

2023

## The Lived Experiences of Elders' Age-Related Changes in Emotional and Social Factors

Sheneze Thiffiny Valencia Madramootoo  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Developmental Psychology Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Education and Human Sciences

This is to certify that the doctoral dissertation by

Sheneze T. Madramootoo

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

## Review Committee

Dr. Natalie Costa, Committee Chairperson, Psychology Faculty

Dr. Robin Friedman, Committee Member, Psychology Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2023

Abstract

The Lived Experiences of Elders' Age-Related Changes in Emotional and Social Factors

by

Sheneze T. Madramootoo

MBA, Walden University, 2019

BS, University of Houston - Downtown, 2016

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

Walden University

November 2023

## Abstract

There is a need for more studies examining elderly's perspective of age-related changes in emotional (anxiety, depression, hope and optimism) and social (interpersonal relationships, social support and level of engagement or activity) factors. There is an increase in psychological needs for older adults, and it is important to explore and enhance knowledge in this field to better serve this population. The purpose of this qualitative research was to describe the lived experiences of elders' age-related changes in emotional and social factors. The theories and concepts that grounded this study included the activity theory of aging and the continuity theory of normal aging. The key research question for this study explored the lived experiences of elders' age-related changes in emotional and social factors. For this phenomenological study, eight individuals who met the eligibility criteria were recruited using purposive sampling. Semi structured interviews with open ended questions were used to gather information and a content analysis of the data gathered the following themes (a) desired relationships with friends and family, (b) financial freedom, (c) maintaining independence, (d) alleviation from parental responsibilities, (e) fear of death, and (f) fear of loneliness. Understanding the impact emotional and social distress causes in adults aged 65 and above and the perceived needs to improve their emotional and social health can promote positive social change by serving as the basis to develop interventions addressing their needs and targeted to increase quality of life for this population.

The Lived Experiences of Elders' Age-Related Changes in Emotional and Social Factors

by

Sheneze T. Madramootoo

MBA, Walden University, 2019

BS, University of Houston - Downtown, 2016

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

Walden University

November 2023

## Dedication

I dedicate this study to my grandmother, Karen Maude Louise Bethune.

## Acknowledgements

I want to thank God for continuing to shine his light on my life and bringing me thus far. I also want to thank my family and friends for their continued support and encouraging words throughout this journey. To my dissertation committee, Dr. Natalie Costa and Dr. Robin Friedman, I am forever grateful for your patience, understanding and encouragement as I maneuvered this journey.

## Table of Contents

Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement.....	4
Purpose of the Study.....	5
Research Questions.....	5
Theoretical Framework.....	6
Nature of the study.....	7
Definitions.....	7
Assumptions.....	8
Scope and Delimitations.....	9
Limitations.....	10
Significance.....	12
Summary.....	13
Chapter 2: Literature Review.....	14
Literature Search Strategy.....	15
Theoretical Foundation.....	16
Activity Theory of Aging.....	16
Continuity Theory of Normal Aging.....	19
Review of the Literature Key Concepts.....	25
Elderly Population.....	25
Hope.....	26



Optimism.....	30
Anxiety.....	33
Depression.....	35
Interpersonal Relationships.....	37
Social Support or Level of Engagement/Activity.....	39
Summary and Conclusions .....	41
Chapter 3: Research Method.....	43
Introduction.....	43
Research Design and Rationale .....	43
Role of Researcher .....	44
Methodology .....	44
Participation Selection .....	44
Instrumentation .....	48
Procedures for Recruitment, Participation, and Data Collection .....	49
Data Analysis Plan.....	50
Issues of Trustworthiness.....	51
Credibility .....	51
Transferability.....	52
Dependability .....	52
Confirmability.....	52
Ethical Procedures .....	53
Summary .....	54

Chapter 4: Results .....	55
Introduction.....	55
Setting .....	56
Demographics .....	56
Data Collection .....	56
Data Analysis .....	58
Evidence of Trustworthiness.....	59
Credibility .....	59
Transferability.....	60
Dependability .....	60
Confirmability.....	61
Results.....	61
Theme 1: Desired Relationships with Friends and Family .....	61
Theme 2: Financial Freedom .....	63
Theme 3: Maintaining Independence.....	64
Theme 4: Alleviation from Parental Responsibilities .....	65
Theme 5: Fear of Death .....	67
Theme 6: Fear of Loneliness.....	68
Discrepant Cases.....	69
Summary .....	70
Chapter 5: Discussion, Conclusions, and Recommendations .....	72
Introduction.....	72

Interpretation of the Findings.....	72
Theme 1: Desired Relationships with Friends and Family.....	73
Theme 2: Financial Freedom .....	74
Theme 3: Maintaining Independence.....	75
Theme 4: Alleviation from Parental Responsibilities.....	76
Theme 5: Fear of Death .....	76
Theme 6: Fear of Loneliness.....	77
Discrepant Case.....	78
Theoretical Framework and Findings Interpretation .....	78
Limitations of the Study.....	80
Recommendations.....	81
Implications.....	82
Implications for Positive Social Change.....	82
Methodological Implications .....	82
Theoretical Implications .....	83
Recommendations for Practice .....	85
Conclusion .....	85
References.....	87
Appendix A: Recruitment Flyer.....	99
Appendix B: Screening Questions .....	100
Appendix C: Interview Questions.....	101

## Chapter 1: Introduction to the Study

Aging is inevitable in every living species. The process of aging can be defined as the progressive physiological changes in an organism that lead to a decline of biological functions of the organism's ability to adapt to metabolic stress (Simic et al., 2020). Many researchers have focused on the term successful aging, which is the absence of disease and disability, maintenance of high degree of physical and cognitive functioning, and meaningful engagements in life (Urtamo et al., 2019). As the population over the age of 65 increases, it is imperative that people are equipped with information that will help to better understand the process of aging by understanding the lived experiences of elder age-related changes. Age-related changes can happen in a variety of areas, but the focus of this present study was on the emotional and social factors. Both emotional and social health play a major role in how elders experience their new norm (Urtamo et al., 2019). Emotional health can have positive components such as hope and optimism, as well as negative components such as depression and anxiety. On the social end of the spectrum, factors such as interpersonal relationships, social support and level of engagement or activity can influence how one perceives their aging experiences.

The goal of this study was to investigate the lived experiences of elders age-related changes in emotional factors such as hope, optimism, anxiety, and depression and social factors such as interpersonal relationships, social support, and level of engagement or activity. The information gained from this study might promote positive social change and educate us on the lived experiences of the elderly in factors such as emotional and social well-being. Additionally, the findings from this study might benefit caregivers and

make it easier for them to interact with this growing population. Moreover, it is hopeful that the potential findings from this study allow caregivers to better serve the elderly, as it might educate them and help them to understand why elders behave the way they do based on certain changes that they are experiencing.

In Chapter 1, the background of the study is explained, along with the problem statement. The research questions are also identified, in addition to the theoretical framework and nature of the study. These topics are discussed more in depth in Chapters 2 and 3. Chapter 1 ends with references to the limitations and significance of the study.

### **Background**

Researchers examined the topic of emotional and social health of aging individuals before and found that people who perceived themselves to age successfully achieved this by using adaptation and coping strategies to align their perception of successful aging to that of their own experiences (Romo et al., 2013). Studies have also found that despite experiencing decline and loss, elders continued to be active, as well as socially and cognitively engaged (Basset et al., 2007). Elders have a unique way of enjoying and assimilating to the aging process, but studies have proven that the three most important things for a good quality of life are good health, good pension, and good relationships with family members or friends (Mortagy et al., 2013). Being socially healthy, maintaining meaningful relationships, and continuing engagements and activities can also help foster a positive attitude towards aging and hence, affording elders great experiences. Along with being socially healthy, elders who display positive emotional traits such as optimism and hope tend to have better perceptions of the aging process

(Romo et al., 2013). Research has demonstrated that optimism is one of the most important sources of mental health and can significantly predict the perception of aging (Manige et al., 2020). Hope has also been shown to have the greatest direct effect toward age perception and is statistically the most significant factor affecting age perception (Yaghoobzadeh et al., 2018).

As 65% of adults aged 65 and above experience excellent emotional health; a large percentage of elders also experience negative emotional health such as depression and anxiety (Gerlach et al., 2021). Studies have shown that the prevalence of major depression in older adults is 13.3% (Abdoli et al., 2022). Studies also found that depression impacts approximately 5% of people 65 and older and depression increases to 20-25% in people 85 to 89 and 50% in people over 90 years (Abdoli et al., 2022). Studies found that health promoting lifestyles such as regular exercise, eating healthy, and maintaining a social life influences the depression of the elderly people through aging perceptions and social support moderates the influence of aging perception of elderly depression (Zhou et al., 2021).

Although the above issues have been investigated before, there are still few qualitative studies from the perspective of the elder themselves that examine the changes in emotional and social areas with older adults. This study aimed to fill this gap. This study addressed the experiences of people 65 and above related to two key factors of health: emotional, such as mental health, which included anxiety, depression, hope, and optimism and social, such as interpersonal relationships, social support, and level of engagement.

This study was needed in that the findings from this research might help to promote positive social change and educate on the lived experiences of the elderly. This study was important because learning about the lived experiences of elders will allow caregivers to better serve this population and help to understand why elders behave the way they do based on certain changes that they are experiencing. The findings from this study might also benefit the elderly, as it might enhance caregiver-elder interactions and initiate more training programs for caregivers and more resources being spent on this growing population. The findings might prove that there needs to be programs tailored specifically for this growing population to assist them to age successfully. The findings from this study might prompt policy makers to place emphasis on the mental and emotional health of this population as well as to promote centers that will accommodate the social health of older adults. Gaining firsthand insight and information from the elderly population might encourage policy makers to identify the problem as well as to develop possible solutions to use resources to enhance the quality of life for older adults.

### **Problem Statement**

The problem addressed by the current study was to examine elders' perspectives of age-related changes in emotional factors (anxiety, depression, hope, and optimism) and social factors (interpersonal relationships, social support, and level of engagement or activity). There is an increase in psychological needs for older adults, and these needs are often unaddressed or are poorly addressed (Carpenter et al., 2021). It is important to explore and enhance knowledge in the field to better serve this growing population. Understanding the impact that emotional and social distress causes in the adults 65 and

above and the perceived needs to improve their emotional and social health can serve as the basis to develop interventions addressing their needs and targeted to increase the quality of life of this population.

There is substantial evidence that proves that there needs to be more studies that summarize elders' experiences of aging in their own words and that further studies are needed to broaden the knowledge of the perspective of the elder on healthy aging to strengthen the relationship between social determinants and healthy aging (Tavares et al., 2017). The major issue was that most of the reported findings are based on the caregiver's perspectives and not that of the aging persons, and further information was needed on the lived experiences of elder age-related changes in emotional and social factors.

### **Purpose of the Study**

The purpose of this phenomenological research was to describe the lived experiences of elders age-related changes in emotional and social factors. The phenomenon in question was the age-related changes in social and emotional factors. This research was designed to give insight on the lived experienced on age-related changes of elder in emotional and social factors.

### **Research Questions**

The study served to answer the following research questions:

1. What are the lived experiences of elders age-related changes in emotional and social factors?



2. How do elders perceive and describe changes in emotional factors of hope, optimism, anxiety, and depression?
3. How do elders perceive and describe changes in social factors of interpersonal relationships and social support and engagement?

### **Theoretical Framework**

The two theories that grounded this study included the activity theory of aging proposed by Havighust (1961) and the continuity theory of normal aging, which was proposed by Atchley (1989). The activity theory of aging states that older adults are happiest when they stay active and maintain social interactions. This theory occurs when individuals engage in a full day of activities and maintain a level of productivity to age successfully. The second theory, the continuity theory of normal aging, states individuals who age successfully continue habits, preferences, lifestyle, and relationships through midlife and later. The ongoing process is shaped by history, culture, and social constructs. These theories will be further discussed in Chapter 2.

Both theories related directly to the research questions that were set out to be answered. According to the activity theory of aging, there is a positive relationship between a person's level of activity and life satisfaction, which in turn increases how positively a person views themselves (Nilsson et al., 2015). When emotional and social distress occurs, people 65 and above may experience a decrease in well-being. This study explored the perceived life impacts of people 65 years and above who have experience with changes related to aging in emotional and social areas. The continuity theory of normal aging proposes that persons use the lifestyle and preferences that were cultivated

in their younger years to establish successful aging in their later life (Atchley, 1989). This study explored perceived lifestyle factors, histories, and preferences that aid in how people 65 years and above experience age-related changes. The aging person was able to give their insight on their lived experiences in certain factors and if they continued, altered, or changed certain activities throughout this phase as it was stated in the continuity theory of aging.

### **Nature of the study**

The phenomenological research design was used to address this research question. The reason this design was chosen was because phenomenology serves to give an understanding as to how one experiences a phenomenon (Neubauer et al., 2019). The phenomenon that was investigated was elders' experience in age-related changes in two factors (emotional and social). For this research, primary data were collected through interviews with elders 65 years and above who were independently living. Data needed for this study were significant to the emotional and social changes of the elderly and were analyzed using Moustakas's (1994) steps for data analysis.

### **Definitions**

The following is a representation of the definition of terms used in this study.

*Anxiety*: A future-oriented mood state associated with preparation for possible, upcoming negative events; and fear is an alarm response to present or imminent danger, whether real or perceived (Barlow, 2002)

*Depression*: A negative emotion caused by the inability to cope with external stress (Zhou et al., 2020).

*Hope*: A powerful human response that positively influences adaptive coping during time of suffering, loss, and uncertainty (Herth, 1993).

*Interpersonal relationship*: A social network of a set of people with some pattern of contacts or interaction between them (Hu et al., 2005).

*Optimism*: Used to denote a positive attitude or disposition that good things will happen independent of one's ability (Dunavold, 1997).

*Social interaction*: Talking to someone in person, by phone, or online (Zhaoyang et al., 2018).

*Social support*: The assistance and protection given to others, especially to individuals (Langford et al., 1997).

### **Assumptions**

For this study, there were a few assumptions that could impact the study. The first assumption was to assume that participants will offer honest responses and that the answers will be accurate. The second assumption was that the identified participants would contextually understand the questions and that the questions will be answered appropriately.

These assumptions were necessary in the context of the study because I was primarily describing the lived experiences of elders, and it was important that participants offered honest recollection of their experiences. It was also important for participants to contextually understand the questions to give accurate responses.

### **Scope and Delimitations**

The scope of this study was dedicated to the lived experiences of elders age-related changes in emotional and social factors. Although there has been some research done on this topic, there needs to be more studies examining elderly's perspective of age-related changes. The specific factor of this study was a branch of emotional health which included mental health with subcategories of depression, anxiety, hope, and optimism. The second main factor of this study was the social component which included interpersonal relationships, social support and level of engagement or activity. These factors were specifically chosen because mental health and social health were two of the most important factors that determined whether an individual can function in society (Steptoe et al., 2019)

Mental health continues to be a major issue, and it is important that to examine this topic to reflect the experiences of the growing older population. The social component of the study was chosen because we needed to understand what helped the elderly population to enjoy their golden years. It is imperative that we know if certain social factors are beneficial to them to combat feelings of depression and anxiety and if it promotes positive emotional traits such as hope and optimism.

