, 1998). For this study, the author will utilize a guided approach, in order to obtain similar areas of information collected from the interviewees. This guided approach provides an added structural focus over the informal conversational method, while allowing for personal adaptability.

Contrarily, the disadvantages to consider when using a qualitative research interviewing approach include the small sample size, the raw data cannot be analyzed statistically and its subjective nature, which makes qualitative research non-generalizable to larger populations. The data collection process can be costly and time consuming. There is a greater potential for the bias of the researcher to be communicated to the research participants during an in-person interview than other data collection techniques (Rubin & Babbie 2008). Another disadvantage is that the research is difficult to duplicate.

Content analysis is a systematic method of examining the content of communications. Historically, it was first used as a method for analyzing hymns, political
speeches and newspaper articles in the 19th century (Harwood & Garry, 2003). Holsti (1969) further describes content analysis, in a broader sense, as "any technique for making inferences by objectively and systematically identifying specified characteristics of messages" (p. 14). Content analysis is a research method for making replicable and valid inferences from data to their context, with the purpose of providing knowledge, new insights, a representation of facts and a practical guide to action (Krippendorff, 1980). It involves, for example, counting word meanings, word patterns, concepts, number of hits on a website, and underlying themes while categorizing the information into a framework.

Qualitative content analysis can be used to analyze various types of data, but by and large the data needs to be transformed into written text before analysis can start. Hsieh and Shannon (2005) discussed three approaches to qualitative content analysis, based on the degree of involvement of inductive reasoning. This early involvement in the analysis phase will help you move back and forth between concept development and data collection, and may help direct your subsequent data collection toward sources that are more useful for addressing the research questions (Miles & Huberman, 1994).

The first approach, conventional qualitative content analysis, is used for the development of grounded theory and coding categories come directly from the raw data. The second approach is directed content analysis. Here, coding begins with a theory or relevant research findings. Then, during analysis, the researcher becomes immersed in the data as themes begin to emerge. The purpose of that approach is to validate or extend a concept or theory.
The third approach is summative content analysis, which will be utilized in this research study. This approach begins with word counting (or manifest content), then extends the analysis to include latent meanings, patterns and themes. When using theme as the coding unit, you are primarily looking for the expressions of an idea (Minichiello et al., 1990). It appears that summative content analysis is quantitative to start but the goal is to explore the usage of words in an inductive manner.

One thing to consider is that synonyms may be used for stylistic reasons throughout a document and thus may lead the researchers to underestimate the importance of a concept (Weber, 1990). Also, in performing word frequency counts, one should bear in mind that some words may have multiple meanings. For instance the word "state" could mean a political body, a situation, or a verb meaning "to speak" (Stemler, 2001). The content analysis method allows for qualitative data to be interpreted into a quantifiable form (Rubin & Babbie, 2008).

With that, manifest content is the clearly visible and tangible content of the communication data. Latent content refers to the interpretive, symbolism or underlying meaning of the physical data. Latent content analysis seeks to understand the overall meaning of the commutation by reviewing it in its entirety and making an assessment (Rubin & Babbie, 2009), but a disadvantage is its reliability. Manifest content is comparable to the surface information present, whereas the latent content is the deep rooted meanings conveyed in perceptions. In this study, there will be an emphasis on both manifest and latent content, as valid and reliable, to formulate a richer knowledge and understanding of what the third age adult quality of life and death perspectives could be.
Study Population

Participants in this qualitative and descriptive study were residents from San Joaquin County, CA., aged 55-80, coming upon retirement and within the Third Age life period. This population has perspectives on quality of life and mortality that have been unexplored and, historically, has provided little research knowledge for social work practice beyond the sole focus of economics and Health Related Quality of Life (HRQoL).

Sample Population

The study used the snowball sampling method. Snowball sampling was utilized to identify initial research interview participants, within their Third age, who were then used to refer the author to other research interviewees. Once research recruitment was initiated and the interview process was explained effectively, participants showed interest in this study rather quickly. Trust was able to be established, due to peer referrals, versus other methods of identification.

However, there are some deficiencies to the snowball sampling method. Because elements are not randomly drawn, but are dependent on the subjective choices of the respondents first accessed, most snowball samples are biased and do not therefore allow researchers to make claims to generality from a particular sample (Griffiths et al, 1993). Secondly, snowball samples will be biased towards the inclusion of individuals with inter-relationships, and therefore will over-emphasize cohesiveness in social networks (Griffiths et al, 1993). The participant sample size is 10 people (n=10). The 10
participants were found through family referrals, community member referrals and online social networking.

**Instrumentation**

The author utilized a qualitative interview to obtain study information. The qualitative interviews were conducted as guided, semi-structured, face-to-face interviews with ten adults over 55 years of age who agreed to share their perspectives on quality of life and death. The interviews were held and conducted at the convenience of the participants. The participants had the options to choose a date and time to be interviewed locally at: a library conference room, his or her business office, a church education room, or the author’s home office.

In preparation for the interviews, the author designed a semi-structured questionnaire with a guided framework consisting of nine to eleven questions. The interview timeframe is between 50 minutes and 1 hour and 20 minutes in length. McNamara (2009) suggests that the strength of the general interview guide approach is the ability of the researcher to ensure that the same general areas of information are collected which provides more focus than the conversational approach, but still allows a degree of freedom and adaptability in getting information from the interviewee. In order for the questions to be asked naturally, it is crucial that the researcher feel very comfortable asking the questions without stumbling on the words, since the questions may not be asked exactly as written.

It is equally important for the researcher to conduct the interview at a comfortable pace for the respondent. The researcher's attire should be comparable to the individual’s
appearance. The researcher’s approach must be pleasant while conveying respect with an interest in listening and understanding what the respondent has to say without judgment. Hopefully, this will help put the participant at ease and create a more hospitable experience.

In addition, the researcher must accurately record the interview so taking a moment to verify that the device is working during the interview is important (Rubin & Rubin, 1995). The interview must be recorded continuously and without alterations. This also includes not paraphrasing or summarizing what respondents may have stated during their interview. Providing occasional, brief validations to the participant in the form of head nods, a smile, and “uh hmm’s” are acceptable. Finally, the exit is the last guideline. When the interview has ended the researcher should reassure confidentiality, provide the compensation noted in the consent form, thank the respondent for their time and for providing their wisdom in the research interview process.

**Data Gathering Procedures**

The 10 participants invited to be interviewed for this study were either initially approached in person, contacted through e-mail correspondence, contacted through LinkedIn.com and Facebook.com website social network messaging or through a phone inquiry. Recruitment efforts through Facebook.com returned no respondents. All of the participants were offered a flyer focusing on: voluntary participation, the type of research being conducted, research purpose, confidentiality, the monetary benefit for participants, qualifications, author contact information and informed consent as a requirement for participation. The interviews were held and conducted at the convenience of the
participants. The participants had the options to choose a date and time to be interviewed locally at: a library conference room, his or her business office, a church education room, or the author’s home office.

Participants were also told the interview would be digitally recorded, were asked to sign a consent form (see Appendix B), and were provided with a copy of their informed consent form. The author designed a semi-structured questionnaire with a guided framework consisting of eight questions. The interview timeframe was expected to be between 50 minutes and 1 hour and 20 minutes in length.

