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Asociación Mexicana de Comportamiento y Salud, A. C.
Tlalnepantla, México

Disponible en: http://www.redalyc.org/articulo.oa?id=282242594001
PERCEPTIONS OF SUCCESSFUL AGING AMONG MEXICAN OLDER ADULTS

LA PERCEPCIÓN DE LOS ADULTOS MAYORES MEXICANOS SOBRE EL ENVEJECIMIENTO EXITOSO

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Received: February 4, 2014
Revised: March 7, 2015
Accepted: September 15, 2015
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Abstract

The purpose of this study was to explore Mexican older adults’ perspectives on successful aging along with their views about whether they consider themselves successful agers and why. Using a grounded theory framework, individual interviews were conducted with 23 older adults aged 62-88 years in Zapopan, Mexico. Successful aging is a multidimensional concept that is influenced by numerous intrinsic and extrinsic factors. Overall, participants’ definition of successful aging includes acceptance and adaptation to life transitions and health conditions, strong involvement with family and friends, being close to God, the achievement of personal goals, and aging in place. Most participants considered themselves to be successful agers although some of them recognized that not in all aspects of their lives.

Keywords: Successful aging, older adults, Mexico.
Introduction

In the late 1980’s Rowe and Kahn popularized the concept of successful ager in order to describe some older adults who had demonstrated to be in much better physiological and psychological conditions than average older adults (Franklin & Tate, 2008). Successful aging was defined as the ability to maintain low levels of disease, and disease-related disability, high cognitive and physical functioning capacity, and active engagement with life (Rowe & Khan, 1998), referred to productive activities, recreational activities, and the maintenance of personal relationships (Menec, 2003).

The gerontological discourse has used biomedical, psychological, and sociological approaches in order to understand the aging process based on the successful aging paradigm. The biomedical approach has used several theories such as, the cellular aging theory, the evolutionary theory, the neuropsychological theory, and the developmental-genetic theory to explain the aging process at the organism, molecular, and cellular levels (Bengston & Bonder, 2009).

The biomedical approach is concerned with how the passage of time affects physiological systems, and successful aging has been described in terms of survival rates, absence of pathologies, functional limitations, and disability (Franklin & Tate, 2008). Thus, the biomedical perspective considers that aging is an involuntary phase in the development of the organism that brings about a decrease in body functions and capacities.

Moreover, according to Rowe and Kahn’s paradigm, lifestyle factors account for at least half of individuals’ health (Rowe & Khan, 1998). Consequently, older adults may change their behaviors or lifestyles in order to promote independence, and prevent or delay chronic illness and disability in order to age successfully (Franklin & Tate, 2008). One important assumption is that changes in older adults’ lifestyles are their responsibility; that is, older adults are in control, and hence, older adults should be able to overcome personal barriers to be successful agers (Dillaway & Byrnes, 2009).

On the other hand, psycho-social perspectives have described successful aging in terms of motivation, personal growth, coping strategies, and social participation among others (Franklin & Tate, 2008). Psychological theories tend to focus on examining older adults’ personalities, mental function, sensations, perception of the self (Bengston & Bonder, 2009), and on how older adults find meaning in their lives (Chapman, 2005). There are several well-known psychological theories used by gerontologist, such as the life span development theory, the socioemotional selectivity theory, the gerotranscendence theory, and the selective, optimization with compensation theory.

The sociology of aging is concerned with understanding the context in which aging takes place (Bengston & Bonder, 2009). Unfortunately, the context in which older adults’ interact is highly overlooked in the successful aging paradigm proposed by Rowe and Kahn. Therefore this paradigm has been criticized for its narrow acknowledgement of how sociopolitical contexts influence the aging process, and on how success is defined as an outcome, rather than a process (Dillaway & Byrnes, 2009). Several sociological theories of aging have contributed to explain gerontological issues, such as social exchange theory,
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feminist theories of aging, political economy of aging, activity theory, disengagement theory, continuity theory, and life course theory.

Biomedical, psychological, and sociological perspectives on aging contribute, different but complementary, to understand the experience of old age from a successful aging perspective. However, an inherent problem when trying to define successful aging is that success is a concept that is culturally and socially constructed, and it can mean different things for different people based on predetermined values (Lewis, 2011; Pruchno, Wilson-Genderson, Rose & Cartwright, 2010; Reichstadt, Sengupta, Depp, Palinkas & Jeste, 2010; Tate, Lah & Cuddy, 2003). Thus, what can be success for one person may be failure for another (Tate et al., 2003).