As with the scope, the delimitations of this study were also considered. Firstly, though this study will hopefully provide significant knowledge, some boundaries are also evident. For example, the current study included a population over 65 who are independently living and have self-reported an interest in reflecting on and talking about their age-related changes in emotional and social factors. The population below 65 and

those above 65 but living in assisted living or other care facilities were excluded.

Individuals who are living in assisted living or in other care facilities might have memory issues and might not be able to give their experiences in their own words. For this study, I recruited in person and by flyers, so participants without social media accounts were still able to participate.

It should also be noted that other qualitative frameworks such as the narrative framework could have been used for this study. The narrative framework is used to make sense of stories in a way to understand how persons rationalize their experiences (Kirkpatrick, 2008). The phenomenological framework was more suited for this study and hence was chosen because it investigates a phenomenon through people's lived experiences and the phenomena in question here is the age-related changes of elders (Neubauer et al., 2019). This study aimed to provide a thick, rich description of the phenomenon of age-related changes of elders in emotional and social factors so that outsiders can decide whether these findings relate to their experience (Korstjens & Moser, 2018)

### **Limitations**

An important limitation was the sample population and their willingness to participate. For this study, it was imperative to find people in this age group who were willing to participate. Another limitation was the accessibility to the population because some of the individuals in this population usually did not leave their homes unless it is necessary, which made it much harder to recruit individuals. A third limitation was the

participant's ability to give a rich recollection of their experiences. For this study, I needed older people who were still able to tell their story.

A boundary of this study was that it did not investigate physical well-being and environmental factors that could potentially have an impact on successful aging or the quality of life of people 65 or older. In addition, this study was not able to capture individual characteristics or ethnic/cultural differences among participants that may also influence their perceptions about satisfaction with their emotional and social health. To address this bias, participants were consented and interviewed upon meeting eligibility criteria until the sample size was met.

To address participants' willingness to participate, the recruitment process was structured in a way that the participants contacted me. By utilizing this method, the participants already to a degree exercised their willingness to participate. To address the accessibility to the participants, flyers were posted to different groups on social media platforms as well as gyms and senior centers. As it relates to addressing the issue of participant's ability to give their rich recollection, I excluded participants who may have Alzheimer's and other memory impairments by only including individuals who were independently living. People who may have Alzheimer's or other memory impairments will not be independently living or may need a caregiver. To address the length of the interview, participants were allowed to stop the interview whenever they felt overwhelmed or exhausted and continued later.

### **Significance**

This study was significant in that the potential findings might advance the knowledge in elders' perception of their lived experiences on social and emotional factors. The expansion of knowledge will focus on age-related changes in factors of emotional (anxiety, depression, hope and optimism) and social (interpersonal relationships, social support and level of engagement or activity). This study might enhance knowledge in this field because there is an increase in psychological needs for older adults and these needs are often unaddressed or are poorly addressed (Carpenter et al., 2021).

The potential findings of this study might advance practice and policy in that policy makers might exhibit a higher level of concern for this population and create and implement policies that will be beneficial to this growing group. The findings might prove to policy makers that more funds should be spent on expanding the scope of knowledge and expertise to improve our current practices in how to identify and treat anxiety and depression in adults ages 65 and above and how best to can promote higher levels of hope, optimism, social interaction, or activity and promote positive interpersonal relationships.

The potential findings from this research might promote positive social change and educate on the lived experiences of the elderly. These findings might serve as the basis to develop interventions addressing the needs of the elderly and targeted to increase quality of life for this population. The findings from this study might also benefit the

elderly as it might enhance interactions and initiate more training programs for the individuals who closely interplay with this population.

### **Summary**

The purpose of this study was to describe the lived experiences of elders age-related changes in emotional and social factors. The emotional factor of the study focused on mental health with components such as depression, anxiety, hope, and optimism. The social factor focused on interpersonal relationships, social support, and level of engagement or activity. The study was important because a better understanding of the impact that emotional and social distress may cause in adults aged 65 and above and the perceived needs to improve their emotional and social health can serve as the basis to develop interventions addressing their needs and targeted to increase the quality of life for this population. The potential findings of this study might expand knowledge and add to the literature that is presented in the next chapter.

In Chapter 2, the current literature is reviewed in great depth in relation to the emotional and social factors of the elderly. I explain how these factors are experienced in the elderly and the current literature that surrounds it. I also addressed the research gap in this topic.



## Chapter 2: Literature Review

The issue that prompted me to search the literature is the need for more studies examining elders' perspective of age-related changes in emotional and social factors. The purpose of this phenomenological study was to describe the lived experiences of elder age-related changes in emotional factors (anxiety, depression, hope, and optimism) and social factors (interpersonal relationships, social support, and level of engagement or activity).

In the United States, the population over age 65 is expected to double from 49 million in 2016 to 95 million in 2060 (Vespa et al., 2020). This will result in the percentage of people aged 65 and above to grow from 15% in 2016 to almost a quarter of the population in decades to come (Vespa et al., 2020). Consequently, by 2034, older adults are expected to outnumber children which will be the first time for that to occur in U.S. history (Vespa et al., 2020). This will result in an increase in psychological needs for this growing population (Carpenter et al., 2021). However, these needs have often been unaddressed or poorly addressed (Carpenter et al., 2021).

It is important to explore and enhance knowledge in this field to better serve this growing population. Understanding the impact of emotional and social distress causes in adults 65 and above and the perceived needs to improve their emotional and social health, may serve as the basis to develop interventions addressing their needs to increase the quality of life for this population.

Chapter 2 begins with a discussion of the activity theory of aging and the continuity theory of aging. I also reviewed research on how these theories have been

applied to understand the lived experiences of older people's age-related changes in emotional and social factors. Additionally, Chapter 2 contains a detailed analysis of the variables in question related to two key factors of health: (a) emotional factors (mental health, which includes anxiety, depression, hope, and optimism) and (b) social factors (interpersonal relationships, social support, and level of engagement or activity).

### **Literature Search Strategy**

The literature search strategy I employed was accessing Walden University Library's multiple databases, as well as Google Scholar. Research was also sourced from resources that consist of scholarly journals and online databases including Medline, CINAHL and PsycInfo. In addition, articles were retrieved from websites such as American Psychiatric Association, National Institute of Mental Health, and the Administration for Community Living.

The Boolean system for linking keywords and connections such as "and" were used to narrow outcomes related to my study topic. Key search terms consisted of *mental health, aging, anxiety, depression, hope, optimism, social engagement, social interaction, social well-being, and emotional health*. A combination of terms that were searched consisted of *mental health and old age, depression and the elderly, social support and the elderly, and hope and aging*.

I conducted a search from January 2012 to the completion of my study to include articles that were reported in English, and there was no restriction on the type of studies that were included. Terms such as *emotional health and aging, depression and old age, and hope and aging* were used in databases such as Google and Google Scholar. Terms

such as *mental health and elders*, *social health problems with aging*, and *qualitative studies on emotional health of elders* were used in databases such as Medline, PsycINFO, and CINAHL. A total of 465 articles were retrieved, and 40 were excluded based on geographic location of the sample population, the methodology, and its relevance to the current study. For this study, I decided to keep 425 articles for full text review, and a total of 80 were used in my study.

## **Theoretical Foundation**

### **Activity Theory of Aging**

In activity theory, Havighurst (1961) proposed that a person should give up the thought of an inactive lifestyle and cultivate one that encourages them to remain active physically to promote health and happiness. Havighurst believed that older adults are happiest when they stay active and maintain social interactions. This occurs when individuals engage in a full day of activities and maintain a level of productivity to age successfully (Havighurst, 1961). Havighurst argued that good living in old age consists of maintaining activity and involvement as in middle age. Though there might be challenges, old age can be a rewarding and meaningful period of life (Nilsson et al., 2015). The extent to which a person approaches, confronts, and engages in this phase, can determine their new livelihood (Nilsson et al., 2015).

As a person ages and makes the transition into old age, they might observe that there is loss of certain functions, and many may be forced to discontinue certain activities that they previously enjoyed. Hardships such as loss of a spouse, retirement and loss of employment can also contribute to and influence older people's social interactions and

participation, which may cause them to adapt to a now passive lifestyle. This change in behavior can create a situation in which people might feel that hope is lost, which can increase their level of anxiety and depression. According to the World Health Organization (WHO; 2022), the acting aging model assumes that quality of life at old age is dependent on three pillars: health, participation, and security. It is imperative that the older population continue to stay active and social.

Activity theory was used in the observational study conducted by Havighurst and Albrecht (1953), who sought to determine the relationship between activity engagement and optimistic adaptation to aging in a sample of adults. Havighurst and Albrecht concluded that society relies heavily on older adults to remain active and to contribute something to society.

The first empirical study that was conducted to test this theory was done by Lemon et al. (1972), which yielded disappointing results and made the authors criticize the validity of the theory. However, the attempt made by Kart et al. (1982) when repeating the study, yielded positive results when they made changes to their protocol. They changed the protocol by sampling 1,209 residents of three retirement communities which provided for greater variation in the background variables. This study found that informal activity, such as primary relationships, was positively associated with life satisfaction, solitary activity, and being devoid of social contact, and had the least effect on life satisfaction. This study showed a strong correlation between activity theory and successful aging.

Another study done by Jenkins et al. (2002) examined the correlation between activity engagement and health related quality of life in older people. A sample of 167 residents who resided in both assisted and independent housing were used in the study. Jenkins et al. found that voluntary activities were directly linked to better outcomes in health-related quality of life. Similarly, Goldberg and Beitz (2007) conducted a study to explore theoretical explanations for psychological aging experiences among the older population and found a strong correlation between activity involvement and a successful aging process. Goldberg and Beitz later concluded that there are two stages in healthy retirement, namely early wellness and later illness, and this transition is marked by six variables which include having activity, losing a spouse's health, losing personal health, losing the spouse, and losing financial stability.

Lee et al. (1998) investigated how interactions with different types of partners influenced the emotional well-being of older people. Lee et al. also examined the extent to which these effects are mediated by subjective feelings of social integration. Lee et al. referred to emotional well-being as morale and subjective feeling of social integration as loneliness. A sample of 2,872 participants aged 55 and over were tested, and Lee et al. concluded that loneliness negatively influences social well-being. Additionally, Lee et al. concluded that loneliness is detrimental to a person's well-being and that activity involvement can decrease loneliness and in return lessen the chances of the individual falling into depression. Hertzog et al. (1998) examined the positive effect of activities on well-being. With a sample of 679 adults aged 65 years and above, Herzog et al. found that the rate or excitement in which a person performs an activity influence both physical

and emotional health. The results also revealed that socio-economic status makes leisure more possible than productive activity.

Activity theory was chosen for the current study because it explains that there is a positive relationship between a person's level of activity and life satisfaction, which increases how positively a person views themselves. When emotional and social distress occurs, people aged 65 and above may experience a decrease in well-being and my study is focused on exploring the perceived life impacts people 65 years and above have experienced with changes related to aging in emotional and social factors. Using the activity theory of aging, I was able to determine what factors could be modified or targeted to support mental and social wellbeing in this population. Activity theory was used in my study as a guideline as to how participants might respond to the interview questions about their level of activity and its effect on their life satisfaction. The study may build on current knowledge and might further support the activity theory.

### **Continuity Theory of Normal Aging**

In the continuity theory of normal aging, Atchley (1989) proposed that in making adaptive choices, middle-age and older adults try to preserve and maintain existing internal and external structures and that they prefer to accomplish this by using continuity. Previous theories such as activity theory suggested that when change occurs, the response is to restore the previous equilibrium, however, aging produces changes that cannot be completely offset, so a person cannot go back to their prior state (Atchley, 1989). An alternative perspective appeared with the origination of the continuity theory, which assumes that people evolve to adapt to situations rather than simply adjust to

conditions that are optimal for survival, and these changes are made based on people's history (Atchley, 1989). This theory proposes that in the process of becoming an adult, individuals develop habits, commitments, preferences, and a list of dispositions that become part of their personality (Convey, 1981). As people continue to age, they are predisposed toward maintaining continuity of these habits, associations and preferences which further demonstrates that the continuity theory of normal aging does not assume that lost roles need to be replaced; rather they are continued (Convey, 1981).

The continuity theory of normal aging poses an explanation for and a description of ways that adults tend to use things learned in the past to further create their future and structure their choice in response to the changes brought about by normal aging (Atchley, 1989). The person's lifelong experiences create certain predispositions such as shopping at a particular store, living in a certain neighborhood, and having certain social network that they will thrive to maintain (Convey, 1981). However, at different phases of the life cycles, these predispositions are constantly modified and influenced by the interactions among personal preferences, biological and psychological capabilities (Convey, 1981). The continuity theory of normal aging suggested that old age should not be seen as a separate period of life, rather it should be viewed as a continuation of many patterns set earlier (Convey, 1981). The foundation of the continuity theory of normal aging rest on the evidence that as people age, some roles are lost, others gained or altered in quality while others are merely continued into old age (Convey, 1981).

The continuity theory of normal aging can be further divided into internal continuity and external continuity. Internal continuity in this concept refers to the inner

structures of self that is temperament, personal values, attitudes and affect (Breheny et al., 2017). Internal continuity requires memory (Atchley, 1989). It is a healthy capacity to witness inner change as being connected to an individual's past and to notice that there is some sort of sustainment or support for the new life (Atchley, 1989). On the other hand, external continuity refers to external structures such as the persistence of social roles, social relationships, environments, and activities (Breheny et al., 2017). It is defined as a remembered structure of physical and social environments, role relationships and activities (Atchley, 1989). External continuity can be viewed as being and doing familiar skills and interacting with familiar people (Atchley, 1989). These actions can be seen by others and can be validated because they are like what the individual exercised when they were younger and typical to that person (Atchley, 1989).

There is a strong motive for wanting to preserve internal continuity (Atchley, 1989). Internal continuity can be viewed as a fundamental aspect to effectively carry out our day-to-day tasks such as decision making (Atchley, 1989). Continuous cognitive health and knowledge is imperative for one to interpret and anticipate events (Atchley, 1989). It is viewed as an essential characteristic for one to feel a sense of ego integrity (Atchley, 1989). Internal continuity should be preserved because it assists people to meet that need for self-esteem and can serve as a motivational tool to persuade people to meet their important needs (Atchley, 1989). Internal continuity has a lot to attribute to self. Self in this context is what we think we are like in areas such as our appearance, personal goals as well as our emotional health, such as depression, anxiety, hope and optimism (Atchley, 1989). Internal continuity can be utilized to improve a person's life as it is an



aid to boost their self-confidence and self-esteem which can consequently improve their quality of life.

Examples of external continuity can be seen in the friendships that older people maintain or establish (Finchum et al., 2000). The continuity theory provides a rationalization for understanding adult friendships (Finchum et al., 2000). It is imperative to take into consideration that older adults often do not anticipate disengagement, but it is vital they that the participate in establishing new friendships as well as maintaining friendships that were already built (Finchum et al., 2000). Certain roles can be continued, the quality can be altered as well as further maintenance of associations (Convey, 1981), and the role of a friend is no different (Finchum et al., 2000). Friendships are dynamic and progress on a continuum with beginnings, periods of endurance and change, and endings (Finchum et al., 2000), and the continuity theory of normal aging provides ways in which particular people have developed and adapted distinct friendship and social support networks (Finchum et al., 2000). The continuity theory of normal aging was used to describe the level of engagement and interpersonal relationships in older adults and that is one of the aspects that will be explored in this current study.