**Data Analysis**

Following the interviews, all the digital recordings for each interview were transcribed verbatim by the researcher. A content analysis was then conducted on the written version of the responses. The researcher examined common themes (or patterns) amongst responses and word meanings. This classification was useful in summarizing meaningful insight into Third Age adult participants’ experiences, which could provide preliminary answers to the research interview questions posed. Therefore, common themes were then developed and described within the context of the literature and theoretical frameworks reviewed for this study. Both latent and manifest content analyses were conducted in this study.

**Protection of Human Subjects**

As required by California State University, Sacramento, a human subject application was submitted to the Committee for the Protection of Human Subjects from the Division of Social Work. This committee approved the proposed study and
determined the research as "minimal risk" to the study participants and the approval number is 10-11-12. The approval was received prior to participant contact and the collection of any research study data.

Participation in this research study by Third Age adults, aged 55-80, was on a strictly voluntary basis. Participants were informed in writing and verbally of their right to decline to answer any questions or stop the interview at any time and for any reason. The participants were also informed for their time, the compensation would still be granted to them in the form of a gift card or equivalent cash amount. To protect the identity of the participants, participants were told to not use their name or that of their family members during the interview. Participants were given a pseudonym in order to protect their confidentiality.

All information received during the interview was confidential. Privacy was maintained through separately locking away all interview sheets researcher noted on and the informed consents. All the digital recordings and transcribed materials were stored in a locked drawer and were immediately destroyed after being transcribed, analyzed and coded. All interview materials were destroyed by June 15, 2012. This information was described in the participant's consent form (see Appendix B) which was signed prior to the interview taking place.

Summary

This chapter described the qualitative research design used for this study. A description of the study population and the sampling technique used was also discussed in this chapter. Additionally, this chapter described the methods for collecting, reporting
and analyzing the data as well as reviewed the procedure to protect the human subjects.

In the next chapter, the data analysis will be presented.
Chapter 4

DATA ANALYSIS

Qualitative interviews were conducted with ten individuals, three self-identified males and seven self-identified females. All interview participants identified themselves to be within the Third Age of life: one female age fifty-five, one male age fifty-six, one female age sixty, one female age sixty-three, one male age sixty-five, one female age sixty-eight, one male age seventy and one female aged seventy-four. Two females identified themselves only as being in the third age range: 55-64. All participants identified themselves as residing in San Joaquin County, California. Nine of the ten individuals identified racially as Caucasian. One male identified racially as Hispanic.

All of the participants varied ethnically: one female is European, one male is Spanish and Portuguese, one female is German and 1/8 Cuban, one female is German, one female is half Italian and half European mixture unspecified, one female is Irish, one male is German and Irish, and one male is German and Slovak. Two of the females did not state their ethnic origin but chose the Caucasian race. The amount of education completed by participants varied. One participant graduated high school, five graduated college and four were post-graduates. All participants were given fictitious names. The names are Joe, Ron, Sheri, Pam, Sami, Steve, Bonny, Ada, Eve, and Mari.

The purpose of this thesis is to increase the body of knowledge about the perspectives of ten third age adults on their quality of life and death and the associated implications for social work practice. This study explores the following research question: What are the perspectives of Third Age adults on quality of life (QoL) and
death? The intent of this research is to perform an analysis of personal viewpoints, word meanings, shared wisdom and linked themes of adults aged 55-80 during the interview process. This study will explore the values and beliefs of adjusting to life changes, what helps develop and enrich QoL for maturing individuals, how their death beliefs may have changed over time, and the possible contributions of this population’s wisdom to Existentialism and Person-Centered Therapy.

Additionally, all participants were asked a set of nine to eleven semi-structured questions regarding their views about living a good life, age related misconceptions and how ageism affects them; describe how they adjust to life changes; discuss how there could be a “good” death and their overall mortality beliefs; describe what brings life meaning, how their daily needs are met, and the aspects of their supportive relationships they value the most.

Several themes became evident surrounding the significance of Third Age adult perspectives about QoL and death. These themes were: (1) sharedness; (2) commitment to living; (3) health; and (4) social tensions. The reasoning, or related perspectives, behind why those QoL and death things were important focused on: overall satisfaction with life; psycho-social-spiritual attachments; having the access and ability to intimacy; community involvement; social roles; life enrichment opportunities related to hobbies; financial circumstances; and retirement and health. A summary concludes this chapter.
Sharedness

All ten of the participants shared that human connection is valuable to their overall perspectives about quality of life, well-being, relationship values and mortality. Ten of the participants reported that part of the reason why they remain curious and active is due to activity engagement with like-minded people, the quality friendships and family connections involved in their life. Given that we experience reality subjectively, we rely on shared subjective experiences with others as a method of confirming our experiences (Swann, 1996). But if we cannot verify that other people independently experience reality in the same way as we do, we can never find foolproof validation of our experiences (Pinel, Long, Landau, Alexander, & Pyszczynski, 2006). It comes as no surprise, then, that people suffering from feelings of existential isolation often have a dreadful sense that their world can vanish into thin air (Yalom, 1980).

Within an existentialist lens, shared connectedness and objective similarity can conflict because third age adults may believe they share subjective experiences with others who may be completely different. For instance, research by Long & Pinel (2005) suggests that a fundamentalist Christian and an Atheist can enjoy the same sunset; a staunch Republican and an equally staunch Democrat can share a laugh. So when two objectively different people I-share in these (and other) ways, their disliking for one another might lessen, if only for a moment (Long & Pinel, 2005). Involvement in leisure activity has been linked to psychological well-being and reductions in depressive symptoms (Everard, Lack, Fisher, & Baum, 2000; Freysinger, Alessio, & Mehdizadeh, 1993; Havighurst & Albrecht, 1953; Morgan & Bath, 1998; Ruuskanen & Parkatti,
Freysinger, Alessio, & Mehdizadeh (1993) conducted secondary analysis on a 6-year longitudinal data set of individuals age 50 to 80 and found that while the frequency of leisure activity decreased over time, maintaining participation in leisure pursuits had a positive impact on life quality, relationship connections and morale.

Contrarily, a number of other studies have found no association between activity involvement and psychological well-being (Gubrium, 1970; Moses, Steptoe, Matthews, & Edwards, 1989; Shephard, 1987). One study found that persons who had no social ties were twice as likely to experience cognitive decline compared to those persons with five or six social ties (Bassuk, Glass & Berkman, 1999). Additional factors known to influence the psychological well-being of individuals are income, marital status, health status, and the availability of social support (Chappell, 1992; Lee, 1978; Lefrançois, Leclerc, & Poulin, 1998).

Ron, a 65 year old who is an educator and non-profit co-owner, shared specific valuable aspects of his supportive relationship with his wife:

My wife is my number one supportive relationship. Initially what attracted me to her, thirteen years ago, the passion and the deep intimacy we shared about actually living life and umm…about sharing our bodies. I may be in my 60s but damn I am not dead. I still have energy, testosterone and desire to be touched both physically and philosophically unlike some of the other people my age I speak to who complain about all their aches and pains. Most people would have a difficult time living with me because I enjoy challenging people to think beyond their past life.
The meaning behind what brings value to Ron’s relationships focuses on intimacy and being engaged in an active cognitive and physical lifestyle. Later life sexuality and sexual health issues have been ‘annexed’ as specialist and rather obscure research topics, rather than being considered as part of the totality of older people’s everyday lives (Gott & Hinchliff, 2003). The essence of love is two selves connecting, disclosing and identifying with each other while retaining individuality, being mutually supportive and delighting in similarities (Aron & Aron, 1994). For the existentialist, being-in-the-world defines experience with the focus being a felt sense of being in the here and now (Vaughn, 2010). According to an AARP survey in its 2010 report, “Sex, Romance, and Relationships,” sexual activity itself is increasing with about 28 percent of survey respondents, between 55 and 75 years of age, said they had sex at least once a week (Bronson, 2012).