It is interesting that although the successful aging paradigm is everywhere in the gerontological discourse, the conceptualization of successful aging remains vague (Dillaway & Byrnes, 2009; Lewis, 2011; Reichstadt et al., 2010). Besides, the successful aging paradigm can be enhanced if researchers incorporate to the discussion older adults’ perspective about the meaning of successful aging (Lewis, 2011), so that the academic use of this concept includes a conceptualization from the inside (i.e., older adults’ perspective) (Dillaway & Byrnes, 2009; Tate et al., 2003).

The literature demonstrates that very few studies have attempted to understand the conceptualization of successful aging from the older adults’ perspective (see Reichstadt et al., 2010; Romo et al., 2012; Phelan, Anderson, LaCroix & Larson, 2004; Rossen, KnafI & Flood, 2008; Tate et al., 2003; Torres, 2006). Most studies are from western countries, and this can be problematic because findings may impose western values to the notion of successful aging (Torres, 2006; Yun & Lachman, 2006). Consequently, there is a need to better understand the successful aging paradigm by looking at different cultural variations (Torres, 2006; Yun & Lachman, 2006), as illustrated in empirical research from eastern societies (Yun & Lachman, 2006).

Population aging in Mexico does raise some new challenges that are not always straightforward to predict. Currently, there are 10.5 million people age 60 and over accounted for 9.6% of the total population in Mexico. It is expected that in 2020 the older adult population will increase 12.5%. In 2040, the number and proportion of older Mexicans is expected to grow significantly, one out of every four Mexicans will be 60 years or older (Montes-Betancourt & González-Marín, 2012). Due to this increase of the older adult population, the need for policy adaptations to an aging population is becoming more important than ever before in this country.

In Mexico little is known about perceptions of successful aging that reflect the experience of older adults in this socio-cultural context. Mexico requires new research to shed light on the status and needs of the aging population. This paper has as a general objective to provide an understanding of successful aging from the older adults’ perspectives. Their narrative can help to design some guidelines to develop effective strategies for meeting the needs of older adults and consequently improve their quality of life. Findings can also add valuable knowledge to the definition of successful aging, and this can also stimulate further research in this important aspect of gerontology in Mexico.

Method

The research strategy chosen was grounded theory, and this is appropriate because grounded implies that the understanding of what successful aging means is derived from the actual experiences, words, and behaviors of Mexican older adults. Besides, this study follows the more systematic approach to grounded theory proposed by Strauss and Corbin (1998). That is, this method generates theory that involves the development of hypotheses and concepts that come from the data.

Procedure and materials. The context for recruiting participants was the community development center located in Santa Margarita, Zapopan (Jalisco). This is a multi-purpose center that offers leisure activities, legal assistance, health education seminars, and group counseling to older adults. A purposive sample of typical cases was chosen. The researcher looked for older adults 60 years or older, mentally competent for choosing to participate and for answering the questions.

For the first phase of the recruitment process, the researcher placed posters with information about the study (previous authorization of the center’s director). During the second phase, older adults who agreed to meet with the researcher were informed in detail about the purpose of the study and their requirements for
their participation by using an information letter and consent form. Additionally, older adults were asked to fill in a socio-demographic information form. A voice recorder was used to collect one-on-one interviews.

Prior to the actual interviewing, a pilot testing of interview questions was done with three older adults. These interviews were not included as part of the data analyzed. The pilot testing helped to introduce the successful aging concept to participants. The three individuals interviewed felt confused with the term successful aging, for them, it was related with achieving all life goals, having good health, not having problems, and having a perfect life.

Thus, pilot testing corroborated the need to discuss more about the appropriateness of using the word successful without considering how older adults understand this term. After getting feedback from the pilot testing and reviewing empirical research using the concept of successful aging in different cultural environments (e.g., Fabrino, Heringer & Correa, 2007; Reichstadt et al., 2010; Tate et al., 2003; Torres, 2006). The term satisfactory aging was chosen to formulate the questions. Two were the general interview questions: (1) What do you think satisfactory aging means? and, (2) Do you consider yourself a person who is aging satisfactorily? Why?

The data base for analysis was obtained from verbatim transcription of audio-recorded interviews in its original language (i.e., Spanish), but direct quotes were translated into English. Field notes and researcher’s reactions were written and became part of the data to be analyzed. Data were analyzed by using the constant comparative procedure to develop the core themes or categories, and each of those themes was built on several sub-themes (Creswell, 2003).