To further explain the external aspect of the continuity theory, the exploration of leisure participation among the elderly should be considered. Leisure participation in old age is often a continuation of their participation at a younger age (Minhat et al., 2013). After examining activities in categories such as recreational, social, and productive activity, studies found that there was indeed a significant association between former and current leisure participation (Minhat et al., 2013). These findings suggest that more

emphasis should be placed on the importance of considering active intervention programs at a younger age to ensure better leisure participation of the elderly (Minhat et al., 2013).

The continuity theory of normal aging was chosen because of the two central questions that emerge when one discusses the theory. Firstly, one should ask about the factors that account for an older person's success or failure in maintaining social roles in age and secondly, why is it that continuity or the maintenance of these roles is desired in some instances but in others it is not by older people (Convey, 1981). This theory conceptualizes that certain factors that affect how one continues their social roles involve characteristics such as socioeconomic status, psychological motivation, personality, and other experiences (Convey, 1981). This theory also suggests that other related factors such as health and level of activity would also have to be considered when analyzing the social health of an aging individual (Convey, 1981).

The continuity theory of normal aging relates to my study in that it discusses topics relating to the social health of aging individuals and factors such as the level of activity that can influence one's social health. My study is to primarily describe the lived experiences of elders' age-related changes in certain factors and this theory will assist in conceptualizing whether certain activities were maintained, changed, or altered as the aging person give their rich recollection of their experiences. My study will build upon this theory as it will expand scope of knowledge on information that is already familiar, but these events will be described from the aging person.

Studies have been conducted before that have utilized similar methodologies that are consistent with the present study. One such study was sought out to understand

continuity among older people. In this study, Breheny et al. (2017) utilized the interpretative phenomenological analysis (IPA) to analyze transcripts from eleven participants over the age of 79 years. This study was focused on allowing participants the freedom to discuss their own experiences, so it was imperative that the questions for the interview were structured in that way. The chosen methodology for this study was chosen for the same reason as the present study in that IPA research is used to understand what a particular experience means for someone, to see the world as they see it and to understand how they make sense of it (Breheny et al., 2017).

The present study served to primarily describe the lived experiences of elders' age-related changes in emotional and social areas. These areas were chosen specifically because older peoples' perceptions of their aging process focused greatly on their emotional and social well-being (Zhou et al., 2021). Older individuals believe that their ability to successfully age depends on how well they adapt, and cope based on their own experience (Romo et al., 2013). Research shows that there is an association between age and emotions such as depression and anxiety (Teachman, 2006) so it is important that these aspects be explored. Negative emotions such as depression and anxiety can be attributed to social engagement and family involvement in earlier years. For these reasons, it is imperative that these variables be explored in relation to the elderly's lived experiences.

## **Review of the Literature Key Concepts**

### **Elderly Population**

In years to come, America will soon encounter a change in the demographic makeup of the country. This change is primarily because all baby boomers will be older than the age of 65 (Vespa et al., 2020). The elderly population is expected to surpass that of children with approximately one in every five Americans at the age of retirement (Vespa et al., 2020). As the older population continues to increase, focus is shifted to their well-being as well as their living arrangements. Studies show that approximately 28% of older people live alone and this percentage increases with age (Kaplan & Berkman, 2022). Women accounts for a higher percentage of that population (Lee et al., 2019). Given these trends, it is important to learn more about the experiences of this population to influence the decisions of policy makers to establish policies that will foster and encourage older people to continue to age successfully as well as to live independently (Lee et al., 2019). Lee et al. (2019) studied the living arrangement of non-married older adults over the age of 65 and found that most elderly preferred to live independently even it might be advantageous for some to cohabitate to reduce the risks of social isolation.

Independent living arrangements for adults aged 65 and above allows them to maintain their autonomy but there are some disadvantages. These disadvantages range from anxiety to depression. Anxiety is prevalent in the older population, but there is an increased prevalence in older adults who live alone (Yu et al., 2020). Yu et al. (2020) studied the experiences of anxiety in 15 older adults living alone and found that

participants who were anxious felt no contentment in living because they were alone. Yu et al. (2020) also found that older adults who experience anxiety and live alone were more fearful of their remains going undiscovered for a long period of time rather than death itself. This study also found that most participants who experienced anxiety also reflected on their experiences with depression (Yu et al., 2020).

Living alone also increases the chances of depression in older adults. Stahl et al. (2017) found that living alone in comparison to living with a family member resulted in higher levels of depressive symptoms among older adults. However, these depressive symptoms significantly decreased in older adults who lived alone but were associated with higher levels of social interactions (Stahl et al., 2017). These findings suggest that social interaction is relevant to how older adults experience changes in emotional factors. There is an increase in the use of technology for older adults who live alone to satisfy some of their social needs (Hulur & Macdonald, 2020). Hulur & Macdonald (2020) concluded that though older adults are behind other generations with the use of the internet, there is an increase in the use of the internet for social purposes especially to keep in contact with non-family members. The projected increase in the older population over the next few years, including the relationship between living independently and mental health, reflects that more research is needed to understand the lived experiences of this population.

## **Hope**

As a person ages, factors such as hope tend to change. Hope is defined as a powerful response that positively influences adaptive coping during time of suffering,

loss, and uncertainty (Herth, 1993). This change occurs because individuals must now adapt to their new conditions as well as to both positive and negative life circumstances (Moiraitou et al., 2006). The way an individual adapts to these events, whether favorable or unfavorable, is widely attributed to that individual's personality dispositions (Moraitou et al., 2006). Additionally, a person's ability to adapt to these changes would be how well they are able to regulate their expectations based on their current reality in order to lead satisfying lives (Moraitou et al., 2006). Hope is a beneficial characteristic that can assist a person in controlling their expectations as well as adjusting to their new challenges (Moraitou et al., 2006).

Where there is a significant decrease in hope, it is believed that the quality of life is also significantly decreased (Herth, 1993). Similarly, as a person narrows their expectations and goals to adapt to the changes of aging, they are unconsciously reducing their level of hope and hence, can consequently reduce their quality of life (Herth, 1993). Previous studies have equated hope with acquiring goals and maintaining control of a person's life, primarily for the young and middle-aged adults. However, these studies cannot fully relate to the hope of the other population (Herth, 1993). These findings are not relatable to the older population because people aged 65 and above are forced to narrow their expectations as they are maneuvering their new norms and are continuously being faced with the deaths of loved ones, chronic illnesses, and their ability to live independently (Herth, 1993).

The meaning of hope for the older population may be different from that of the young and middle aged (Krause et al., 2018). Older adults aged 65 and above must now

find different strategies to maintain or regain the hope they once had (Herth, 1993). To recognize this hope once again might be difficult because the aging person must now strive to be hopeful despite being faced with countless adversities (Herth, 1993). Given the present circumstances, it is imperative to create environments that will assist the older population to be hopeful (Herth, 1993). In doing so, researchers found that many older persons still view themselves as feeling young even though they are aware of the limitations that are imposed on them as they age (Pieniasek, 1982). This sense of youth is greatly because of the elderly's acquaintance with the past and the fact that they enjoy the recollection of events, but the issue arises when they still see themselves as the image of their younger selves (Pieniasek, 1982). Similarly, Herth (1993) found that 95% of the 60 participants in the study identified remembering positive times as a hope-fostering strategy. These participants suggested that it is beneficial to recall events where a person overcame a challenging situation and persevered, as it might give hope that these new challenges can also be conquered (Herth, 1993).

Studies suggest that hope is the gateway for a person to effectively cope and adapt to change, but researchers believe that many older persons live essentially by their memory rather than utilizing hope because they believe that the life, they have lived was much longer than the life they have left (Aristotle, 1927; Herth, 1993). Herth (1993) found that 94% of the 60 participants viewed humor and playfulness as a necessary tool to cope with the many changes that may come with aging. With hope, the aged person can give praise to reality (Pieniasek, 1982). They can adapt to their new norm and live in the present. The elderly speaks of their past experiences when time was endless without

acknowledging and adjusting to the present and neglecting the fact that time is running out (Pieniasek, 1982). Rather than holding on to what is gone, if a person exercises hope and adjusts to the new norm that is accompanied by loss of health, income, social status, and life partner there will be something to look forward to (Pieniasek, 1982). When an aged person practices hope, it can give their present situation meaning and this will in turn give them strength to continue living (Pieniasek, 1982).

Hope is also utilized because death is real. As the elderly continues to age and enter their final chapter of life, the fear of death becomes more apparent and a new hope is born (Pieniasek, 1982). This new hope is accompanied by fear of what the future holds but hopeful that life will be sustained (Pieniasek, 1982). Hope now becomes the source of energy that the elderly need to survive as it exhibits itself when a person is in the center of misery and pain (Pieniasek, 1982). The elderly now has assigned a new meaning to hope as they are now not focused on the past but on the present and the future. Similarly, Krause et al (2018) studied whether fear of death was lower among the older population compared to the younger population and found that fear of death is higher in the younger and middle age population and lower in the older population. These findings reveal that the older population exercised a higher level of hope than the younger and middle-aged population when the issue of death arises (Krause et al., 2018).

The level of hope is different in older adults who are independently living in comparison those older adults who are institutionalized. Gupta & Singh (2019) studied a total of 151 elderly persons, 79 who were institutionalized and 72 who were independently living or living with family and found that persons living in care facilities



or old age homes had higher levels of hope and had more overall subjective wellbeing than that of their counterparts. This study also revealed that there is a positive correlation between subjective wellbeing and the level of hope a person experiences (Gupta & Singh, 2019). Conversely, Pahlevan et al. (2021) studied the relationship between attachment with hope, religiosity, and life satisfaction among 504 older adults and found that there is a positive correlation between secure attachment with family and friends and hope. This study revealed that older adults who lived with family had a higher level of happiness which resulted in a higher level of hope (Pahlevan et al., 2021). The level of hope experienced by the older population is dependent on certain factors such as their happiness, their living arrangement as well as how well they can adapt to their new challenges.

### **Optimism**

As a person embarks on the journey of life, they would expect more positive than negative outcomes (Wrosch et al., 2017). Changing the outlook on life in a positive way and expecting positive outcomes, as opposed to foreseeing negative outcomes, will enhance life's satisfaction (Wrosch et al., 2017). Optimism is viewed as one of the positive emotional factors of health that can significantly enhance and predict the way a person perceives their aging experience (Teachman, 2006). It is defined as a positive attitude or disposition that good things will happen independently of one's ability (Dunavold, 1997). Researchers have found that optimism is a function of pessimism whereas when one is high the other is relatively low (Palgi et al., 2011). This suggests that there are certain adaptation techniques that a person should follow and that no one is

always optimistic (Palgi et al., 2011). Studies suggest that based on the tasks at hand and the goal in mind persons can be optimistic or pessimistic about achieving that goal (Palgi et al., 2011).

Optimists expect positive future outcomes and tend to work much harder to ensure that the outcome is indeed positive (Wrosch et al., 2017). Individuals who view themselves to be optimists usually fare better in life than their counterparts (Wrosch et al., 2017). Jurek et al., (2021), studied a total of 304 seniors and found that there is a positive correlation between optimism and quality of life. This study also found that optimism is one of the resources that is utilized to manage the stress of a person's life and when used it can significantly increase their quality of life (Jurek et al., 2021). These individuals are more likely to prevent issues that are emotionally unhealthy because their primary goal is to overcome stressors and this is done by their ability to regulate their emotions effectively (Wrosch et al., 2017). Conversely, the same cannot be said for pessimists. Pessimists are more doubtful of the future (Wrosch et al., 2017). They do not place emphasis on hard work and tend to withdraw effort from goal-related problems (Wrosch et al., 2017). Additionally, pessimists are more likely to engage in emotional problems as they do not strive to overcome stressors (Wrosch et al., 2017)

The benefits of optimism are seen in younger individuals as there is always a new goal to achieve and there is always more to look forward to, but it is less known whether these benefits could vary across different life circumstances (Wrosch et al., 2017). Younger individuals used certain strategies such as persistence to assist in the facilitation of emotional well-being as their way to overcome stressors (Wrosch et al., 2017).

However, as a person ages, there is an increase susceptibility to chronic illnesses as well as an increase in irreversible health problems. The increase in chronic illnesses and irreversible health problems can result in a significant decrease in personal resources and as well as an increase in emotional issues (Wrosch et al., 2017). For this reason, there is a decrease or absence in opportunities for this age group and hence, the goal striving, and emotional well-being association becomes limited (Wrosch et al., 2017).

Many believe that optimism can be beneficial because optimists persevere and overcome challenges to achieve goals in life (Wrosch et al., 2017) but the issue arises when a person reaches old age and there are not many goals to achieve or attain. People view the positive outcome of goals as a factor that forces a person to overcome stressors which promotes emotional well-being but on the other hand, these findings cannot be the experience of older people.

With the absence of goals and opportunities, a person must wonder how older adults tend to maintain optimism as a factor to promote positive emotional health. Some of the benefits of optimism are significantly reduced in older age; not because of the absence of opportunities but because older adults are less likely to overcome certain stressors as they age (Wrosch et al., 2017). Researchers believe that there is need to know how older adults maintain their optimism because the benefit of optimism is seen to become smaller as a function of age (Wrosch et al., 2017).

As adults get older, they are more likely to become less optimistic. However, in a ten-year longitudinal study, Yue et al. (2022) found that older adults who are more optimistic were associated with lower mortality rates. The results from this study show

the importance of optimism and how the benefits can positively influence survival and health outcomes (Yue et al., 2022). This study presents evidence that optimism can directly lower negative emotions such as anxiety which can consequently improve relations with others, as well as to imply a better approach at problem solving which can better manage stress (Yue et al., 2022). Optimism increases the chances for older adults to maintain a social life, improves their ability to overcome stressors and as well as lowers their mortality rate so it is imperative to place emphasis on maintaining optimism in this population.

### **Anxiety**

At some point in life, people are confronted by fear of the future. They are often worried about what the future holds and how to navigate life when that time comes. The fear of the future is called anxiety. Anxiety is defined as a future-oriented mood state that is associated with upcoming events in response to present or imminent danger whether real or perceived (Barlow, 2002). Anxiety can and will follow into older adulthood but the issue that presents itself is that there is increasing evidence that the symptoms that are prevalent in younger adults may be different from that of the symptoms which appear in older adulthood (Ayers et al., 2014). Advancing knowledge of how older adults experience anxiety can have important implications for prevention and alleviation of these symptoms in late life (Ayers et al., 2014).

Studies have shown that though the prevalence in anxiety disorders somewhat declines with increased age, it is not yet understood what factors contribute to older adults who continue to experience clinically significant anxiety (Gerolimos et al.,

2012). Additionally, how one experiences anxiety can drastically change with age, but it is not known if the strategies that are utilized to control anxiety vary across the life span (Gerolimatos et al., 2012).