However, cross-cultural research indicates that individualistic cultures like that of the United States emphasize love as the basis for marriage and encourage intimacy between partners (Matsumoto, 1989). Individualists expect more passion and personal fulfillment in a marriage which puts strain on the relationship (Dion & Dion, 1993) versus communal cultures where love entails obligation (Triandis, 1995). Both existential and transpersonal worldviews point to the importance of integrating mind and body and emotions (Vaughn, 2010). The English possibly had relationships right several centuries ago when presuming passionate love was a temporary intoxication in which they did not marry unless the relationship was also based first on friendship, compatibility, habits and similar values (Stone, 1977).
This above participant, Ron, discussed the importance of intimacy with his wife which was a rare discussion in this research. Two participants in this research are divorced and one is widowed. Bonny was the only interviewee who discussed briefly her desire to begin dating. Still, one noticeable connection between participants was their desire to have active, like minded personal relationships with others. According to Kenny & Acitelli (2001) attitude alignment helps sustain close relationships, a phenomenon that can lead partners to overestimate their attitude similarities.

Similarly, a few of the participants discussed their perspectives about family relationships in ways where those connections have assisted strengthening friendships and personal resilience. Steve stated, “During some of the tough times of my life, my wife and my two children have proven to give me the understanding, love, vulnerability, generosity and emotional support that I reciprocate as a father, community member, friendly neighbor and husband.” Also, Pam responds by sharing a family holiday experience that later shaped the importance of her relationships:

My sister, who has a tendency to be self-absorbed, wanted to have a Christmas party at my mom’s house…this happened a few years ago. Now, my mom died the year prior and we hadn’t sold her house yet so my sister thought it would be nice to have a Christmas family gathering there. I honestly thought my sister lost her mental faculties. I let her plan her gathering honestly expecting it to be an emotional, dramatic disaster right but I was terribly incorrect. My sister was genuinely thoughtful that Christmas. With my relationships, valued aspects involved I think are showing kindness towards others, engaging in life with those
you love or care deeply about, having the willingness to be vulnerable and being open to reciprocity.

The meaning behind what brings value to Pam’s relationships focused on emotional vulnerability and respect.

Another Third Age QoL and death shared commonality between eight of the ten participants is the importance of church membership and spiritual faith. Some adults view their spirituality as a journey that searches to find meaning in one’s life and, therefore, reason for continued life and hope (MacKinlay et al., 2007). The existentialist believes the transpersonalist lives in a world of spiritual illusions, since nothing in his or her experience validates the claim of those who have seen through the illusion of a separate self-sense (Vaughn, 2010).

Existentialists observe that people generate immortality projects (Becker, 1974) and tend to view with suspicion those who believe in the continuation of consciousness after biological death (Vaughn, 2010). Carstensen (1995) has stated that a strategy of relative involvement may be thought of as a means of maintaining a sense of well-being in the face of loss or finitude. Whereas the existentialist is likely to think of the self as a skin encapsulated ego doomed to alienation and mortality (Yalom, 1980), the person who identifies with being a soul rather than an ego, may take a different view of separation and death (Vaughn, 2010). Within this research, this view explains what mortality could be while living an engaged, full life.

For instance, Joe explained:
If you have faith, you be who you are in God’s eyes and you will be welcomed and protected, as long as you act morally. Be kind to others, don’t steal or cheat, you know. Like when my wife passed away, I was so mad at God for taking her. Now, I know she isn’t suffering from cancer but through a lot of support from my family and years of daily prayer…and confession about my emotions, I found hope and a kind of peace for myself.

Taking this view allows people living with increasing disability to find hope and to flourish, even when facing uncertainty (Braxton et al., 2005). The person responds to life from what lies at the heart or deepest core of their being, and this will vary with the individual (MacKinlay et al., 2007). It is evident, through these narratives, that spirituality and/or faith can stimulate coping skills to work through change affecting the varied psychosocial-cultural foundations of third age adults.

Carstensen (1992) maintains that by the time people reach later adulthood, they place a greater emphasis on relationships that are emotionally close and disengage from more peripheral social ties. Recent evidence provided by Stark (2008) indicates that 32% of the people who attend church on a regular basis report that half or more of their friends are members of their congregations. The communicated pattern, within these narratives, is that overall self-awareness and hope strengthens lives, while life meaning and general human connectedness provide clarity to quality of life.

Similarly, Sami was raised Roman Catholic, who at 29 years of age became an Agnostic for nine years, shared another spirituality perspective as a part of her aging growth:
As I’ve got older, my spirituality beliefs have changed four times over the past 18 years because as I learned about religion and myself, I desired to truly believe in principles that matched who I am, my inner identity. Today, living in the now is the best positive way of living for me and I find that equal balance through my belief in Unity faith teachings. Through meditation, I personally experience the presence of God but I do not know what heaven is. When I get there, I will know.

In the cases presented in this literature section, human connection, religious behavior and spiritual meaning is strongly valued regarding third ager perspectives about quality of life, life meaning, and personal identity with some underlying acceptance of mortality. Wong (2000) suggests from an existential perspective, irrespective of religion, individuals are motivated to gain personal meaning that shields them against personal alienation. Likewise, in our age of ecological awareness, Christian spiritual beliefs extend our reach to that collective transformation reflective of our interdependence with all other beings (Fischer, 2010).

**Commitment to Living**

Play, active engagement, and living in the present as a third ager, has strong connection with all ten participants. Likewise, those who continue to participate in activities and engage in social relations as they age are likely to be satisfied with their life and maintain positive attitudes, thus contributing to their good health (Park, 2009). A common perspective among the interviewees was that although they are aging, growing older and quality of life does not need to negatively roll in a downward trajectory. Seven of the participants could not provide a clear definition of quality of life because they felt
quality of life was made up of different attitudes, goals, treatment preferences, curiosities, and levels of health. Participant Ada reflected on her quality of life meaning as “having influence over your body, your abilities and striving for personal growth while focusing on the here and now situation, which is a state of mind.”

Mari defined quality of life as having “subjective meaning with a focus on the wealth, psycho-social, emotional, educational and overall healthy well-being of the person living their life to the best of their ability.”

In a more recent approach, quality of life was suggested to be a relation between a set of objective conditions and two subjective or person-based elements where the subjective elements are comprised of (a) a sense of subjective well-being and personal development, and (b) learning and growth (Lane, 1996). This approach emphasizes the active role of the person and highlights the importance of integrating personality concepts such as skills or capacities, beliefs and knowledge, emotions and evaluations, and states of being into the measurement of quality of life (Beham et al., 2006).