**Participants.**
A total of 23 older adults, 10 men and 13 women, were interviewed. Women’s age varied between 62 and 88 years of age ($\bar{X} = 75$ years). On average, each woman had three children and none of them were childless. Eight were widows, two were married, two were separated, and one was single. Women’s level of education was on average low. Only two women had graduate education, and 11 of them had less than high school education. Health status was assessed by the interviewees. Two female participant reported excellent health. Four reported having very good health. Six reported having good health and only one woman reported having poor health.

Men’s age varied between 65 and 81 years of age ($\bar{X} = 74$ years). One participant was childless. The other nine male participants had on average three children. Five were married, three were widowers, and two were divorced. Men’s level of education was higher than women. Five had graduate education, three had college education, and two had less than high school. Two participants reported having excellent health. Four reported having very good health, and four participant reported good health.

**Results**
Older adults provided data that contributed to achieving the research objective of this study, which was to provide an understanding of successful aging from the older adults’ perspectives. Findings about the first question formulated: What do you think satisfactory aging means? showed 12 key aspects mentioned by participants to define successful aging or satisfactory aging (see Table 1.)

### Table 1. Key aspects mentioned by participants to define successful aging

<table>
<thead>
<tr>
<th>Rank</th>
<th>Aspects mentioned by participants</th>
<th>Participants (23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Remaining in good health</td>
<td>23</td>
</tr>
<tr>
<td>1</td>
<td>Being able to cope with changes</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>Having family and friends who are there for me</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Being close to God</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>Not feeling lonely</td>
<td>18</td>
</tr>
<tr>
<td>4</td>
<td>Feeling good about myself (in comparison to others)</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>Staying involved</td>
<td>14</td>
</tr>
<tr>
<td>6</td>
<td>Remaining at home</td>
<td>13</td>
</tr>
<tr>
<td>7</td>
<td>Not having financial burdens</td>
<td>12</td>
</tr>
<tr>
<td>8</td>
<td>Having a sense of peace/ having no regrets</td>
<td>11</td>
</tr>
<tr>
<td>9</td>
<td>Learning new things</td>
<td>10</td>
</tr>
<tr>
<td>10</td>
<td>Enjoying life</td>
<td>9</td>
</tr>
<tr>
<td>11</td>
<td>Being able to decide about my life (autonomy)</td>
<td>5</td>
</tr>
<tr>
<td>12</td>
<td>Having sense of humor</td>
<td>4</td>
</tr>
</tbody>
</table>
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All participants agreed that satisfactory aging has to do with remaining in good health as well as being able to cope with changes related to getting older (e.g., life transitions). Besides, having family and friends, being close to God, and not feeling lonely were also mentioned by most of the participants.

Also, when analyzing the data by using the constant comparative procedure, six core themes or categories were found, and each of those themes was built on several sub-themes, as follows:

Theme 1: Accept and adapt.
Acceptance and adaptation to life changes was one theme found frequently in older adults’ definition of successful aging. Two main changes were mentioned: (1) life transitions, and (2) health conditions. Life transitions such as, the loss of a spouse, children who left home, and the age of retirement were frequently mentioned by participants. For instance, a female participant (80 years) explained how the death of her spouse changed radically her life,

“Oh, no doubt, when my husband died things changed … I no longer live in my house; I had to move to Guadalajara. My children did not want me to live alone in Mexico City. My daughter lives in Chicago, but I did not want to live with her far from my country… so now I live with my son and his family. I miss my house, but I take things positively, you need to adapt and see the good things always.”

Participants’ health condition was one frequent element found explicitly in their narratives about the definition of successful aging. Pain, problems with mobility, arthritis, diabetes, osteoporosis, lower body strength, and visual problems were the most frequently health conditions mentioned by participants. When participants talked about their health status, the majority of them mentioned how well they were able to adjust to their current health conditions, and because of this, they felt successful. In other words, health changes were not considered by participants as barriers for being successful as they aged. Quite the opposite, they explicitly consider themselves successful despite their health conditions because they were able to adapt to their new circumstances. One male participant (78 years) clearly illustrates this aspect,

“Well your health changes, that is unavoidable no matter how much you take care of yourself... Yes, sooner or later your health deteriorates, and then you need to accept that. I am able to move forward with ease because I try not to be under stress for the things I can not longer do. I better think about all what I can do and enjoy for as long as I can. So, I think I am good in doing this, I mean, learning how to do my life regardless of health issues.”

However, some participants hardly accept their new health conditions. What seems to be particularly problematic is that now they need the help of others. This is illustrated by one female participant,

“Well, if you were 80 years old, as I am, and have all my healthy issues… (She remains silent for a while) well, I, I can not say that I am aging well. I am alive, but, it is not how I would like to spend the rest of my life. I need the help of others…I do not feel happy with that. I used to do all by myself, but now I need help, and there are many things I cannot longer be engaged in… So, my loss of hearing and my mobility limitations really makes me feel depressed.”