Moreover, it is imperative to understand this information from the source – the elderly themselves. Anxiety is believed to reduce the quality of life which can consequently result in faster decline in physical and social health (Frost, et al., 2020). There is not much research done on anxiety and mechanisms to combat anxiety disorder in older adulthood but the small number of qualitative studies that were done on older people with anxiety show that anxiety is also attributed to loss and age-related decline (Frost et al., 2020). On the other hand, many believe that planning for the future can reduce the chances of anxiety in later life. It is noted that preparation for future care can help older adults adjust into this inevitable life and health transitions (Sorensen et al., 2012). Failure to prepare for the future is viewed as a novel putative risk marker for anxiety in older adulthood (Sorensen et al., 2012). Considering the current and projected growth of the older segment of the population, the impact of untreated late-life anxiety is a significant public health issue (Byers et al., 2012). It is unknown as to why so many cases go untreated, given the known prevalence of anxiety disorder in older adults but studies found that about 70% of older adults with this disorder did not utilize mental health services (Byers et al., 2012). Some of these attributed their choice of not seeking mental services to not being comfortable discussing personal issues or socioeconomic reasons. Studies found that there is a need for improvements to combat the high number of untreated anxiety disorders by increasing comfort in discussing personal problems

with healthcare professionals, screening, and other prevention efforts (Byers et al., 2012).

As this population continues to increase, efforts should be made to not only understand how the older population experiences anxiety but also how to combat this disorder and how to treat and prevent it

### **Depression**

With increase age, there is also an increase in risk for chronic illnesses as well as comorbidities (Warner et al., 2019). In the United States about 80% of the older population reports a chronic illness and 66% of that population reports two or more comorbidities (Warner et al., 2019). Late life depression is well associated with the presence of comorbid conditions (Hooker et al., 2019) and evidently this growing population is subjected to experience depression at some point in their life. Depression is defined as a negative emotion that is caused by the inability to cope with external stress (Zhou et al., 2020). As a person experiences chronic illnesses, there is a significant amount of disability and functional impairments which will consequently reduce activity level as well as social involvement (Warner et al., 2019). Persons who are subjected to these new norms are at a higher risk for developing late life depression (Warner et al., 2019). Late life depression is usually associated with other comorbid conditions which can lead to several impairments such as physical as well as social (Warner et al., 2019). These impairments are very prevalent in the older population over the age of 65 and is an issue that requires proper attention (Warner et al., 2019).

Depression in older adults can strip them of their independence because there is a high risk for developing cognitive impairments (Honda et al., 2022). These impairments

can result in higher mortality rates, as well as financial hardships because of the increased cost for medical care (Honda et al., 2022). Older adults in this situation will now have to depend on their family members for assistance to perform simple day to day tasks (Honda et al., 2022). This decline in independence can pose a serious issue for this population because it gives them a sense of individual achievement and competence to be able to complete tasks on their own and to prove themselves to be self-sufficient (Xiang et al., 2020).

In addition to chronic illnesses and comorbidities, other studies suggest that certain risk factors for late life depression stem from their younger life (Hooker et al., 2019). Factors consistent with their socioeconomic status are viewed as risk factors to develop depression in their older years (Hooker et al., 2019). These factors include lower educational attainment, lifetime income, fewer financial resources as well as less access to proper healthcare (Hooker et al., 2019). Many believe that socioeconomic success in younger life can eliminate some stress and burden in older life and that can reduce the risk for developing late life depression (Hooker et al., 2019).

On the other hand, some researchers argue that being able to properly manage stress is the way to reduce the risk of developing depression (Escher et al., 2019). High levels of stress and the presence of stressful activities can greatly increase the risk of depression, but older adults can eliminate or alleviate stress by using adaptive coping strategies (Escher et al., 2019). By adapting to these skills, older adults are less likely to be depressed than younger adults. (Escher et al., 2019). Monitoring stress and adapting to

different strategies as well as properly planning for the future can reduce the prevalence on older adults being susceptible to late life depression (Hooker et al., 2019)

### **Interpersonal Relationships**

The importance of social relationships is witnessed across life span. Maintaining healthy social relationships is a prerequisite for optimum mental and physical health (Sundstrom et al., 2018). Interpersonal relationships is defined as a social network of a group of people with similar patterns of contact interaction between them (Hu et al., 2005). As an individual ages, there is a need for closeness and human connection. These connections are formed with people that share similar values and characteristics as well as people that are in our immediate families. The relationships people choose to foster and maintain are highly dependent on their own personal preferences. The status of these relationships is also changed as a person is faced with new experiences and challenged with new adversities. The altering of the status of these relationships after a person encounters a challenging event is attributed to the quality of said relationship. The value of interpersonal relationships lies in the quantity and quality of said relationships because there is a strong association between healthy social relationships and better mental health (Palmer et al., 2016).

From the inception of life, the quality of the attachment a child fosters with their caregiver sets the trend for their ability to create and maintain healthy relationships as they get older. This trend continues all the way to the end of life. When a child bonds with their caregiver, they tend to be able to build bonds with others who bring them the same level of happiness, peace, or contentment. As a person ages, more emphasis is



placed on the quality of the relationship and the level of happiness or peace said relationship brings. These relationships are also imperative for a person's mental health as it is proven to significantly reduce the likelihood of a person developing anxiety or depression (Palmer et al., 2016).

On the other hand, many individuals value quantity, but this does not mean that the quality of social relationships is not considered. These individuals usually have large social networks which typically includes relationships with friends, family members, neighbors, work associates etc. (Palmer et al., 2016). However, despite the quality and quantity of these relationships, people still consider themselves lonely (Palmer et al., 2016). Loneliness is viewed as a dysfunction in interpersonal relationships, and it shows up when someone experiences a loss (Borji et al., 2020; Sundstrom et al., 2018). Older adults are especially more susceptible to loneliness in later life because of the death of spouses or partners and with their adult children becoming more independent (Kim et al., 2016). Factors that contribute to the feeling of loneliness of the older population include their living arrangements. The living arrangement of the elderly after the death of a spouse increases the chances of that person feeling lonely (Kim et al., 2016). On the other hand, a romantic partner being present in that person's social life can alleviate feelings of loneliness in the elderly (Kim et al., 2016).

Older adults experience loneliness because of the unfortunate events that occur with the loss of a spouse or even close friends (Kim et al., 2016). This loneliness also increases as their living arrangement might be altered and they are now forced to live alone (Kim et al., 2016). However, these feelings of loneliness can be alleviated if the

older person has a network of quality relationships (Palmer et al., 2016) The quality and quantity of these networks might aide in assisting the older person to regress feelings of loneliness but unfortunately despite having these available networks, some persons are still susceptible to feeling lonely.

### **Social Support or Level of Engagement/Activity**

With age, there is an increased risk and presentation of chronic illnesses and diseases. One strategy that a person can utilize to combat this issue is to maintain a high quality of life in their older years (Boen et al., 2020). For a person to maintain a high quality of life it is imperative for them to remain active socially and to be healthy in all aspects of their life (Boen et al., 2020). One such way for an individual to remain socially healthy is for that individual to continuously engage in activities with other persons (Palmer et al., 2016). Social engagement reduces the feelings of loneliness and perceived social isolation in older adults and consequently decreases the risk of morbidity and mortality (Holaday et al., 2022). Loneliness is experienced in about 20% - 40% of adults aged 65 years and older while social isolation is experienced in approximately 17% of that same population in America which further proves that social connection in older adults is especially important (Brady et al., 2020; Holaday et al., 2022).

Loneliness and perceived social isolation in older adults are quickly becoming a United States public health issue because of the association with increased morbidity and mortality (Young et al., 2021). Individuals are forced to socially isolate themselves and experience feelings of loneliness because of their distrust of others (Young et al., 2021). Though distrust in others might be a factor, it should also be considered that social

disconnectedness also plays a role (Boen et al., 2020). An individual that is socially connected will be more likely to accept social support which will alleviate those feelings of loneliness and isolation (Boen et al., 2020).

Social isolation is objective as there is significant absence of social contact and researchers have found that the effects are as detrimental in comparison to that of smoking, air pollution and obesity on health (Brady et al., 2020; Young et al., 2021). Factors such reduction in social networks which can be resulted from the losses that older adults experience as well as living alone can increase the risk of social isolation (Brady et al., 2020). Previous studies have proven that factors such as food and security are important for individuals to lead a healthy life as they get older, but it was social isolation that proved to have the highest effect on a person's health and well-being (Brady et al., 2020). Social isolation has proven to be a major issue among older people and will continue to be an issue because of retirement and decline in mobility amongst this population so it is imperative that focus is placed on developing strategies to combat this issue (Brady et al., 2020).

When an individual is socially connected and makes that personal decision to receive social support, there will be a significant decrease in mortality (Palmer et al., 2016). Social support is important for the older population because it can be used as a tool to reduce the risk of developing depression and improve overall mental health (Lyons, 2016). Additionally, researchers found that individuals who were satisfied with the amount of social support that was bestowed upon them had better mental health (Lyons, 2016).

To improve the mental health of older adults aged 65 and above, it is important to not only focus on basic needs such as food and shelter but to also place emphasis on the way and rate at which they interact with other individuals (Brady et al., 2020). Being socially disconnected or isolated from the world, negatively impacts the livelihood of older adults age 65 and above as it will not only be detrimental to their emotional health but over time, their physical health might be impaired (Brady et al., 2020; Young et al., 2021). These factors suggest that more resources should be used to implement programs that would foster or create environments that would encourage this population to be more socially active.

### **Summary and Conclusions**

In Chapter 2, literature associated with the lived experiences of elders in emotional and social areas were reviewed. Two theories, the activity of aging and the continuity theory of normal aging were also presented in association with a review of the elderly population as well as areas of emotional such as hope, optimism, anxiety, and depression as well as social such as interpersonal relationships and social support or level of engagement/activity.

I have examined the literature most relevant to the emotional and social areas of the elderly. I reviewed studies related to risk factors of negative emotional areas benefits of positive emotional areas, advantage of quality interpersonal relationships, benefits of social support and the influence the level of engagement/activity have on an individual as they age. Unfortunately, the emotional and social health of the elderly remains severely

unresearched and should be explored because this population is expected to exponentially increase. (Carpenter et al., 2021)

However, it is noted that a healthy social life can have positive influences on a person's emotional health. Persons can expect that reduced isolation and more interaction can foster more positive attitudes which consequently reduces or eliminates their risk of developing anxiety and depression. On the other hand, though it is known that the benefits of positive emotional health such as optimism and hope are a function of age, meaning that as age increases, hope and optimism decreases, the emotional outcome is still not known (Wrosch et al., 2017).

Therefore, this study addressed the research gap by extending the current literature related to the aging experience of the elderly in emotional and social aspect from the aging person. This study described how social and emotional health contributes to how an individual experiences their aging process. In Chapter 3, I provide an exhaustive assessment on the research methodology, the identification of participants, measurements instruments, threats to validity, and ethical considerations.

## Chapter 3: Research Method

### **Introduction**

The purpose of this phenomenological study was to describe the lived experiences of elders age-related changes in emotional and social factors. This chapter consists of the following sections: the research design and rationale, methodology, population, sampling procedures, analysis, procedures for recruitment and participation, instruments, demographics, data analysis, threats to validity and ethical considerations.

### **Research Design and Rationale**

The study served to answer the following research questions:

1. What are the lived experiences of elders age-related changes in emotional and social factors?
2. How do elders perceive and describe changes in emotional factors of hope, optimism, anxiety, and depression?
3. How do elders perceive and describe changes in social factors of interpersonal relationships and social support and engagement?

This phenomenological study described the lived experiences of elders age-related changes in emotional and social health. Factors such as hope, optimism, anxiety, depression, interpersonal relationships and social support, and level of activity or engagement were explored. Previous studies have shown that some benefits of optimism such as being more committed to goals and more successful in achieving goals become smaller as a function of age, but it must be considered that these studies did not examine the emotional outcomes such as whether these processes could evolve during adulthood

(Wrosch et al., 2017). Studies have also stated that optimizing social interactions can also decrease the likelihood of the elderly developing or experiencing depression and anxiety (Lee et al., 1998). It is imperative that special efforts be made to increase the level of social interactions for the elderly because this would provide opportunities for an active, happy life as they get older (Doh et al., 2017).

For this study, phenomenological design was used to address research questions. The reason this design was chosen is because phenomenology serves to give an understanding as to how one experiences a phenomenon (Neubauer et al., 2019). The phenomenon that was investigated was the age-related changes in emotional and social factors.

### **Role of Researcher**

For qualitative research, the researcher serves as the primary instrument (Ravitch & Carl, 2016). For this study, I was the observer and the interviewer, as well as the person analyzing the data. The participants of the study were complete strangers who do not have any personal or professional relationships with me. There was no power over participants. Additionally, no ethical issues arose as there is no conflict of interest, power differentials, or use of incentives.

### **Methodology**

#### **Participation Selection**

The target population for this study were independently living individuals who are aged 65 and above, fluent in English, who can follow the procedures for contacting me, understand the informed consent form, participate in an interview and who have self-

reported an interest in reflecting on and talking about their age- related changes in emotional and social areas. This population allowed for a rich recollection of information that will fulfill the descriptions of the lived experiences of elders age-related changes in emotional and social areas. People who did not meet the inclusion criteria were excluded. Potential participants were screened to ensure that they met all eligibility criteria in this study prior to obtaining informed consent. Participants were known to have met eligibility criteria by self- reporting.

Purposive sampling was used to recruit participants. This sampling technique occurred by selecting persons based on the inclusion criteria listed above. I posted my recruitment flyer (Appendix A) in different groups on social media such as Facebook and Instagram as well as the bulletin boards of gyms and senior centers. The Facebook groups that I posted my flyer on were aged 65 years and above which has 24 members, queenagers, which has 521 members, seniors age 65 plus who are looking to make friends, which has 23 members, and I love older people, which has 1,500 members. The pages on Instagram that I posted my flyer on were reengage, which has 6,692 followers, nicecomms, which has 11 thousand followers, and hcpreferred, which has over 25 thousand followers. The sample was collected using purposeful sampling because there were specific characteristics for participants to be included in the sample size.

The flyers had my contact information for interested people to contact me either through email or phone. After the flyers were posted, recruitment continued until the desired sample size of about eight to 10 participants or until data saturation was met. Guidelines for phenomenological studies suggest that at least six participants are needed



to obtain data saturation (Morse, 1994). In addition, a sample size of eight to 10 participants was ideal for data saturation with participants who have similar characteristics or experiences, and the main goal of the study was to identify similar themes (Ravitch & Carl, 2016). Data saturation was met when there were enough data for the study to be replicated and when there were no more emerging themes (Fusch et al., 2015).

To ensure that participants met the eligibility criteria, screening questions (Appendix B) about the participants age and living arrangement were asked prior to obtaining informed consent. If after answering the screening questions participants were deemed eligible for the study, I explained the informed consent form and emailed a copy to them. Once I received informed consent, we arranged a mutually agreeable date and time for the interview and informed participants that the interview will be conducted over the phone, via Zoom or by using the video call tools within the social media platform. If the participant is not eligible after answering the screening questions, I thanked the participant for their time and there was no explanation of the consent form nor initiation of the interview.