All of the third age people whose lives illustrate growth and renewal have been committed learners and they have been learning more about themselves, about opportunities and challenges, about new areas they have not previously had the time to explore, and new skills (Sadler, 2006). These narratives suggest that individual differences affect adaptation capacity to various circumstances. Considering the fact that modern medicine has prolonged life years, nine of the ten third age research participants richly described their meaning behind a good life, adaptability, the significance of living on their own terms as well as having the desire for social inclusion.
For example, Sheri who is 60 years of age stated, “How I define a good life would be doing what you want to do, in the time that you have available in this lifetime. For me, I wanted to be a mother first, a terrific friend second and an overall good societal role-model and I’m living those things in positive ways. I don’t want an imprisoned life.” Another participant, Pam, who is a full-time Financial Executive, reflects on her noticeable changes in attitude and ability:

My perspective of living a good life and what brings my life meaning revolves around the basic doctrine of ability, having enough and leaving a footprint behind as a mentor, friend and loved one. I value gaining continued knowledge through learning new skills and in being employed. I also volunteer my time at church and on a local Board of Directors monthly. Getting the chance to go on mini-travel vacations with those I hold close to my heart also keeps me active.

Investigations of why engagement improves health and mortality generally point to increased cognitive activity, exposure to stimulating environments, and social interactions (Hultsch et al., 1999; Kubzansky, Berkman, & Seeman, 2000). Elders report greater life satisfaction and self-efficacy when they are socially involved and depended upon by others for multiple social roles (Spar & La Rue, 2002). The elderly of 2030 will be much better educated, with a college graduation rate twice (and high school drop out rate one-third) that of the current generation of elderly (U.S. Department of Education, 1998). When subjective well-being is measured as satisfaction, researchers find little positive effect of education (Ross & Willigen, 1997) so that raises uncertainty about whether education’s purpose is generally positive.
Joe reflects on his education related to life meaning:

The people who are important to me, my Portuguese relations and other people who care about me are what makes my life meaningful not that I only have a high school education, or that I was a heavy machinery mechanic for 34 years. Who I am and the lessons I leave behind are worth more to my happiness than my education and work skills.

Well-educated persons are not more satisfied with their jobs than the poorly educated (Andrisani, 1978; Glenn & Weaver, 1982; Ross & Reskin, 1992), and they are not more satisfied with life in general (Pascarella & Terenzini, 1991). Education shapes life chances, which affect the subjective quality of life (Ross et al., 1997). Aging education can help to overcome ageism and counteract societal myths and misinformation about aging (Palmore, 2004). Ron, who was a heroin addict and homeless in his twenties, now a nonprofit co-owner, shares his viewpoint about gaining his education and adapting to change:

My screw ups in my twenties turned out to be positive experiences later in my forties. I had to think critically about gaining a better life in my mid thirties, when I should have already had a career established and all the things that go on with being a responsible adult. Nevertheless, I went to college for many years to obtain my Masters in Counseling Education. So my job skills, my communication abilities and my education have enhanced my life. That knowledge, alongside teaching at-risk adult students, has shaped who I am as a third age adult today. I
can relate to the underserved people, while teaching them that your quality of life does not have to be a dark cloud of misery.

As evident in this research, aging is about ability, growth, fulfillment and quality living which varies from person to person. According to Erik Erikson, the hallmark of successful mid to late-life development is the capacity to be generative and to pass on to future generations what one has learned from life (Knickman & Snell, 2002). Marc Freedman views adults in their Third and Fourth Age of life as an educational resource for younger generations to seize (Freedman, 1999).

Regardless of teaching ability, in this research study there is a strong correlation between the majority of participants, their view of shared human connections, employment, activity level, and education. Each person discusses powerful emotions which are a source of their growth and all of them have a valid perspective about what living a meaningful life entails. Throughout this research and within the meaning of existentialism, people are responsible for their identity. The only way to learn from their wisdom is to stop and listen to their life stories.

**Health**

The main responses interviewees gave when discussing self-care ability in relation to physical aging focused on little to no barriers to self-care. For instance, Bonny, a current CSU college student and widowed mother working 34 hours weekly in County Administration, reflected on her aging self-care significance:

I’ve injured my back and neck about six years ago but my body has the ability to repair itself, sure slowly and methodically, but my pains are also a form of mind
over matter. Honestly, I do not attach my aches and pains to aging; I do something about them for relief. I participate in preventative health by getting my flu shot yearly, by getting my yearly mammogram, by cooking low-carb, higher lean protein meals and vitamins. I think of myself as ageless.

The widely accepted definition of successful aging comes from Rowe and Kahn (1998) where three components exist: low risk of disability and disease; high mental and physical function; and active life engagement. Rowe and Kahn (1998) suggest that successful aging theory focuses on successful aging as an outcome, and enforces the idea that remaining active in later life ultimately benefits individuals in varied domains, including physical and mental functioning. Physical health may be parsed into mobility and ambulation, limitations on ability to do usual activities, pain, etc (Fryback, 2010). While the lifespan of individuals has grown due to recent advancements in medical technology, so has the likelihood that they will live with chronic illnesses and disabilities (Walker, Manoogian-O’Dell, McGraw, & White, 2001).

Although there is still a frustratingly large gap between optimal and actual practice, an increasing number of clinicians do now routinely ask their patients about their goals for care and organize their care plans around the patient’s priority goals (Emanuel & Scandrett, 2010). Participants Mari, Steve, Pam, Sami and Joe mentioned that they have either a Living Will that stipulates his or her Durable Medical Power of Attorney (DMPOA) or they have a copy of their Advanced Health Care Directives on file with their preferred hospital. In order to ensure the translation of goals for care into physician orders, many healthcare facilities are now using POLST (Physicians Orders for
Life-Sustaining Treatment) (Emanuel et al., 2010) which is on bright pink card stock and can travel with the patient stipulating their wishes regarding procedures like CPR (cardiopulmonary resuscitation), DNR (do not resuscitate), DNI (do not intubate), and limited tube feedings. None of the interviewees mentioned completing a healthcare POLST.

A significant majority of the elderly experience pain, which may interfere with normal functioning (Mitchell, 2001). Daily pain was reported by approximately 40% of a sample of over 65 community dwelling adults (Landi et al., 2001). Others have illnesses, such as dementia, metabolic imbalances, brain tumors or strokes that limit one or more aspects of, or globally limit but do not eliminate, their decision-making capacity (Emanuel et al., 2010). Mental health could be parsed into cognitive function, emotional health and its limits on functioning (Fryback, 2010).

Similarly, Eve, a 70 year old who is a divorcee, employed as a hospital Community Relations Coordinator part-time and grandmother of three communicated her perspectives about third age self-care:

Prior to my surgery last year, I cared for myself quite well with little need for assistance. With the spinal fusion, I do have more pain and I have received some assistance from my daughter initially when dressing myself and keeping up with my housework. If anything, her care for me taught me humility and it helped our relationship grow stronger than it was prior to the spinal fusion surgery. Mentally I’m still quick, usually positive…rational…but I have my days. Physically I’m slower but I’m far from dependent and decrepit.
Levy, Slade, Kasl, and Kunkle (2002) found that positive self-perceptions of aging lengthened survival rate. This author learned that advances in health care treatments have also met healthcare needs of third agers while lengthening their lives. Also, medical advances and demographic trends mean that the proportion of people living with serious chronic conditions into old age is increasing rapidly (Spathis & Booth, 2008). Although symptom control is crucial to the management of life threatening illness, strong community supports throughout the course of the illness are equally important to well-being (Kellehear, 2008). It is the core of medical care, a central part of the mandate from society and our forbearers in medicine, to relieve suffering, optimize overall health and well-being in every part of the life cycle (Emanuel et al., 2010).