When asked her more details about why she was unhappy getting assistance from others, she said:

“I am a burden to my family. I know because I experienced the same with my mother, she passed away in … when she got worse she was not able to take a bath by herself. I will never forget the first time my sister and I had to bath my mother and change her dippers. She cried, she was so sad and I do not want that happening to me. I do not want to burden my children. The more caring my daughter is with me, the sadder it is.” (She remained silent for a while and started crying. The interview ended at this point to comfort the participant).

The narrative above illustrates that for those who do not accept to live in a different reality, by rejecting changes, particularly changes in their health status, aging can be very unsatisfied or unsuccessful.

Theme 2: Relatedness.
Relatedness is an important aspect that is constantly mentioned by older adults in their definition of successful
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Theme 4: Downward Comparison

Another aspect that continuously emerged from data is that some participants considered themselves successful agers when compared themselves with other people they know and who were worse off than they were. This self-evaluation of older adults by comparing and distancing themselves from other people is known as downward comparisons. Comparisons were mostly based on financial aspects and health conditions, although some mention emotional aspects too. A female participant (69 years) illustrates how financial independence is an important aspect for her to successfully age,

“...my husband did his best. I got a widow’s pension. I am not a financial burden on my children. I do what I pleased, and need not to give explanations. A friend of mine goes for a cup of coffee with us every Wednesday but she does not dare to tell her children. You know why? Their children support her financially, and told her once that the money they give to her is not for superfluous things, like a cup of coffee. Can you believe that!”

Theme 3: Spirituality and/or religion

Several participants explicitly mentioned that they aged successfully because of their faith in God. What seems to be relevant is that religion seems to be a guiding factor that is positive for older adults. Two participants illustrate this,

“I do not know. I guess that in order to age satisfactorily you need to be sure that you will die without regrets. You need to live close to God and follow all what he taught us... I have always tried to treat others exactly as I wanted to be treated... and you should not wait until you have your foot in the grave to tell others how much you are sorry for things that you have done, you know, disagreements, resentments, misunderstandings... You must live in harmony and God helps you with this.” (Female, 88 years)

“God is always with me, and I believe that to age well you must live next to God. God has always directed my life. Now that I live alone and have little contact with my children, God fulfills my life. He makes me feel loved. Why is that I have lived more years than my husband, my brothers or my friends? I do not know, but God never makes a bad decision. He never makes a mistake.” (Female, 83 years)

Theme 5: The achievement of goals

She achievement of goals was an important element for older adults’ to successfully age. Several aspects such as, staying involved, growing as human beings, engaging in different things, and keeping active fall under this theme. However, the achievement of goals was not necessarily related to present goals but goals achieved in the past, and goals that older adults project for their future. For those focusing on the past, they look back satisfied with what they have achieved...
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so far, and decisions made in the past. In this study, two past achievements were frequently mentioned by participants: financial security and older adults’ self-assessment of being a good parent. One male participant (73 years) illustrates this,

“To be successful you need to work hard. I worked hard to have what I have; my house, my pension, and I feel good about that. I had many life goals but, what really matters is that I enjoyed myself in all the attempts I made to have a good life and to be a good person, a good husband, a good father, and now I try to be a good grandfather with my grandchildren... My children are doing well. They all are healthy, have good jobs, and very nice families. I cannot ask for more.”

For those focusing on the present, successful aging was about living every day as the last one, and enjoying and appreciating the moment, as illustrated by one female participant (80 years),

“Satisfactorily aging? (She laughs) Well, to me is to be able to enjoy life every day and every minute. I like things that make me laugh... I do not know when I am going to die but if I die tomorrow, well, at least I will feel satisfied that I did not waste my time in this life.”

Finally, for those focusing on the future, successful aging was about looking forward, moving on, thinking about tomorrow, and having plans. This is illustrated by one female participant (69 years),

“Well, to age well you have to be really busy; this is how you age satisfactorily. If you stay at home doing nothing or just watching television, no, I have plans, I do have them. There are many things I want to learn and see. I want to learn how to use a computer, want to send emails to my grandchildren in Los Angeles.”