Informed consent was provided to participants who met the eligibility criteria. The informed consent contained information consistent to the participants' rights as well as information concerning the purpose of the study, sponsoring institution, risk, and potential benefits for their participation as well as guaranteed confidentiality. Informed consent of participants was obtained prior to the implementation of the study procedures. The informed consent form was emailed to participants who met the eligibility criteria. If

the participants feel that they understand the study well enough to make a decision about participating, they indicated their consent by replying to the email with the words, “I consent.” After I received consent, the interview was scheduled.

Participants were informed that they may refuse to answer any questions or choose to terminate their participation in the study at any time. Participants were also advised that they may be contacted after completion of the interview to clarify some answers and for member checking. Participants were informed that the interviews were audio recorded. This interview lasted approximately 60 minutes.

The interviews were conducted virtually either over the phone, via Zoom or by utilizing the call feature within the social media platforms. I conducted the interviews in a quiet, secure, and private environment and I advised participants to be in a similar environment as well. For interviews that were being conducted via Zoom, I used the record feature in the Zoom app to record the interview. For interviews conducted via social media platforms such as Facebook and Instagram, I used the screen record feature on the iPhone to record the interviews. All interviews including the ones being conducted via phone were also be recorded using an Olympus recorder. Immediately after the completion of an interview, the recording on the Olympus recorder, the Zoom app, or the phone recording from social media, were transferred to my computer using a USB drive, and this USB drive was password protected. To address the event of technical difficulties, equipment that were be used underwent troubleshooting procedures to ensure that they were at optimal performance at time of interview.

### **Instrumentation**

Eligible participants completed an interview to collect information on the topic and questions (Moustakas, 1994). The interview began with a short conversation about if the participant has noted any changes in aging and then was followed by questions about emotional health (hope, optimism, anxiety, and depression) and social health (interpersonal relationships, social support, and level of engagement/activity).

I developed the interview questions (Appendix C). This interview lasted approximately 60 minutes, and the recruitment continued until I completed 8-10 interviews or reach data saturation.

The interview sufficiently answered the research questions in that the questions were designed in a way that promoted rich, important descriptions of the phenomenon by the participant (Moustakas, 1994). These questions were developed to describe how the experience of the areas in question affected the participants, how it relates to people in their lives and how they feel about the experiences. These questions were consistent with how the participants experienced age-related changes in emotional and social areas. The questions were carefully written in a language that promoted participants into giving their rich recollection of the experiences. The questions of this interview were also carefully organized in a way that assists in the full disclosure of the participant's experience. This interview was sufficient in answering the research questions because it was developed in a way that facilitated the participants to give their rich descriptions of the age-related changes in emotional and social areas.

### **Procedures for Recruitment, Participation, and Data Collection**

For this study, the interview was the primary data collection instrument to answer all three of the research questions. For this study, I collected data from participants who have met the inclusion criteria. Persons were included in the study if they were aged 65 or older, independently living, fluent in English, able to follow procedures for contacting me, able to understand the informed consent form, and willing to talk about their experiences in emotional and social areas. Each participant completed one interview and interviews were conducted as frequently as needed to obtain the desired sample size. Data collection continued until the desired sample size was met. Data were audio-recorded using the Olympus recorder. I continued recruitment until I met the desired sample size. If I was not able to obtain the desired sample size by using purposeful sampling, I would have used snowball sampling. Snowball sampling allows for participants to list other individuals they are associated with who are in the sample population (Goodman, 1961).

At the completion of the interview, I explained to participants that I may contact them if I need to clarify any of their information from the interview. I thanked participants for their time and for their participation in the study.

Participants were contacted for member-checking. I completed a summary of each of the participants' interview and sent it to them by email. and asked them to if there were any changes, corrections, or modifications that should be made to the main points of the interview.

### **Data Analysis Plan**

For this study, 8-10 interviews were to be conducted, and Moustakas's (1994) steps were used for data analysis. The data collected through this interview answered all the research questions. On the basis of previous studies reviewed, I believed that eight to 10 participants interviews was sufficient to exhaust all relevant themes and reach thematic saturation. If by chance saturation was not met, additional interviews would have been conducted after the initial interviews (Francis et al., 2010). I first had the interviews transcribed verbatim by using the transcription software Descript. I then organized the verbatim transcriptions of the responses using the web-based application Dedoose (Dedoose, 2016). By using the complete transcription of each transcribed interview, I first listed and grouped the data. To do this, I horizontalized the data by listing every statement that is pertinent to the experience (Moustakas, 1994). Secondly, I reduced and eliminated by testing each of these statements for two requirements which were if these statements contain information that is needed for understanding the experience and if these statements can be abstracted and labeled. If these statements meet both requirements, they were considered a horizon of the experience. However, statements that did not meet the requirements were removed (Moustakas, 1994). Statements were also removed if they were repeated, overlapped or vague (Moustakas, 1994). Thirdly, I clustered and placed these statements into themes. All related statements were placed in a thematic label and these labels were the core themes of the experience (Moustakas, 1994). Fourthly, I identified the statements and themes by validation. I checked the statements and their themes side by side to the complete record of the participant. In this

step, I was looking to see if they were clearly indicated in the complete transcription. If they were not indicated clearly, I checked to see if they were congruent to the transcript and if they were neither congruent or clearly indicated they were deemed irrelevant and were also removed (Moustakas, 1994). Fifthly, by using the relevant and validated statements and themes, I developed individual Textural Description of the experience for each participant in which I incorporated verbatim examples from the transcription. Next, I develop an Individual Structural Description for each participant by using the Individual textural Description and by using Imaginative Variation (Moustakas, 1994). After this step was completed, I developed a Textural-Structural Description of the meanings of the experience for each participant. In doing this, I integrated the statements and themes that were previously derived (Moustakas, 1994). From each of these individual textural-structural descriptions, I created a composite description of the meanings of the experience that served to represent the entire group (Moustakas, 1994).

### **Issues of Trustworthiness**

#### **Credibility**

To establish credibility, I used theoretical triangulation and member checking. In using theoretical triangulation, I used the two theories the activity theory of aging and the continuity theory of aging to interpret the age-related changes of elders in emotional and social areas (Stahl et al., 2020). The two theoretical orientations were used to understand the findings of the research. Secondly, I also used member checking to establish credibility. After the completion of data analysis, I provided each participant a summary of the participant's interview to clarify and to receive feedback of the accuracy of

information. I asked participants to make changes, corrections, or modifications to information that invalid (Stahl et al., 2020).

### **Transferability**

Transferability occurs when the results from one study could be applied to other populations or settings (Ravitch & Carl, 2016). However, in qualitative research the goal was not to apply results to other settings (Ravitch & Carl, 2016). To achieve transferability for this study, rich, thick descriptions were used to prepare enough representation of the experiences of elders age-related changes in emotional and social areas. These thick descriptions will then be used by the reader to determine if these findings relate to their own personal experiences (Korstjens & Moser, 2018).

### **Dependability**

Dependability shows that my study is consistent and that the presented data answers the research question. (Ravitch & Carl, 2016). In ensuring the reliability of my study, I employed member checking (Merriam & Tisdell, 2016). For this study, detailed information about the relevance and appropriateness of the research process was provided. Member checks were used as a tool to ensure that data was validated to the respondents to prove its accuracy (Merriam & Tisdell, 2016).

### **Confirmability**

To establish confirmability in this study, the interview questions were designed to be open-ended, to encourage the participants to be thoughtful and to consider all aspects that were important to them. These open-ended questions allowed for probing and created room for follow up questions to ensure that the participants provided rich data of their

lived experiences of age-related changes in social and emotional factors. Reflexivity was utilized to establish confirmability as it served to ensure that there is transparency in the study (Korstjens & Moser, 2018). Reflexivity allowed for a reflection journal which served to document reflection of the research process, and behavior and thoughts throughout the research process (Watt, 2007). It showcased the background events of what went on during the entire research process and how my thoughts and behavior during inquiry may impact the study (Watt, 2007).

### **Ethical Procedures**

Data collection for this study began when I received approval from Walden University's IRB #04-25-23-0747533. To begin this process, I posted my recruitment flyers in different groups on various social media platforms such as Facebook and Instagram. My contact information was on the flyers so potential participants can contact me via email or phone. For participants to engage in any study activity, I electronically mailed a copy of the informed consent form to each participant. In the consent, participants were informed of their rights, confidentiality, anonymous status throughout the study and their right to withdraw from the study at any time they see fit. Participants were also informed that their decision to withdraw from the study will not result in any penalty and that their participation is completely voluntary. The consent form was also reviewed again before the initiation of the interview.

Participants were informed that any information received through study activities will remain confidential and that I am the only person with access to the locked area where the data is stored in a password protected environment. Data will be stored for 5



years and will be destroyed after that allotted time. Participants were advised that to ensure complete confidentiality, a code P1, P2, P3 and so on was used to replace their names so that at no time will any information be connected to them. Moreover, none of the groups on the social media platform were notified of persons who have participated in the study. There were no conflicts of interest or power differentials in this study. There was also no incentives for participating in this study. Interviews were audio recorded and transcribed using the transcription software Descript.

### **Summary**

This qualitative phenomenological study was to describe the lived experiences of elders age-related changes in emotional and social areas. The emotional aspect includes hope, optimism, anxiety and depression and the social aspect includes interpersonal relationships, social support and level of engagement or activity. Participants were emailed a copy of the consent form and they were asked to reply to the email with the words “I consent”, if they had enough information to make a decision about their participation. After I received the email indicating their consent, we mutually agreed on a date and time to conduct the interview. The interview contained questions about changes in the emotional and social areas of elders age-related changes. Participants were also given the opportunity to describe how they would like to improve their aging experience. A semi structured interview with open-ended questions was conducted with each eligible participant and the thematic analysis was utilized to analyze the data. Chapter 4 will show the setting, the demographics of participants, data collection, data analysis, evidence of trustworthiness and results of the study.

## Chapter 4: Results

### **Introduction**

The purpose of this phenomenological study was to describe the lived experiences of elders age-related changes in emotional and social factors. The research questions that guided this phenomenological study were as follows: What are the lived experiences of elders age-related changes in emotional and social factors, how do elders perceive and describe changes in emotional factors of hope, optimism, anxiety, and depression and how do elders perceive and describe changes in social factors of interpersonal relationships and social support and engagement? Based on my interview with eight elders age 65 and above, the findings are meant to contribute to the literature related to increasing the understanding of the lived experiences of elders age-related changes in social and emotional factors from the aging person's perspective.

In this chapter, I describe the settings for data collection, the specific demographic characteristics of each participant, and the process of data collection through semistructured interviews with eight elders age 65 and above. Each participant's interview provided a rich recollection of their lived experiences and an understanding of their age-related changes which is the phenomenon that was explored. Procedures for data analysis are discussed, which includes evidence of trustworthiness. To conclude, I provide results of my study and a brief summary of the chapter.

### **Setting**

The interviews were conducted via videoconferencing, which included Zoom and the video chat option on social media apps at a time that was convenient and selected by each participant. There were no other factors that impacted data collections or results.

### **Demographics**

The sample size consisted of eight individuals who met the criteria of this study. Study participants were adult men and women over the age of 65 who were willing to reflect on and discuss the changes they experienced as they aged. Study participants comprehended the research question of this study and were fluent in English. These participants were competent to verbally discuss their lived experiences through semistructured interviews related to their age-related changes in social and emotional factors.

The screening questions on Appendix B were used to determine eligibility listed as follows: How old are you? Do you currently live independently? Do you speak English fluently? To meet eligibility, it was required for participant's age to be 65 and above and the answers to the other two questions needed to be yes. The age range for the study participants were from 67 to 85 years old with five participants being female and three being males. Codes P1, P2, P3, P4, P5, P6, P7, and P8 were used to replace the participant's name to maintain confidentiality.

### **Data Collection**

The data for this study were collected using purposive sampling from eight participants who met the criteria for participation. Participants provided personal

recollections based on their subjective experiences. Data collection lasted 6 weeks and interviews were scheduled as frequent as possible until data saturation was met. The interviews were conducted virtually either over the phone, via Zoom or by using the call feature within the social media platforms. I conducted the interviews in a quiet, secure, and private environment and I advised participants to be in a similar environment as well. For interviews that were being conducted via Zoom, I used the record feature in the Zoom app to record the interview. For interviews conducted via social media platforms such as Facebook and Instagram, I used the screen record feature on the iPhone to record the interviews. All interviews, including the ones being conducted via phone, were also be recorded using an Olympus recorder. All data were collected by phone and by utilizing the video conferencing options in social media apps. I used semi structured interviews to engage participants in understanding the age-related changes in emotional and social factors. All of the ethical procedures that were outlined in Chapter 3 were followed. The consent form for this study were provided to participants through email. Participants were required to respond with the words “I consent” to acknowledge that they were willing to participate in the study. Interviews were approximately 1 hour long in length and was audio recorded using a recorder. A semi structured process was utilized as a guidance for participants to answer interview questions to gain understanding of the lived experiences of their age-related changes. Each audio recording was then transcribed verbatim to further ensure the credibility and confirmability of the data that was collected. All the data that were collected including audio recordings, participant’s personal information, transcriptions, researchers’ notes will be kept in a secured,

password protected environment in which I would be the only one to have access to. This information will be kept for a duration of 5 years and will be destroyed by shredding or deleted electronically after the allotted time as required by Walden University.

### **Data Analysis**

I used Moustakas's (1994) steps to data organization and analysis to analyze the data. To eliminate any biases and preconceived opinions of the topic, I used bracketing, which entailed journaling of my thoughts and ideas. This allowed me to remain open to experiences described by the participants without any personal biases. To begin analyzing the data, I firstly transcribed each interview verbatim using the software Descript. Each audio recording was reviewed for accuracy. Moustakas's step for data analysis was followed. These steps include: horizontalization, reduction and elimination, clustering and thematizing the invariant constituents, identifying statements and themes by validation, individual textural description, individual structural description, textural-structural description and developing a composite description of the meanings and essences of the experiences representing the group as a whole. Firstly, I engaged in the process of horizontalization. Each transcript was reviewed to ensure that careful emphasis was placed on understanding each participant's experience. I then highlighted each horizons of each participants using multi colored highlighting in the software Dedoose and then characterized into topics that were consistent across all participants. All statements and expressions that were deemed not relevant to the phenomenon were excluded while statements that were consistent with the phenomenon were kept. These horizons were then placed under a heading that represented each group. Horizons that contained similar

contents were grouped together which formed invariant constituents. The categories of invariant constituents were then reviewed and were combined to form the themes.

Themes emerged from the meaning of units and were core of the phenomenon. I identified six themes: (a) desired relationships with friends and family, (b) financial freedom, (c) maintaining independence, (d) alleviation from parental responsibilities, (e) fear of death, and (f) fear of loneliness.

Next, individual textural descriptions were created using direct quotations from the verbatim transcribed interviews to support each of the identified themes (Moustakas, 1994). After the textural description was completed, imaginative variation was conducted which allowed for data to be reviewed from different viewpoints and perspectives that could have impacted the phenomena. This process allowed for the discovery of structural description for each participant's experience of the phenomena. Textural and structural descriptions were then combined which led to a composite description of the lived experiences of elders age-related changes in emotional and social factors. Discrepant cases that were contrary to identified themes were noted and analyzed in comparison to other cases.