**Social Tensions**

Setterson (2002) stated that “the most pervasive discomfort in later life may not be fear of destitution or even fear of poor health, but rather an awareness…that…life can become empty of meaning” (p. 70). If this thesis author’s understanding of Setterson is correct regarding lack of meaning in an aging person’s life, then the logical idea is to increase knowledge about how third age people make sense of life meaning alongside the concepts that make up living a quality life through death. Studies examining both the short-term and long-term impact of stereotypes suggest that they affect performance, behavior, and long-term health (Levy et al., 2002). With that in mind, the author will focus on the patterns of social tensions that many participants communicated in this study: ageist attitudes, retirement and death.
Regarding ageism and appearance, Bonny stated, “Even if I got a face life, I already know the aged appearances are judged in social settings and that is sad but true. This judgment of appearances affects me because I’d like to think I still have pearls of wisdom to share with others.” Edlestein and Kalish (1999) identified stereotypes of older adults that may lead to negative bias. These stereotypes portray elders as suffering from senility and mental illness (especially depression), as inefficient in the workplace, frail or in ill health, socially isolated, lacking interest in sex or intimacy and as demonstrating stubborn, inflexible personality characteristics (Edlestein et al., 1999). Advertisements, greeting cards, and media often portray and reinforce ageist attitudes (Palmore, 2004).

Another participant, Eve, shares her experiences of ageism:

As a person in my Third Age of life, I feel alive quite frankly. I don’t know how I’m supposed to act but people say I should be moving and thinking slower. What the hell, why should I? If the media featured us third agers in a different view, I think we wouldn’t be seen as noncontributory and geezers with nothing but old fashioned stories to share. Those stories are rich in history and everyone could learn from the knowledge that aging people could share if asked to.

In addition, ageism generates and reinforces a fear and denigration of the ageing process and legitimizes the use of chronological age to mark out classes of people who are systematically denied resources and opportunities (Kearney et al., 2000). The first article, by Martens, Schimel, and Greenberg (2002), discusses the fruitful application of Terror Management Theory (TMT) to understanding the origin of age prejudice. Martens and his colleagues make a compelling argument that our thoughts of our own mortality
spark feelings of intense anxiety (tied to our fear of dying) and that we will try to distance ourselves from anything (or any person/group) that reminds us of our mortality (Martens et al., 2002).

Sadly, research has also shown that counselors, educators, and other health professionals are just as likely to be prejudiced against older people as other individuals (Pasupathi & Lockenhoff, 2002; Troll & Schlossberg, 1971). For example, Reyes-Ortiz (1997) suggested that many physicians have a negative or stereotypical view of their older patients. Physicians may feel frustrated or angry when confronted with cognitive or physical limitations of older people, and may approach treatment with a feeling of futility (Wilkinson & Ferraro, 2002). According to Levenson (1981), doctors all too often think that because old age is unstoppable, illnesses that accompany old age are not that important, because such illnesses are seen as a natural part of the aging process.

People cannot change what they do not acknowledge so the first step in accepting people in their Third Age is to recognize negative attitudes that may be based on misconceptions. Then people must obtain education (i.e., discussions with third agers, lunch & learn seminars, free journal articles, webinars, college level courses, life course/aging books) that will provide clarity about the realities of how ageist attitudes, exclusion/integration, life quality, relationships to being, acceptance, awe and death impact aging people. Likewise, Grant (1996) suggests several ways that elements of age bias can be changed amongst professionals where they would need to: (a) continually assess their own attitudes toward older people, (b) confront ageism and healthism where it arises, (c) institute geriatrics programs in hospitals and mental health practices, and (d)
integrate into their training a thorough knowledge of healthism and ageism, as well as become well versed on what happens when humans age.

The next social tension relates to retirement and those third agers who choose to work/volunteer through their typical retirement years for varied reasons. The retirement life course refers to the demographic regularities of retirement—the average timing and permanency of labor force withdrawal and the expectation of remaining life in retirement, defined by the interplay of multiple and recurrent labor force events and mortality, in the population (Warner, Hayward & Hardy, 2010). In 2000, the percentage of elderly who worked, nearly 13 percent, was higher than it had been in 20 years (Walsh, 2001). Third Agers (people 55 to 68 years of age) have reported increased ability to work, with a 24 percent drop in the inability to work at this age (Knickman et al., 2002).

Older workers are increasingly putting off retirement resulting in “the graying of the American workforce” (Levitz, 2008). The period of retirement has expanded based on the steady decline in the age of retirement and the increases in life expectancy (Quadango & Hardy, 1996). Most forecasters project this trend to continue as more elderly work longer for economic, social, and personal reasons, employers become more flexible and aware of the needs and benefits of older workers, and the labor market remains tight, with a smaller number of available younger workers (Knickman et al., 2002).

According to the United States Census Bureau (2003) the current average duration of retirement for older adults in the United States is a little over 18 years. The length of retirement and the fact that individuals are starting to retire at earlier ages, and are most likely healthier at the initial time of retirement, have implications on the leisure
pursuits of older adults while increasing the opportunities for individuals to engage in these types of activities (Janke, 2005). Third Age adults are learning to make the important distinction between what Jim O’Toole refers to as work/work and leisure/work (O’Toole, 2004). O’Toole (2004) suggests work/work is work aimed at an extrinsic goal, whereas leisure/work is part of your personal development toward self-fulfillment and life satisfaction.

Retirement has differing effects on the leisure patterns of men and women according to a study by Iwasaki and Smale (1998). Social leisure was more highly valued by retired women than men, but only men had increased participation in leisure activities due to retirement status. Floyd, Haynes and Doll (1992) also emphasized the importance of social contacts in retirement for women, and found that retirees with lower socioeconomic status experienced more enjoyment from reduced stress and social relationships in retirement. Staats and Pierfelice (2003) noted that travel is a frequent, desired, and continuing activity in a group of long-term retirees, particularly for women.

An example of this would be discussed with Ron, as he discusses his perception of retirement:

People entertain the notion of retirement for years before it arrives. People value structure and established behavior patterns that lead into the transition of retirement. So many people believe that once we reach a certain age range that we are supposed to stop being employed, go traveling around the US, to participate in more moments of hammock relaxation and maybe volunteering in the community.

Ok, that’s fine for some people but why is there an established age to retire?
We’re not forced to retire but that is expected of aging people. From my perspective, I have the mental capacities and the zest for living life, to continue working and being engaged in the nonprofit I co-founded.

Levitz (2008) cited several factors impacting the financial security of elders including declines in pensions and employer health care benefits for retirees as well as plummeting property values. The Tweeners are the non-poor and non-wealthy adults aged 60 to 85, who are more likely to rent unsubsidized housing, are less likely to have non-Medicare health subsidies, are more likely to rely on social security retirement as their primary source of income and Medicare (Smeeding, 1986). Individuals with liquidity between $50,000 and $150,000 and $70,000 and $210,000 comprise the Tweeners in 2000 and 2030, respectively (Knickman et al., 2002). People will live longer and healthier lives, but many underestimate the amount they will need for travel, a second home, or a new hobby in order to live the retirement lifestyle they anticipate (Fox, 1994; Junk, 1996).