Theme 6: Aging in place
It was also found that successful aging has to do with aging in place (i.e., remain at home). Interesting, all women and no men mentioned that aging in place was relevant for them. Six of these women relate their health condition with their ability to be self-sufficient and staying at home longer, and this is illustrated by the following quote,

“I wake up every morning with my hands and arms numb, and really makes me feel worry. I know that is due to my weight. I need to loose weight or see how my health deteriorates. I want my children to see me healthy and independent. I do not want to give them excuses for taking me out of my house. No, I want to die here in my house with my things. I need to keep moving, moving.” (Female, 81 years)

Finally, findings about the second question formulated in this study: Do you consider yourself a person who is aging satisfactorily? showed that 12 participants considered they were aging satisfactorily, 10 answered that in some aspects they were aging satisfactorily but not in other aspects, and one female participant answered that she was aging unsatisfactorily

Discussion

This study uncovered that successful aging is a multi-dimensional concept. Older adults’ narratives helped to illustrate that successful aging is influenced by numerous intrinsic and extrinsic factors. Older adults’ health is certainly one important aspect involved in successful aging but other factors need to be considered. Matters of autonomy, aging in place, self-esteem, social inclusion, and the absence of affliction need to be included in the successful aging definition. This study found that not all participants met Rowe and Kahn’s criteria when defining successful aging as an optimal state of physical and mental functioning. Thus, there is a need to question Rowe and Kahn’s definition of successful aging, particularly when older adults belong to the oldest old group (i.e., 80 years and over).

This study disclosed that older adults acknowledge that several measures can be taken for improving their lives, such as weight control, exercise, and appropriate nutrition. Yet, they also recognize that getting older means acquiring disabilities sooner or later. Most participants were realistic about changes in their health but, they usually accept and adapt to their health issues, and this is how they defined themselves as successful agers. This finding is congruent with the work of others (Reichstadt et al., 2010; Romo et al., 2012; Rossen et al., 2008), and confirms that successful aging has components that are not necessarily related with the biomedical approach to define successful aging.
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Conclusions

Although gerontological discourses have used biomedical, psychological, and sociological approaches to understand the aging process, there is a tendency to focus on biomedical aspects mostly. This can be problematic, because it seems that in order to be a successful ager, there is a need to focus on other approaches too, including those that have to do with spirituality and religion, or the need to age in place to name a few. Thus, more research is needed to understand the aging process and how this process is assimilated by Mexican older adults, as well as those who care for them; including public health institutes, and researchers from the gerontology and geriatrics fields.

Until recently, lay perceptions about successful aging had a very small place in the field of geriatrics in Mexico. Findings provided a better understanding of successful aging from the older adults’ perspectives. These perspectives may help to develop effective strategies for meeting the needs of Mexican older adults, and consequently, improve their quality of life. Findings can also stimulate further research and contribute to reconsider the definition of successful aging. Therefore, this qualitative study adds valuable information on this subject, although one limitation is that knowledge produced cannot be generalized to other settings. Therefore, more research is needed in other settings in Mexico within this group of the population.

References


Moreover, there is need to pay more attention to those older adults who hardly accept their reality and reject changes. Findings demonstrated that some participants were unsatisfied because health deterioration was likely to trigger undesirable life changes, such as not being able to remain at home when getting older, and the need to receive help from others. Those changes were perceived by some participants as not being successful agers. Similar results have been found in other studies (Romo et al., 2012; Stevens-Ratchford & Diaz, 2003), and it seems that older adults are under permanent stress not because of their health deterioration per se, but because of the inevitable life changes. Thus, we need to help older adults to better accept and adapt to late life changes if we want to increase their quality of life.

This study also found that the need to feel connected and understood by others was an important aspect of older adults’ definition of successful aging. Similar results were found in other empirical studies (Reichstadt et al., 2010; Rossen et al., 2008; Tate et al., 2003), and these findings are also congruent with the family-oriented approach in which older adults are willing to accept adult children’s support and care, because they consider this as necessary for them to successfully age (Torres, 2006). Findings uncovered that spirituality and/or religious aspects are relevant for older adults to successfully age. It seems that participants’ connection with God kept them from thinking negatively about getting older, and this is congruent with other studies (Lewis, 2011; Tate et al., 2003). Further research is needed to better understand the impact of spirituality and/or religion in older adults’ quality of life, and try to incorporate this aspect in the geriatrics agenda too.

Finally, a surprising result was that 65% of participants felt good about themselves by comparing and distancing themselves from other older adults who were worse off than they were. It was unclear why is that they used downward comparisons. One possible explanation is that some participants use it to protect their self-esteem (as opposed to using upward comparisons). Another possible explanation is that, judging their current circumstances relative to their past self can be problematic, because some changes are irreversible such as chronic conditions, and the death of a love one. Consequently, judging their current circumstances relative to others seems more appropriate.
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702-722. doi.org/10.1177/0733464809333882


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