### **Evidence of Trustworthiness**

#### **Credibility**

To establish credibility, I used triangulation and member checks. Triangulation was accomplished by having all of the interviews transcribed verbatim and comparing both audio recordings and written transcriptions for accuracy. This comparison was repeated several times to ensure complete accuracy and to obtain a precise analysis of the

data. I also utilized member checks by providing each study participant a copy of the written summary of their interview to allow them the opportunity to make any corrections to their statements (Creswell, 2013). Saturation was ensured by carefully reviewing data to ensure that there were no new emerging themes related to the research question. This allowed for effortless categorization and abstract of information (Elo et al., 2014).

### **Transferability**

Transferability was not the emphasis of this phenomenological study, instead transferability was established through thick description of the phenomenon. To obtain a thick description of this study, every aspect in relation to the elements of data analysis, audiotaped interviews, verbatim transcriptions, and explanations of themes were documented. Though phenomenological studies cannot be replicated, a thick description of the research settings, procedures that were followed, characteristics of participants as well as my role as a researcher were carefully documented.

### **Dependability**

Dependability shows that my study is consistent and that the presented data answers the research question (Ravitch & Carl, 2016). In ensuring the reliability of my study, I employed member checking (Merriam & Tisdell, 2016). For this study, detailed information about the relevance and appropriateness of the research process was provided. Member checks was used as a tool to ensure that data was validated to the respondents to prove its accuracy (Merriam & Tisdell, 2016)

## **Confirmability**

Confirmability was established through reflexivity. Reflexivity is used by researchers in their autobiography while collecting and analyzing data (Lien et al., 2014). For this study, I practiced reflexive journaling in which I made daily entries before, during and after I interviewed participants. Bracketing was used to identify and separate any biases or personal thoughts or insights that had the potential to influence the confirmability of the data that were collected.

## **Results**

In this study, I investigated the lived experiences of elders age-related changes in emotional and social factors. I focused on how study participants describe their changes in emotional factors such as anxiety, depression, hope, and optimism and social factors such as interpersonal relationships, social support, and level of engagement or activity. By utilizing semi structured interviews, participants answered guided questions related to their age-related changes in emotional and social factors. I identified six themes: (a) desired relationships with friends and family, (b) financial freedom, (c) maintaining independence (d) alleviation from parental responsibilities, (e) fear of death, and (f) fear of loneliness.

### **Theme 1: Desired Relationships with Friends and Family**

All eight participants reported having close relationships with their family and close friends as they continue to age. These participants related that these relationships and bonds are of optimal importance to them and the way cope with this new chapter of



life. Participants of this study believe that the quality of their relationships reflects on their personal character.

P1: “Sometimes it can be a toxic [laughter]because we are so [laughter] close, [laughter] you know... sometimes I'm—I think we can be too close. But we—my family and I, we have a very, very close relationship, sometime too close for my own good.”

P2: “It’s kind of your family in my opinion, your family and friends are an extension of your life. How have I lived my life? It reflects on how your friends and family perceive you because we can have an assumption or an opinion of how we are, but that does not mean that's how other people perceive or sees us.”

P3: “Oh, yes because you can bum-sulk at each other and laugh at certain things that you're going through right now. Oh, yes, most definitely. I am grateful to have friends and family that if I call and I say, ‘Oh, this hurts,’ they can say, ‘Girl, this hurts me, too.’”

P4: “My family are dear to me. I love my family. I don't have a lot of friends. I speak to a lot of people, but then I'm cautious with calling somebody my friend. So I kind of choose who I want to be my friend. With my family, I would describe it as really good. We are really closely knitted. We look after each other. Like any other family, got your ups and downs, but we don't ever stay apart from each other. With friends, I'm cautious. I choose what I want to tell them, and I choose when and where I go with them because I'm not sure who they are. people could just be people.”

P5: “Very important. I'm very family oriented. I was brought up that way, and I've continued to be that way with my friendships.”

P6: “It’s one of my best qualities because of I have friends for 40, 50 years now. I mean, friends that I’ve grown up with, and we’re still friends. And I think that speaks quality for me.”

P7: “I think so. I think so. I think it makes life easier if you have good relationships.”

P8: “Well, at this age, I have a lot of friends and family members who are going through stuff because at this age we are losing a lotta loved ones. And my very good friend she just lost her mother, but so I had to leave everything and be with her because that's so important for that support, to have that support. So I would say support. You know, the supporting your friends, I think, it’s just being there for them.”

## **Theme 2: Financial Freedom**

During the interview process, seven participants reported that financial freedom significantly improves life after age 65. These participants related that being financially stable in their golden years makes life easier and allows them to better cope with the aging process.

P1: “What happens if I can’t continue to pay my rent and my data I get on my phone, my utilities, and what will happen then. And because life changes, and with the trend of, um, economy, that is possible.”

P2: “I am happy that I saved because the social security is not enough to sustain me. I have a lot of savings and that is keeping me. I can travel, I can shop, and I can do whatever I want.”

P3: “I live on a fixed income. I wish I had more to splurge and stuff. You know, we have the time now so it would be good to have the money.”

P4: “What can I say, everything is better with money. When you are able to go places and do things it makes you happy and money allows you to do that so I guess money brings happiness”

P5: “It’s hard if you can’t afford your day to day expenses because imagine if you can’t afford food and stuff that will definitely mess with you mentally and physically too.”

P7: “As much as I hate to say it I think money is more important than people because if you have the money you can do whatever you want and not worry about your needs not being met.”

P8: “Once I have enough to cover my little expenses and I don’t have to ask anyone for anything, I am happy.”

### **Theme 3: Maintaining Independence**

Six study participants related that maintaining their autonomy and independence is vital in coping with the changes experienced through aging. These individuals acknowledged that they might require assistance to carry out certain tasks, but maintenance of their independence gives them a sense of worthiness and being able to still do things for themselves is rewarding.

P1: “I’m thinking of I’m 70 right now. I’m fit. I can do anything I want to do except climbing. But then when I think of people my age who cannot take care of themselves, who cannot control their finances, and who can’t live alone, and I keep

praying that I would never get there because before I get there, I prefer to die when I can't than to not to be able to take care of myself."

P2: "I hope to be healthy and maintain my mind because I saw people younger than me losing their minds. I don't want to be that. So I am hoping that I can take care of myself, remember everything that I should do, and, you know, live a happy life until the end of time."

P4: "Ah man, I am just happy that I can still do things for myself. I hate depending on people."

P5: "The day you make yourself complacent, your independence is gone. I want to continue living alone for as long as I can. I can still cook and clean and do everything, I would be sad if I couldn't do those things anymore."

P7: "I don't want to depend on people, I – I think that will kill me faster than my diabetes."

P8: "I think everyone my age wants to prove that we are strong. People look down on us when we can't help ourselves so I eat healthy and do a little workout so that I don't have to end up being a burden to my kids. You know, I feel good that I can do my little gardening and stuff, reminds me of when I was younger. I loved gardening..."

#### **Theme 4: Alleviation from Parental Responsibilities**

Six participants stated that their feelings of depression or great sadness and anxiety were alleviated greatly when they were free of life's responsibilities such as raising their children and ensuring that there was food on the table. These participants

related that the stress from the world were their greatest contributors to negative emotions.

P1: I was most hopeful that I'd live to see my children become adults and get their education. Once I know they could take care of themselves, it was less responsibility for me, so I moved my responsibility from them because I know they could take care of themselves. I turned my responsibility to myself to take care of myself.

P2: One time when, like, I divorced my husband and had three young children. And I was so depressed, but then I realized I can take care of them by myself, and I overcame that.

P4: "Listen [laughter] my life began when my kids were old enough. I wasn't stressed about raising them anymore or how I'll feed them. I started living for myself [laughter continues]"

P5: "I think every parent wants the best for their children and I think when you become a parent that is your primary job. Your happiness and needs are second. When you don't have to think about their well-being anymore and they are good citizens all the stress and sadness and difficulty raising them leaves and you can relax, you know what I mean?"

P7: "girl all my stress went away when my last child moved out. I started living for me. I mean I was still worried for them, you never really stop worrying but now after dedicating your whole life to keeping a house and feeding and clothing your children, it is nice to only have to think about yourself for once. I use to think I was selfish for being so

happy because I am free [laughter] but when you get to that point you will understand the relief.”

P:8 “Remember when they said life begins a 40? I say life begins when you have an empty nest [laughter]. I dedicated my entire life to my family, you know my husband and children and my children turned out good. I love being a mother but I love even more being a grandmother. I get the kids and send them back to their parents [laughter]. I don’t have to do homework or anything. Just have a good time and send them home, no stress [laughter].

### **Theme 5: Fear of Death**

Five participants related that fear of death increases their anxiety and depression. These participants related that thinking that they are in their final chapter of life sometimes bring them great sadness as they are not ready to let go.

P1: “I was afraid of dying when my children were younger. I really hoped to live to see them turn adults”

P2: “Honestly, I do not fear death. Like I said, I prefer to die before I get to the stage where I can’t do anything for myself. But um, I never wanted to die and leave my children. I didn’t want to die young, you know. When I divorced my husband, I was all my children had. I hoped for life then.”

P3: “As I get older, I realize that the end is there [voice breaking]. I am not ready to die but I know my time is coming. I have already been losing friends, my close circle took a hit not too long ago. That really hit home. Our generation is the next one to go and I’m not ready [crying].

P7: “Ha, I am hopeful that I can enjoy the little that is left of my life. All these aches and pains. Everyday you wake up it’s a new pain. When I was younger, I knew I had my entire life ahead of me so I felt like I had time but now I know that I don’t have enough time. It’s heartbreaking but in a good way because I lived a good life but I am still no ready to die [laughter]”

P8: “I think every parent was hopeful to live to see their children grow but that doesn’t mean that I am ready to die now[laughter]. I know I’m old now but I’m still not ready to die.”

### **Theme 6: Fear of Loneliness**

Fear of loneliness was identified by all eight study participants who expressed that loneliness brings sadness and gives them more time to think about the end of their life. Study participants reported experiencing intense sadness whenever they are alone and explained that they anticipate and value interactions with their family and friends.

P1: “I don’t like being alone; I try not to be alone for long periods of time. I don’t know, being alone brings memories of my friends that are not here anymore”

P2: “I’ve always been social, I like people. I get sad when I don’t have anyone to talk to. Whenever I feel like I am getting sad, I call someone. I call my kids, or my grandkids. I call my friends. I try to talk to someone”

P3: “The worst feeling is loneliness especially now that we are older. Everyone goes on with their life and leave you alone. It hurts, it’s sad. I am happy for my group. They keep me sane. I’m grateful”

P4: "I tell my grandchildren to find someone to marry and settle down so you can enjoy life when you get older. I always tell them when you retire with nothing to do you will want companionship. My husband is my companion, we keep each other company. I would be so lonely and sad without him."

P5: "Sometimes I sit and wonder how life got like this. I use to have a lot of friends but now I have a few but I think I have the right ones. Old age makes you lonely sometimes you can't help it because you miss your old life and that makes you sad."

P6: "I can't eat or anything, that's how hard it is. I cry sometimes with the sadness that I feel. Being alone can drive you to depression, that is how I felt during covid. I was sad all the time. I use to play bingo every weekend and covid stopped that, I was so sad."

P7: "Loneliness equals sadness"

P8: "I thrive off human connections. I think we as humans do our self an injustice by not talking to people, I love to be around people."

### **Discrepant Cases**

Discrepant data were provided by participant 2 which falls under theme 6: fear of loneliness. This participant stated that she is more social now that she is older. This participant stated that she now attends more social events such as parties in comparison to when she was younger. Participant 2 also reported that her lack of a social life when she was younger was due to her very controlling and unfaithful husband.

P2: "I go out more now than when I was younger. I dress better now too. My husband was the social one in the relationship. The thing is no one even knew he was married, he kept me in the house all the time. He had a lot of friends and many affairs."



## Summary

In Chapter 4, I presented the results of the eight participants who participated in the interviews to answer the research questions. The purpose of this phenomenological study was to describe the lived experiences of elders age-related changes in emotional and social areas. The research questions that guided this phenomenological study were: What are the lived experiences of elders age-related changes in emotional and social factors? How do elders perceive and describe changes in emotional factors of hope, optimism, anxiety, and depression? How do elders perceive and describe changes in social factors of interpersonal relationships and social support and engagement? Following Moustakas (1994) steps for data analysis, I identified six themes. The themes identified were: (a) desired relationships with friends and family, (b) financial freedom, (c) maintaining independence, (d) alleviation of parental responsibilities, (e) fear of death, and (f) fear of loneliness. The essence of the lived experiences of elder age-related changes were fully highlighted through each theme.

Participants of this study reported that the hardships and responsibilities of life triggered feelings of sadness and increased anxiety. One theme that emerged among participants was the alleviation from parental responsibilities. It was stated that letting go of parental and marital responsibilities alleviated feelings of sadness and depression. Participants also reported that financial freedom and being able to afford different amenities can also alleviate sadness and improve life age 65 and above. The participants of this study also reported that the fear of dying occurs early in life and sometimes subsides in later adulthood.

Fostering and maintaining relationships with friends and family were voiced by participants to be of optimal importance. These interpersonal relationships aided in the avoidance of loneliness and decreased the chances of experiencing negative emotions. Participants also reported that there is an intense need to maintain their independence and autonomy as a way to further confirm their identity and that they are still capable of taking care of themselves. I will discuss the interpretation of the results by comparing the findings of this study to available literature in Chapter 5.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this phenomenological study was to describe the lived experiences of elders age-related changes in emotional and social factors. There was a gap in the research literature that studies were not being reported by the aging person themselves. This phenomenological approach was utilized so that individuals age 65 and above could describe their lived experiences in age-related changes in emotional factors (hope, optimism, anxiety, and depression) and social factors (interpersonal relationships and social support and engagement).

I conducted interviews with eight study participants which lasted approximately 1 hour each. I utilized purposive sampling to recruit eight study participants who met the criteria for the study. I followed Mousakas's (1994) steps for data analysis to analyze the data that was collected. The findings from this study described the lived experiences of elders age-related changes in emotional (hope, optimism, anxiety, and depression) and social factors (interpersonal relationships and social support and engagement). The six themes that were identified were (a) desired relationships with friends and family, (b) financial freedom, (c) maintaining independence, (d) alleviation from parental responsibilities, (e) fear of death, and (f) fear of loneliness.

### **Interpretation of the Findings**

Six themes emerged from the semistructured interviews regarding elders age-related changes in emotional and social factors. The results from this study proved to be consistent with major findings that were previously discussed in Chapter 2. Most study

participants reported that preparation for the future alleviated some of the factors that can lead to depression and anxiety and increase their overall quality of life. These findings are consistent with the studies conducted by Sorensen et al. (2012) and Hooker et al., (2019). Participants also reported that they are less socially active now as compared to when they were younger. However, in one discrepant case, a participant reported being more socially active now than when she was younger. Participants also reported that the relationships they have with their family and friends are of optimal importance as it reduces their chances of loneliness. These findings are similar to studies conducted by Palmer et al. (2016) and Kim et al. (2016). Participants also expressed the importance of maintaining their independence and autonomy as a way to continuously cope with the changes of their lives.