With that, a couple of participants agree with the idea of underestimating financial security. Sheri stated, “I’m close to retiring and in assessing my savings and investment accounts, I learned that I’m about $7,000 short in being able to live comfortably during retirement so I do keep that in mind as a goal to reach.” According to research, the financially independent are individuals who have $150,000 or more in liquid assets or current income available for long-term care, who can take care of themselves financially with or without private insurance, and surely without Medicaid (Knickman et al., 2002).
Also, Steve shared similar viewpoints:

I live in a rural area of San Joaquin County which saves me a significant amount of money than living in Stockton. But since having two contractual jobs and no insurance, the idea that I have to keep my health in check and to drive more carefully is ever present mentally. Gas prices are taking a large chunk of my pay because I travel twice weekly to San Francisco. If I could retire today, I would not because I have ten more productive years left in me to contribute my skills and make some additional income so that my wife and I can live and travel comfortably. I also don’t want to die leaving my children a large amount of debt to handle.

In 2030, $210,000 is the minimum amount necessary for financial independence upon entering retirement (Knickman et al., 2002). Conceivably, the most important challenge for the older, active phase of adulthood is for a community to be open, willing and able to tap the expertise and resources that Third Agers bring to society. Healthy elders can be considered a potential component of the paid workforce if jobs can be structured to meet their changing preferences and capabilities (Knickman & Snell, 2002).

The last social tension identified in this research study was the connection third agers had to the meaning of mortality and overall death beliefs. The development of positive media relationships furthers the aim of a death education initiative, providing a reflection of the community’s experiences of dying, death and bereavement, sharing our experiences of death and loss and recognizing the value of these experiences in our community life (Kellehear et al., 2008). For Sheri, she describes a good death as “those
doctors that help people with AIDS or cancer are truly the people who help along dying with dignity while allowing that ill person to have little pain and still be comfortable, I guess. Ok so not just helping someone to commit suicide because a person’s condition could improve for a few years.”

Pam shared her viewpoints on maturity, aging and death:

I think people 50 to 105 years old need to have people vested in understanding *their* treatment preferences because they are the ones facing difficult challenges and death more often. Dying is a difficult topic to discuss but really, when are people going to truly grow up and have those important discussions without feeling guilty or uncomfortable? I find as third agers, we have a self-awareness of our finitude and what death represents. I believe in an afterlife but whether it will be blissful, I have no clue, but I’m not afraid to die.

In addition, four other participants stated their perspectives about death and the dying process as follows: Ada stated, “there’s no discouragement about death here, I just feel that it’s an eternal kind of physical sleep with the spirit living elsewhere;” Joe stated, “If I had little time to live, like say less than 2 years, I would want the doctor to be professional enough to share his opinions with me alongside treatment options so that I can be well-educated;” Mari stated, “I’m grateful to participate in this research about quality of life and death because the discussion made me deeply think about topics my kids avoid discussing. I find it like therapy of sorts to talk about my meanings to life, healthcare directives and the reality of my mortality;” Bonny acknowledged, “I’m pleased that I’ve lived a full life so far and that my health issues have still allowed me to
engage in employment and my community. My spiritual beliefs have influenced my views about what a true quality of life is for me, as well as being able to discuss with you…a stranger…my thoughts about a good death.”

Keeping that knowledge in mind, over 400 colleges and universities are offering courses on death and dying in various disciplines and professional fields (Wass, 1977) but that number has since increased with university introduction of Palliative Care and Death & Dying courses. Do ageist attitudes toward death change as a function of age? The way that society carries certain expectations for behaviors for people of various ages (sometimes called the “social clock” or “age grading”) is ageist in that it segregates younger and older people (Nelson, 2005). This argument, by Hagestad and Uhlenberg (2005), posits that the institutionalization of age grading is so thorough that it permeates all aspects of culture and society, and this complete separation of age groups provides fertile ground for the origin of ageism. According to Nelson (2005), he suggests that micro-level instances of ageism (prejudice against older individuals) lead to segregation and this leads to macro level ageism on a societal level. What is needed in order to break this link is to understand the intermediate linkages at the mezzo level (Hagestad et al., 2005).

With regard to death awareness, both the existentialist and the transpersonalist deplore the conventional denial of death, recognizing the necessity of facing death for living fully (Vaughn, 2010). In all major milestones and turning points in our life, we have to learn to die to our “old self” in order to be re-born into a “new self,” we die to former, existential relationships and communities, and are reborn into new ones (von
Eckartsberg & von Eckhartsberg, 2011). In this way of seeing death, it is true that everyone dies as a body, but we also survive and are reborn through language in the remembrance of the family and the surviving community, through the circulation of life stories (von Eckhartsburg et al., 2011).

Throughout this research study, findings showed that many of the Third Age adults discussed little to no fear toward death, but that timing of death posed some anxiety for a couple participants. Many of the study participants also felt as if they were living a quality life. Several discussed concerns that ageism is a continued problem within society that needs to be significantly reduced for the sake of future aging generations. Showcasing current understanding of ageism, sharedness, varied social tensions, healthcare issues and mortality will help to shed light on the concepts that exist within third age values of life and death perspectives. Communicating with, while learning from, third age adults will encourage health professionals, policy makers, community service personnel, employers and others to become more sensitive to this aging population with the hopes of enhancing overall life quality.

**Summary**

In this chapter, the data from the study was analyzed and discussed. Chapter 5 follows with a description of the conclusions and recommendations. The delimitations of this study and any related social work practice and policy implications will also be discussed.
Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter will discuss the conclusions reached in this project. The six themes that emerged during the interviews will be discussed as they relate to each other and why they connect with Third Age adults within the theoretical approaches of existentialism and person-centered theory. The chapter will also discuss recommendations for future studies, specify the limitations of this study, and outline the broader implications of the project for social work research and practice.

Conclusions

According to the U.S. National Center for Health Statistics (2009), in 1990 the average total age of males and females of Caucasian and African American race was 75.4 years old and the average age projections for the same grouping of people in 2010 was 78.3 years old. The number of adults aged 65 years and older in the United States is projected to grow to approximately 70 million by the year 2030, representing 20% of the population (AARP, 1998). The Central Valley is one of the world’s most abundant agricultural centers and the San Joaquin Valley is becoming the state’s third largest older adult population center (California Health and Human Services Agency, 2003). These facts add a wide-view perspective to what the aging population presence brings to the people surrounding them.

The research knowledge about Third Age quality of life, self-awareness, shared connections, valued support systems and death is rare. Lowy (1979) acknowledged that
“prior to 1945, not much had been happening in social work with the aging” (p. 9). Third Age research needs to continue expansion in order to understand this population’s dynamics, thoughts, belief systems and mid-life cycle patterns. As the research study develops, it is found that these perceptions are inter-related through subjective, person-centered and existential views about their lives.

This study was undertaken in an attempt to better understand Third Age adult perspectives on quality of life and death, alongside the varied meanings and themes within those perspectives. By interviewing these people, it was found they had unique experiences to share. It was hoped that their perceptions would disclose how concepts within quality of life and death have affected their own life as a third ager. The men and women in this study were open and honest in discussing their knowledge and rich experiences. They willingly provided their meanings, beliefs and perceptions on what quality of life encompasses and mortality, even though doing so drew some tender memories.

Moreover, the detailed candidness with which the participants answered the interview questions, in order to convey their stories, were vital in analyzing the reasons why they believe quality of life and beliefs about death do not have to be miserable. Third Age adult perceptions about embracing life, amidst all of its joys and challenges, has provided them with a distinctive lens about life engagement that many people do not ask about. The quality of life (QoL) components used in various studies include: general health, emotional status, level of well-being, functional capacity, life satisfaction, happiness, sexual functioning, memory level, employment status and others (Prutkin &
Feinstein, 2002). However, those diverse perspectives have not been acknowledged in the few research studies available on Third Age adults. Most of the quality of life measures are not developed in elderly populations, although they are capable of thinking and talking about their quality of life (Faruquar, 1995). As the third age population becomes increasingly diverse, the meaning of successful aging and their related experiences will become even more difficult to define without expanding research models.

Likewise, the study also confirmed literature, which highlighted that connections to people and leisure activities were important to third ager QoL and mortality meanings. The focus on the meaning and purpose of creative engagement is related to the increasing number of years of healthy retirement, whereby individuals have the opportunity to become active participants, in the meaning-making process, through engagement in particular activities (Carr & Manning, 2010). Creative engagement is critical to the way older adults formulate their sense of self and purpose in life during the era of the third age (Carr et al., 2010). Formal leisure participation has also been linked to the physical functioning of adults by decreasing their risk of mortality (Lennartsson & Silverstein, 2001; Sabin, 1993).

Additionally, this study confirmed some of the literature findings about mortality. Several of the interviewees shared their view of about valuing death through the Native American beliefs. Four participants explained how the Native Americans go off into the woods, or on a journey, towards death which seemed to be a peaceful, person-centered frame of mind. Nine of the ten participants in this study explained little to no fear of
death due to their spiritual beliefs, religious knowledge, through existentialist education and/or because they have accepted that death is inevitable.

Still, six participants suggested that death and dying should be a stronger topic of conversation instead of waiting to talk about it at the end of life. Three participants, Ron, Pam and Bonny, stated that there is not enough healthy discussion post-death about the bereavement process and reminiscence. Literature suggests that individuals who support death acceptance are probably more able than others to communicate meaning in death by putting it into context, which should enable them to experience less fear when thinking of their own death, thus putting this hypothesis in harmony with both existential and meaning reconstruction theories of coping with death and loss (Neimeyer, 2001; Tomer, 1994). Each interviewee’s perspective about what provides life meaning and if a “good” death exists had been different, yet uniquely connected to one another on some level. Their perspectives in this study consequently had influenced their explanations, beliefs, meanings and perceptions regarding third age life quality and mortality.

**Recommendations**

Based on the findings of this study, recommendations can be made to practitioners and researchers. The following two subsections, practice related and research related, consider these two areas separately.

**Practice Related**

Clinical recommendations from this study include recognizing that people in their Third Age of life can provide powerful knowledge about QoL and death perspectives through conversation by relatives, healthcare providers, educators and community
members. This study has shed light on the necessity for understanding the wishes of middle to later aged adults. Understanding the aging experience requires people socially connected to, or in a relationship with the third ager, to acknowledge and respect opportunity structures that exist within the growing life course. Self-advocacy and empowerment are important components of all types of community practice and social movement organizing in the 21st century (Gamble & Weil, 1995). This genuine understanding of Third Age adults, needs to occur to ensure that they are able to express their fears, needs, and perspectives in a non-ageist, safe environment.

Also, human service providers would do well by offering quality care and best care practices for their clients and patients. It would be productive to gain knowledge about person-in environment (PIE) and strengths-based perspectives related to third aged experiences which will impact the third ager and their families in regard to roles, self-efficacy, care and coping abilities and their journey through later life transitions. At minimum, service providers need to take into account the value that third agers provide on socioeconomic well-being, educational participation, and macro and mezzo life levels.

When people increase their involvement in proactively communicating with Third Age adults, then those actions will assist in decreasing ageist stereotypes while improving their right to dignity, safety and a meaningful life.

**Future Research**

This study could be applied and expanded upon for future qualitative studies. All participants were aged 55-72 living in San Joaquin County, CA. It would be productive to have more third agers, aged 70-80, participate in the study to determine their perspectives
about quality of life, death and related themes within the topic. The number of sampled people was ten, so future studies could benefit in interviewing a larger sample of third agers. As with any research study, larger studies of people in their Third Age might provide better results regarding connections and dissimilarities between themes, identifiable solutions to challenges, meanings, beliefs, and identifiable patterns about third age quality of life and death.

**Limitations**

The main limitation of this study is the small sample size. Ten participants took part in this study. The study utilized a snowball sampling method. For this study, it was vital to interview people in their third age of life with varied perspectives about quality of life and death. The other limitation was the lack of cross-cultural third age perspectives. The majority of participants were of European ethnicity residing in one California county. This researcher hoped to gain perspectives of African American and Asian third agers.

However, there is a need for a larger sample size, likely including more Third Age males of varying ethnicities willing to discuss their perspectives about quality of life and mortality. Having an equal sample size of other groups might help to establish whether the subjective results of this study could be generalized to more diverse third agers, as a whole, and it might enable a better analysis of their life experiences solely during this age period. Randomized control trials could be used to generalize findings.
Implications for Social Work Practice and Policy

For people in their Third Age of life and continuing to age, it is important to increase awareness about, improve dignity of and reduce the ageist stereotypes of this population. One strong way to begin this exploration is to communicate mindfully with these adults about topics of life that may be considered difficult or taboo. It is not only the dramatic increase in the number of older people that presents an imperative for social work practice in aging, but also the increased diversity of the older population in chronological age (60 to 120 years), race and ethnicity, socioeconomic status, immigration status, functional level, and cognitive capacity that require psychosocial assessment, intervention planning, program development, and policy advocacy (Torres-Gil & Moga, 2001).

Consequently, at the micro level, social workers need to enhance models of practice intervention with people in their third age. Those interventions would include strengths-based approaches, advocacy and empowerment models, life review (Berkman, 2006), motivational interviewing, capacity promotion and counseling. Social workers and other aging care providers must become better educated about the Third Age in order to promote and advocate for respectful operation of delivery systems for older people and their families.

Also, a helpful technique useful on a micro level as well as a group work level is reminiscence activities. Reminiscence group work has been used to cope with grief, reinforce sense of life meaning, and improve social relationships (Adamek, 2003). Remaining mindful of individual differences and encouraging people to address their
own needs and interests in a socially responsible manner is consistent with the ethical standards of the profession (NASW, 2006, p.6). Through this research, the importance of QoL aging education and implementation is that there is an increased concern about the dynamics affecting third agers’ perceived well-being, social integration, independence, resource access, solidarity, life satisfaction and expectations that would be indicative of third age quality of life and their meanings about mortality.