### **Theme 1: Desired Relationships With Friends and Family**

All eight participants reported that they desire relationships with their friends and family. These participants expressed that the relationships that they have fostered are of optimal importance to them as it plays a vital role in how they cope with the changes that they are experiencing as they age. The participants stated that having close bonds positively enhances their mental health and their mood as it is beneficial to have someone to share different aspects of life with. Participants expressed that cultivating and maintaining interpersonal relationships is beneficial for decreasing the chances of feeling depressed or extreme sadness. These findings were consistent with Palmer et al. (2016), who concluded that healthy social relationships are important for maintaining mental and physical health in later life. Palmer et al. also found that when these types of

relationships are nonexistent, the chances of an individual developing late life and depression and anxiety increases as well as a predictive factor of the aging person's mortality. Similarly, the findings were consistent with Kim et al. (2016), which concluded that having a romantic partner allows for the elderly to achieve a greater sense of security and belonging which decreases their chances of depression and consequently improves their quality of life.

### **Theme 2: Financial Freedom**

Planning for the future financially was voiced by seven participants to be of importance. These participants expressed that planning for the future significantly decreased the chances of them developing late life depression and anxiety. The participants explained that being able to financially afford certain things in life in their later years highly increases their happiness and quality of life. The participants explained that being able to afford their basic needs as well as having enough money to fund their hobbies makes aging easier. These participants explained that now that they are older and have enough time to explore, financial freedom allows them to enjoy their golden years and do the things that they previously were not able to.

These findings are consistent with the study conducted by Hooker et al. (2019) who concluded that preparing for the future indeed decreases the chances of developing late life depression. Hooker et al. stated that some risk factors for late life depression stems from younger life where there was failure to prepare for days ahead. Though some factors such as comorbid conditions increases the chances of experiencing late life

depression, Hooker et al. concluded that factors consistent with the socioeconomic status of the elderly is also viewed as a risk factor for developing late life depression.

Conversely, the findings from this study did not support the findings from the study conducted by Wrosch et al. (2017). Wrosch et al. found that participants with higher socioeconomic status experiences a steeper increase in depressive symptoms over time than their counterparts with lower socioeconomic status. Participants in the present study related that they were happy that they planned for the future financially while their counterparts expressed that they wish they had planned better so that they would be able to enjoy their new life instead of having their bills be an added stress.

### **Theme 3: Maintaining Independence**

Six participants reported that their goal is to maintain their independence and autonomy for as long as they are able to. These participants expressed how important it is to still be of sound mind to manage their day to day activities, their financials as well as still being able to make important decisions on their own without having to contact someone else. These participants reported that giving up their independence and relying on someone else would be the beginning of a downward spiral for their life. The findings from this study is consistent with the findings from Xiang et al. (2020). Xiang et al. stated that a decline in independence for this population can be a serious threat as independence gives this group a sense of individual achievement and competence to be able to complete tasks on their own and prove themselves to be self sufficient. Similarly, the findings are also consistent to Honda et al. (2022), which found that conditions such as depression in

older adults can strip them of their independence because there is a high risk for developing cognitive impairments.

#### **Theme 4: Alleviation from Parental Responsibilities**

Six participants reported that being alleviated from the stress of raising their children and maintaining their household allowed for them to enjoy their new age and the changes that come with it. These participants were more optimistic when they were younger as they expected positive future outcomes and worked to achieve those outcomes (Wrosh et al., 2017). Though their level of optimism might be a little lower now because they have achieved their primary goal in life, this optimism is now focused on them enjoying what is left of their life with hopes that life would be sustained.

#### **Theme 5: Fear of Death**

Five participants stated that there is an increase in fear of death as they get older. These participants reported that they are more hopeful that life would be sustained. However, these participants mentioned that there was also a fear of death when they were younger and this is widely attributed to the desire to see their children get to adulthood. This finding is similar to Krause et al. (2018), who studied whether fear of death was lower among the older population compared to the younger population and found that fear of death is higher in the younger and middle aged population and lower in the older population. However, as this population continues to age, the fear of death is still prevalent, but this new fear is because they believe that they have not lived for themselves as yet.

This new fear of death becomes more apparent as the elderly enter their final chapter of life and a new hope is born (Pienazek, 1982). The participants have now fulfilled their previous hope, which is to see their children get older, but now they are more hopeful that life would be sustained and they would be able to enjoy that which they were not able to enjoy when they were younger. These participants know that there are certain constraints because of their age, but they are still optimistic that they can complete certain tasks as if they were still in their younger years. These findings are similar to the findings of Pieniazek (1982), which stated that many older adults still view themselves as feeling young even though they are aware of the limitations that are imposed on them as they age.

#### **Theme 6: Fear of Loneliness**

All eight participants expressed that there is an increased fear of loneliness. These participants reported that they are aware of the mental and physical difficulties that they may encounter if they become alone for a long period of time. Participants expressed that loneliness brings moments of extreme sadness and they are aware of the detrimental effects on their well-being. Participants also explained that because of their age and their decrease in social interaction there is an increase in susceptibility to loneliness. Participants reported that they are grateful to have a companion or friend that they live with or converse with on a regular basis to alleviate those feelings of loneliness. These findings are consistent with Kim et al. (2016), who stated that the elderly are vulnerable to loneliness because of the change in dynamics of their social network because of a death of a spouse or loved one, and increasing independence of their adult children. Similarly,



these findings are also consistent with the study conducted by Yu et al. (2020), which concluded that there is an increased prevalence in anxiety in older adults who live alone. The findings of this study also confirm the findings from Stahl et al. (2017), which found that living alone in comparison to living with a family member resulted in higher levels of depressive symptoms among older adults.

### **Discrepant Case**

In the discrepant data, P2 stated that she was more active now that she is older in comparison to when she was younger. She attributed her low level of social activity to her ex-husband's infidelity. P2 expressed that her increase in social activity now is to combat feelings of loneliness since she does not have a spouse and as a way to maintain a high quality of life. Participants also place high importance on leading an active and healthy life to prevent diseases and disability as long as possible (Boen et al., 2020).

### **Theoretical Framework and Findings Interpretation**

The theoretical frameworks that guided this study were the activity of aging and the continuity theory of normal aging. In the activity theory of aging, Havighurst (1961) proposed that a person should give up the thought of an inactive lifestyle and cultivate one that encourages them to remain active physically to promote health and happiness. Havighurst believed that older adults are happiest when they stay active and maintain social interactions. As a person ages and makes the transition into old age, they might observe that there is loss of certain functions, and many may be forced to discontinue certain activities that they previously enjoyed. Hardships such as loss of a spouse, retirement and loss of employment can also contribute to and influence older people's

social interactions and participation, which may cause them to adapt to a now passive lifestyle. Furthermore the acting aging model assumes that quality of life at old age is dependent on three pillars: health, participation, and security (WHO, 2022).

In the continuity theory of normal aging proposes that in making adaptive choices, middle-age and older adults try to preserve and maintain existing internal and external structures and that they prefer to accomplish this by using continuity (Atchley, 1989). This theory proposes that in the process of becoming an adult, individuals develop habits, commitments, preferences, and a list of dispositions that become part of their personality (Convey, 1981). The continuity of normal aging poses an explanation for and a description of ways adults tend to use things learned in the past to further create their future and structure their choice in response to the changes brought about by normal aging (Atchley, 1989).

Vital aspects of the activity of aging and the continuity theory of normal aging were evident in the descriptions provided by participants as part of their lived experiences of age-related changes in emotional and social factors. Both of these theories are useful tools for the experiences of elders age 65 and above. The activity theory of aging is important in that it explains that there is a positive relationship between a person's level of activity and life satisfaction, which increases how positively a person views themselves and the continuity theory of normal aging discusses topics relating to the social health of aging individuals and factors such as level of activity that can influence one's social health.

Kart et al. (1982) found that informal activity such as primary relationships was positively associated with life satisfaction, solitary activity, and being devoid of social

contact had the least effect on life satisfaction. All eight participants reported that having established relationships with friends and family were vital for them to be satisfied with their life and their aging experience. These participants expressed how these relationships, bonds and interactions positively enhance their mental health and their mood. Voluntary activities were also directly linked to better outcomes in health-related quality of life when the correlation between activity engagement and health-related quality of life in older people was studied (Jenkins et al., 2002). Similarly, seven out of eight participants reported that financial freedom allows them to enjoy certain leisure activities in life which brings them happiness and as such improves their quality of life. There is also a strong correlation between activity involvement and a successful aging process (Goldberg & Beitz, 2007). Positive life outcomes and life satisfaction were experienced by participants who maintained an active lifestyle and maintained social interactions.

### **Limitations of the Study**

This study was a qualitative study which followed phenomenological research methods and limited to a small sample size of eight participants who were all elders over the age of 65 who were willing to describe their lived experiences of age-related changes in social and emotional factors. The eight participants provided data based on their self-reflection of their subjective experiences, which limits the probability that a portion of the self-reported information may not be accurate or concise responses to the interview questions. Some of the recollections that were provided by participants may include information that is false memories. In addition, this study did not investigate physical

well-being and environmental factors that could potentially have an impact on successful aging or the quality of life of people 65 or older.

Furthermore, each audio recording was transcribed verbatim and member checking was utilized to ensure the credibility of the data. Moreover, I practiced reflexive journaling in which I made daily entries before, during and after I interviewed participants. Bracketing was also incorporated to identify and separate any biases or personal thoughts or insights that had the potential to influence the confirmability of the data that were collected.

### **Recommendations**

In this study, I attempted to describe the lived experiences of elders age-related changes in emotional and social factors. The eight participants in this study reported that they experienced certain emotional and social changes as a result of aging. Study participants were adults over the age of 65. Further research that addresses the lived experiences of elders age-related changes in areas of physical well-being and the effects of environmental factors may provide an accurate description and increased understanding of the overall age-related changes and aging experiences of individuals 65 and above. Further research may provide an insight on the overall experiences of elders and how every aspect of their lives contribute to their satisfaction with their aging process. Possible areas of prevention alleviation of emotional, social and physical distress should also be explored.

Participants in this study described how effectively planning for their future played a vital role in how they experience the changes that occurred with aging. The

participants also explained that there is an increased fear of loneliness as they age.

Further research on how to assist individuals to properly plan for the future as well as how to foster relationships and connections that will follow them to their final chapter of life should be explored.

## **Implications**

### **Implications for Positive Social Change**

The implications for positive social change in this study is that it might advance the knowledge in elders' perception of their lived experiences on social and emotional factors. The implications of this study may serve as the basis to develop interventions addressing the needs of the elderly and targeted to increase quality of life for the population 65 and above. These findings might help the elderly as it might enhance interactions and initiate more training programs for the individuals who closely with this population. This study can also advance practice policy and policy in that policy makers might exhibit a higher level of concern for this population and create and implement policies that will be beneficial to this growing group. The findings might prove to policy makers that more funds should be spent on expanding the scope of knowledge and expertise to improve our current practices in how to identify and treat anxiety and depression in adults ages 65 and above and how best to promote higher levels of hope, optimism, social interaction or activity, and promote positive interpersonal relationships.

### **Methodological Implications**

In years to come, America will soon encounter a change in the demographic makeup of the country and this change is because all the baby boomers will be older than

the age of 65 (Vespa et al., 2020). The population age 65 and above is projected to grow from 15% to almost a quarter of the population in years to come (Vespa et al., 2020). Consequently, by 2034, older adults are expected to outnumber children which will be the first time for that to occur in U.S history (Vespa et al., 2020). This will result in an increase in psychological needs for this growing population (Carpenter et al., 2021). However, these needs have often been unaddressed or poorly addressed (Carpenter et al., 2021).

The participants of this study provided in-depth information from their perspectives, regarding their lived experiences of age-related changes in emotional and social factors that helped to fill the identified gap in literature. Therefore, this study serves as an in-depth description of the lived experiences of elders age-related changes in emotional and social areas which was achieved from participants of this study using Moustaskas (1994) eight step data analysis process.

### **Theoretical Implications**

There is an increase in the number of elders age 65 and above and this creates an increased need to better understand this population and the changes that they experience (Vespa et al., 2020). The activity level of individuals in this population is one of the main aspects that predicts how well they view their aging experience. Furthermore, older adults are happiest when they stay active and maintain social interactions (Havighurst, 1961). Individuals can achieve this level of happiness by engaging in a full day of activities and maintaining a level of productivity (Havighurst, 1961). With the presence of different health conditions, remaining active can be challenging but the extent to which a

person approaches, confronts, and engages in this phase can determine how well they assimilate to their new livelihood (Nilsson et al., 2015).

Furthermore, adults age 65 and above make adaptive choices to try to preserve and maintain existing internal and external structures which is accomplished through continuity (Atchley, 1989). It is noted that people evolve to adapt to situations rather than simply adjust to the conditions that are optimal for survival and these changes are based on people's history (Atchley, 1989). Moreover, as people continue to age, they are predisposed toward maintaining continuity of habits, associations, and preferences which further demonstrates that roles that were prevalent in their younger life was not replaced, rather they are continued (Convey, (1981).

There are many factors that influence the activity level and the continuity of of behaviors of for adults age 65 and above. The participants of this study provided significant insight on how their level of activity and interactions and continuity of behaviors and relationships influenced their experiences in age-related changes. Subsequently, the theoretical implication of this study is that it contributes to gaining an increased understanding of lived experiences of age related changes in social and emotional factors. Understanding is gained of how the activity level and continuity influence the how individuals perceive their aging experience. This study also contributes to an increased understanding in helping to identify ways in how a person chooses to socialize and remain active in their age group as well as which behaviors and relationships are deemed important to continue into their last chapter of life.

### **Recommendations for Practice**

Participants of this study described their lived experiences of age-related changes in emotional and social factors. Participants can gain insight in the factors that can both positively and negatively influence their experiences in emotional and social factors. Participants may also obtain the ability to identify certain aspects that should be adapted in order to enhance and improve their aging experience. Learning about these factors that can improve their aging experience may lead to participants adapting certain techniques that can significantly alleviate some of the stress that come with the new age as well as to foster an environment where there is more happiness and contentment. This can decrease incidence of late life depression and anxiety and increase their level of hope, optimism, quality of interpersonal relationships, and social interaction and activity. Policy makers and individuals who interact with this population may benefit from the findings of this study and lead to increased funds being allocated to and programs that can foster successful aging of this population. Also, findings from this study can educate other individuals on how to properly prepare for this inevitable chapter of life and by cultivating relationships and activities that will be beneficial to them when they get to age 65 and beyond.

### **Conclusion**

The purpose of this phenomenological study was to describe the lived experiences of elders age-related changes in emotional factors (anxiety, depression, hope, and optimism) and social factors (interpersonal relationships, social support, and level of engagement or activity). Participants were given the opportunity to explore their



descriptions of their experiences in age-related changes in emotional and social factors. Participants provided valuable information and contributed further knowledge in the field of research. This knowledge is vital in understanding how elders age 65 and above experience age-related changes and factors that can influence the way those changes are perceived. This knowledge is also vital in that it gives an understanding of how to prepare for the final chapter of life and ways to make the transition easier.