On a mezzo level of social work practice, those providers who communicate with and work alongside third agers on a regular basis, would benefit from being aware of third age perspectives about what makes up their life quality and personal growth to their death beliefs. Models of successful aging need to recognize that older adults may experience subjective well-being, engage in personally meaningful activities, and "age well," even though not be classified as successful in terms of external factors (George, 2006). For local policy makers, funders and consumers, the one critical element to enhance third age QoL domains would be for Gerontology and Hospital social workers to obtain more frequent competency based education. As people mature, they learn about and form perceptions of social structures and develop individual and group identities through associations that connect them to life-long community experiences (Newman, 2005). The implemented education practices and evaluations are a critical component for some aspects of third age perspectives, in order to move toward positive bio-psycho-spiritual program development, quality outcomes and aging practices.

In addition, seven of ten third age adults in this research shared the knowledge that community, their neighborhood and social groups, were important for life meaning.
Three project participants agreed that those community connections would help provide a good death. As Fellin (2001) points out, "people benefit or suffer as a result of their social position within communities, through differential life chances, employment opportunities, access to social and material resources, and social relationships" (p. 121).

Furthermore, at the macro level social workers can work on issues of change like advocating for Social Security, better retirement pensions, and quality program development. Social workers might also transform belief systems through leading third age public education, civic engagement and social action to reduce aging stereotypes and retirement challenges. All of those macro strategies might aim to prevent third agers from being overlooked as a valuable population while ultimately enhancing their overall quality of life.

Utilizing third age participant experiences, media outlets and social networking might help to enhance the public’s knowledge about who third agers are, why the public can learn from third agers and how third agers can benefit in the communities they live. With the growth in social entrepreneurship and venture philanthropy, there is an increasing emphasis on the application of innovative, business-minded approaches to support nonprofit missions and broad social change (Dees, Emerson, & Economy, 2001; Frumkin, 2003). With the wisdom, career experiences and skill abilities third agers have, some might be a business asset in creating those approaches to support missions and change.

Citizen and client participation works best when organizations include formal structures for participation, have sufficient funds to increase services, and have staff
members who are ideologically committed to empowering community residents' and clients (Linhorst, Eckert, & Hamilton, 2005). Macro social workers could advocate for third age adults by engaging in inter-organizational practice and collaborating with city and statewide service delivery agencies. Those social workers-third aged adults might develop inclusive resources, key to what those adults want and need, surrounding their views of life quality and mortality. Power and authority differentials must be suspended as much as possible, enabling partner-participants to work together as much as possible as equals (Lawson, 2004). These interventions might enhance city and state understanding of this population’s overall value to the ecosystem which has been overlooked for years.

Professional social workers are bound by the NASW code of ethics, a set of core values that set social workers apart from the other assistive professions. The ethical principles outlined in the National Association of Social Workers (NASW) make it clear that this study is in accord with the goals of social work practice, as "Social workers' primary goal is to help people in need and to address social problems" (NASW, 2006, p. 5). Legislative developments in the areas of income maintenance, personal rights, Medicare and Medicaid, care-giving, private retirement benefits, end-of-life care, community-based social services, housing, and transportation have the capacity to impact on the social work needs of older adults and the venues in which gerontological social work services are delivered (Berkman, 2006). In order for social workers to continue providing quality, respect and commitment to clients in need, and address social
problems, social workers have the responsibility to advocate for the values, meanings and needs of the aging population.

Conclusion

The purpose of this project was to gain firsthand knowledge from third age adults about their perspectives of quality of life and death, prior to end of life. This research is important due to the lack of knowledge about California Third Age adults, especially regarding their views about mortality and life satisfaction. This research project suggests that QoL and death does affect Third Age adult perspectives concerning what brings overall meaning to the person’s life. Therefore, there is a need for further examination and consideration of the themes: creativity and leisure, retirement, spirituality, overall health and death, when communicating and working alongside third agers. To explore third age knowledge is critical to ensure their wisdom is being heard and that their concerns are being proactively addressed.
APPENDIX A

Interview Guide Questions

Aging/Death

1. What are your views about living a good life?
2. Have you experienced age related misconceptions (or ageism prejudice)?
3. If so, what were the misconceptions? How did they affect you?
4. How does physical aging affect self-care ability?
5. In your perspective, how could there be a “good” death”?
6. How have your beliefs about death changed over time?

Quality of Life

7. What brings meaning into your life?
8. What health care options should be provided as “best care” services to aging people, and why?
9. How do you adjust to life changes?
10. Which aspects of your supportive relationships do you value most?
11. In which ways do you meet your daily needs independently (ie: self-expression, transportation, education, leadership)?

Demographics

Gender (Male, Female); Age range (55-64, 65-74, 75+);
Ethnicity (Caucasian, Hispanic, Cuban, African-American, Asian, Cambodian, Other);
Education (less than high school, high school, college graduate, post-graduate)
APPENDIX B

Consent to Participate in Research Study

You are invited to participate in this research study that will be conducted by Kerry Payton, an MSW graduate student in the Division of Social Work at California State University, Sacramento. The research intent is to enhance knowledge about the importance of the natural aging process, mortality, and ways to live an optimal life.

Procedures:
After reviewing this consent form and agreeing to participate in the project, the researcher will conduct a personal interview with you. This interview will be taped and later transcribed. After the tape is analyzed and transcribed, it will be destroyed. As a participant, you can decide to skip any questions you do not wish to answer and/or stop the interview at any time. Participants may also opt out of audio recording but still join the interview.

Risks:
The discussion of some topics in the interview may elicit an emotional response when recollecting or discussing specific life and aging experiences. Listed below are two mental health service referrals which you may access at a minimal or no cost.

National Crisis Services Hotline
1 (800) 273-8255

San Joaquin County Crisis Intervention Services
1212 N. California St.
Stockton, CA 95202
(209) 468-8686

Benefits:
By being a part of this research project, you may gain further insight into the advantages and motivations behind living an optimal life within the community you have chosen. Additionally, your participation will help add to the body of knowledge related to understanding perspectives about quality of life and mortality.

Compensation:
You will receive a $10 gift card to Subway (or equivalent in cash) for your participation in the study.
Confidentiality:
All information obtained from this study is confidential. Every effort will be made to protect your privacy. Your responses on the audiotape will be kept safe and confidential. You will have identity protection and privacy retained from transcriber, by being assigned a random number (1-15), that is only identifiable by the researcher.

Information you provide on the consent form will be stored separately from the audiotapes in a secure location. The researcher’s thesis advisor will have access to the transcriptions for the length of the project. The final project report will not include any identifying information. All of the research data, including the transcripts, will be destroyed upon completion of the project or by June 2012.

Rights to Withdraw:
Participants have the right to withdraw at any point or to not answer any question(s) in the interview.

Consent to Participate as a Research Study Subject:

I have read the descriptive information on the Research Participation cover letter. I understand that my participation is completely voluntary and I may withdraw from the study at any time. My signature signifies that I have received a copy of the Research Participation cover letter and I agree to participate in the thesis project.

Signature: ____________________________ Date:__________________

I, ____________________________, agree to be audio taped for this research study.

Signature: ____________________________ Date:__________________

If you have any questions you may contact me at (209)XXX-XXXX or email me at kkp759@yahoo.com

Or, if you need further information, you may contact my thesis advisor:

Maria Dinis, Ph.D., MSW
c/o California State University, Sacramento
916-278-7161
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