## References

- Abdoli, N., Salari, N., Darvishi, N., Jafarpour, S., Solaymani, M., Mohammadi, M., & Shohaimi, S. (2022). The global prevalence of major depressive disorder (MDD) among the elderly: A systematic review and meta-analysis. *Neuroscience & Biobehavioral Reviews*, *132*, 1067-1073.  
<https://doi.org/10.1177/0898264319848638>
- Abraham, J., Meng, A., Siraco, S., Kannampallil, T., Politi, M. C., Baumann, A. A., Lenze, E. J., & Avidan, M. S. (2020). A qualitative study of perioperative depression and anxiety in older adults. *The American Journal of Geriatric Psychiatry*, *28*(10), 1107-1118. <https://doi.org/10.1016/j.jagp.2020.02.010>
- Atchley, R. C. (1989). A continuity theory of normal aging. *The Gerontologist*, *29*(2), 183-190. <https://doi.org/10.1093/geront/29.2.183>
- Ayers, C. R., & Riskind, J. H. (2014). Testing the psychometric properties of the cognitions checklist, a measure to differentiate anxiety and depression among older adults. *Geriatric Nursing*, *35*(5), 370-373. <https://doi.org/10.1016/j.gerinurse.2014.05.002>
- Barlow, D. H. (2004). *Anxiety and its disorders: The nature and treatment of anxiety and panic*. Guilford press. <https://doi.org/10.1177/0898264319848638>
- Bassett, R., Bourbonnais, V., & McDowell, I. (2007). Living long and keeping well: Elderly Canadians account for success in aging. *Canadian Journal on Aging / La Revue canadienne du vieillissement*, *26*(2), 113-126. <https://doi.org/10.3138/cja.26.2.113>

- Boen, F., Pelssers, J., Scheerder, J., Vanbeselaere, N., Vos, S., Hurkmans, E., Smits, T., & Fransen, K. (2019). Does social capital benefit older adults' health and well-being? The mediating role of physical activity. *Journal of Aging and Health, 32*(7-8), 688-697. <https://doi.org/10.1177/0898264319848638>
- Borji, M., & Tarjoman, A. (2020). Investigating the effect of religious intervention on mental vitality and sense of loneliness among the elderly referring to community healthcare centers. *Journal of Religion and Health, 59*(1), 163-172. <https://doi.org/10.1007/s10943-018-0708-x>
- Brady, S., D'Ambrosio, L. A., Felts, A., Rula, E. Y., Kell, K. P., & Coughlin, J. F. (2020). Reducing isolation and loneliness through membership in a fitness program for older adults: Implications for health. *Journal of Applied Gerontology, 39*(3), 301-310. <https://doi.org/10.1177/0733464818807820>
- Breheny, M., & Griffiths, Z. (2017). "I had a good time when I was young": Interpreting descriptions of continuity among older people. *Journal of Aging Studies, 41*, 36-43. <https://doi.org/10.1016/j.jaging.2017.03.003>
- Byers, A. L., Arean, P. A., & Yaffe, K. (2012). Low use of mental health services among older Americans with mood and anxiety disorders. *Psychiatric Services, 63*(1), 66-72. <https://doi.org/10.1176/appi.ps.201100121>
- Covey, H. C. (1981). A reconceptualization of continuity theory: Some preliminary thoughts. *The Gerontologist, 21*(6), 628-633. <https://doi.org/10.1093/geront/21.6.628>
- Craske, M. G., Rauch, S. L., Ursano, R., Prenoveau, J., Pine, D. S., & Zinbarg, R. E.

(2011). What is an anxiety disorder? *FOCUS*, 9(3), 369-

388. <https://doi.org/10.1176/foc.9.3.foc369>

Dedoose version 7.0.23. (2016). Web application for managing, analyzing, and presenting qualitative and mixed method research data. Los Angeles, CA: SocioCultural Research Consultants, LLC ([www.dedoose.com](http://www.dedoose.com)).

Dunavold, P. (1997). Happiness, Hope and Optimism. California State University.

<https://www.csun.edu/~vcpsy00h/students/happy.htm>

Escher, C., Gomez, R., Paulraj, S., Ma, F., Spies-Upton, S., Cummings, C.,

Brown, L. M., Thomas Tormala, T., & Goldblum, P. (2019). Relations of religion with depression and loneliness in older sexual and gender minority adults. *Clinical Gerontologist*, 42(2), 150-

161. <https://doi.org/10.1080/07317115.2018.1514341>

Finchum, T., & Weber, J. A. (2000). Applying continuity theory to older adult friendships. *Journal of Aging and Identity*, 5, 159-

168. <https://doi.org/10.1023/A:1009513304519>

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., &

Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology & Health*, 25(10), 1229-

1245. <https://doi.org/10.1080/08870440903194015>

Frost, R., Nair, P., Aw, S., Gould, R. L., Kharicha, K., Buszewicz, M., & Walters, K.

(2020). Supporting frail older people with depression and anxiety: A qualitative study. *Aging & Mental Health*, 24(12), 1977-

1984. <https://doi.org/10.1080/13607863.2019.1647132>
- Fusch, P., & Ness, L. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2015.2281>
- Gerlach, L. B., Solway, E., Maust, D. T., Kirch, M., Kullgren, J. T., Singer, D. C., & Malani, P. N. (2021). The COVID-19 pandemic and mental health symptoms among US adults. *Journal of General Internal Medicine*, *36*, 3285-3288. <http://dx.doi.org/10.7302/983>
- Gerolimatos, L. A., Gould, C. E., & Edelstein, B. A. (2012). Exploratory factor analysis of the anxiety control questionnaire among older adults. *Behavior Modification*, *36*(4), 600-616. <https://doi.org/10.1177/0145445512443982>
- Goldberg, E., & Beitz, J. M. (2007). Aging after retirement. *Activities, Adaptation & Aging*, *31*(1), 41-54. [https://doi.org/10.1300/j016v31n01\\_03](https://doi.org/10.1300/j016v31n01_03)
- Goodman, L. A. (1961). Snowball sampling. *The Annals of Mathematical Statistics*, *32*(1), 148-170. <https://doi.org/10.1214/aoms/1177705148>
- Gupta, S., & Singh, A. (2019). The Study of Subjective Well-Being and Hope Among Elderly People. *Indian Journal of Gerontology*, *33*(3). <https://doi.org/10.1177/0898264319848638>
- Hancock, M., Amankwaa, L., Revell, M., & Mueller, D. (2016). Focus group data saturation: A new approach to data analysis. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2016.2330>
- Havighurst, R. J. (1961). Successful Aging. *The Gerontologist*, *1*(1), 8-13. <https://doi.org/10.1093/geront/1.1.8>

- Herth, K. (1993). Hope in older adults in community and institutional settings. *Issues in Mental Health Nursing, 14*(2), 139-156. <https://doi.org/10.3109/01612849309031613>
- Honda, H., Ashizawa, R., Kiriya, K., Take, K., & Yoshimoto, Y. (2021). Depression is associated with chronic pain in disabled older adults. *Experimental Aging Research, 48*(3), 287-294. <https://doi.org/10.1080/0361073x.2021.1979346>
- Hooker, K., Phibbs, S., Irvin, V. L., Mendez-Luck, C. A., Doan, L. N., Li, T., Turner, S., & Choun, S. (2019). Depression among older adults in the United States by disaggregated race and ethnicity. *The Gerontologist, 59*(5), 886-891. <https://doi.org/10.1093/geront/gny159>
- Hu, B., Jiang, X., Ding, J., Xie, Y., & Wang, B. (2005). A weighted network model for interpersonal relationship evolution. *Physica A: Statistical Mechanics and its Applications, 353*, 576-594. <https://doi.org/10.1016/j.physa.2005.01.052>
- Hülür, G., & Macdonald, B. (2020). Rethinking social relationships in old age: Digitalization and the social lives of older adults. *American Psychologist, 75*(4), 554. <https://doi.org/10.1177/0898264319848638>
- Jenkins, K. R., Pienta, A. M., & Horgas, A. L. (2002). Activity and health-related quality of life in continuing care retirement communities. *Research on Aging, 24*(1), 124-149. <https://doi.org/10.1177/0164027503024001008>
- Jurek, K., & Niewiadomska, I. (2021). Relationship between psychological capital and quality of life among seniors working after retirement: The mediating role of hope of success. *PLOS ONE, 16*(11),

e0259273. <https://doi.org/10.1371/journal.pone.0259273>

- Kaplan, D. B., & Berkman, B. J. (2021, March 3). *Older adults living alone - Geriatrics - Merck manuals professional edition*. Merck Manuals Professional Edition. <https://www.merckmanuals.com/professional/geriatrics/social-issues-in-older-adults/older-adults-living-alone>
- Kim, H., & Fredriksen-Goldsen, K. I. (2016). Living arrangement and loneliness among lesbian, gay, and bisexual older adults. *The Gerontologist*, 56(3), 548-558. <https://doi.org/10.1093/geront/gnu083>
- Kirkpatrick, H. (2008). A narrative framework for understanding experiences of people with severe mental illnesses. *Archives of Psychiatric Nursing*, 22(2), 61-68. <https://doi.org/10.1016/j.apnu.2007.12.002>
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124. doi:10.1080/13814788.2017.1375092  
<https://doi.org/10.1080/13814788201713750928>
- Krause, N., Pargament, K. I., & Ironson, G. (2018). In the shadow of death: Religious hope as a moderator of the effects of age on death anxiety. *The Journals of Gerontology: Series B*, 73(4), 696-703.
- Langford, C. P., Bowsher, J., Maloney, J. P., & Lillis, P. P. (1997). Social support: A conceptual analysis. *Journal of Advanced Nursing*, 25(1), 95-100. <https://doi.org/10.1046/j.1365-2648.1997.1997025095.x>
- Lee, G. R., & Ishii-Kuntz, M. (1998). Social interaction, loneliness, and emotional well-

- being among the elderly. *Research on Aging*, 9(4), 459-482. <https://doi.org/10.1177/0164027587094001>
- Lee, S. M., & Edmonston, B. (2019, May). Living alone among older adults in Canada and the US. In *Healthcare* (Vol. 7, No. 2, p. 68). MDPI. <https://doi.org/10.3390/healthcare7020068>
- Longino, C. F., & Kart, C. S. (1982). Explicating activity theory: A formal replication. *Journal of Gerontology*, 37(6), 713-722. <https://doi.org/10.1093/geronj/37.6.713>
- Lyons, A. (2015). Social support and the mental health of older gay men. *Research on Aging*, 38(2), 234-253. <https://doi.org/10.1177/0164027515588996>
- Merriam, S.B., & Tisdell, E.J. (2016). *Qualitative research a guide to design and implementation*. Fourth Edition. JOSSEY-BASS a Wiley Brand. <https://doi.org/10.1177/0898264319848638>
- Minhat, H. S., Rahmah, M. A., & Khadijah, S. (2013). Continuity theory of ageing and leisure participation among elderly attending selected health clinics in Selangor. *IIUM Medical Journal Malaysia*, 12(2). <https://doi.org/10.31436/imjm.v12i2.510>
- Moraitou, D., Kolovou, C., Papasozomenou, C., & Paschoula, C. (2006). Hope and adaptation to old age: Their relationship with individual-demographic factors. *Social Indicators Research*, 76(1), 71-93. <https://doi.org/10.1007/s11205-005-4857-4>
- Morse, J. M. (1994). Designing Funded Qualitative Research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 220–235). Sage



Publications, Inc. <https://doi.org/10.1177/0898264319848638>

- Mortagy, A. K., Farid, T. M., Abdul Rahman, E. E., Abdellah, A. F., & Fahim, H. I. (2013). Self-perception of community dwelling elderly toward aging in Shubra El Khima City. *The Egyptian Journal of Hospital Medicine*, 53(1), 782-788. <https://doi.org/10.12816/0001639>
- Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications.
- Nilsson, H., Bülow, P. H., & Kazemi, A. (2015). Mindful sustainable aging: Advancing a comprehensive approach to the challenges and opportunities of old age. *Europe's Journal of Psychology*, 11(3), 494-508. <https://doi.org/10.5964/ejop.v11i3.949>
- Pahlevan Sharif, S., Amiri, M., Allen, K. A., Sharif Nia, H., Khoshnavay Fomani, F., Hatf Matbue, Y., ... & Waheed, H. (2021). Attachment: the mediating role of hope, religiosity, and life satisfaction in older adults. *Health and Quality of Life Outcomes*, 19(1), 1-10. <https://doi.org/10.1177/0898264319848638>
- Palgi, Y., Shrira, A., Ben-Ezra, M., Cohen-Fridel, S., & Bodner, E. (2011). The relationships between daily optimism, daily pessimism, and affect differ in young and old age. *Personality and Individual Differences*, 50(8), 1294-1299. <https://doi.org/10.1016/j.paid.2011.02.030>
- Palmer, A. D., Newsom, J. T., & Rook, K. S. (2016). How does difficulty communicating affect the social relationships of older adults? An exploration using data from a national survey. *Journal of Communication Disorders*, 62, 131-146. <https://doi.org/10.1016/j.jcomdis.2016.06.002>
- Peniazek, Z. (1982). The experience of time and hope in the elderly. *Contemporary*

*Psychoanalysis*, 18(4), 635-

645. <https://doi.org/10.1080/00107530.1982.10745708>

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual theoretical, and methodological*. SAGE

Publications. <https://doi.org/10.1177/0898264319848638>

Romo, R. D., Wallhagen, M. I., Yourman, L., Yeung, C. C., Eng, C., Micco, G., & Smith, A. K. (2013). Perceptions of successful aging among diverse elders. *The Gerontologist*, 53(6), 939-949. <https://doi.org/10.1093/geront/gns160>

Saleh Manige, H., Papi, S., Sahaf, R., Abbasi Asl, M., Ramshini, M., Rassafiani, M., & Bodaghi, A. M. (2020). Predicting the perception of aging based on optimism in the elderly people. *Iranian Journal of Ageing*, 14(4), 450-461.

<http://doi.org/10.32598/sija.13.10.680>

Saracino, R. M., Cham, H., Rosenfeld, B., & J. Nelson, C. (2020). Latent profile analyses of depressive symptoms in younger and older oncology patients. *Assessment*, 27(7), 1383-

1398. <https://doi.org/10.1177/1073191118784653>

Simic, P., Guarente, . Leonard P. and Rogers, K. (2020, January 30). Aging.

Encyclopedia Britannica. <https://www.britannica.com/science/aging-life-process>

Sörensen, S., Mak, W., Chapman, B., Duberstein, P. R., & Lyness, J. M. (2012). The relationship of preparation for future care to depression and anxiety in older primary care patients at 2-Year follow-up. *The American Journal of Geriatric Psychiatry*, 20(10), 887-894. <https://doi.org/10.1097/jgp.0b013e31822ccd8c>

- Stahl, S. T., Beach, S. R., Musa, D., & Schulz, R. (2017). Living alone and depression: the modifying role of the perceived neighborhood environment. *Aging & mental health, 21*(10), 1065-1071 <https://doi.org/10.1080/13607863.2016.1191060>
- Step toe, A., & Fancourt, D. (2019). Leading a meaningful life at older ages and its relationship with social engagement, prosperity, health, biology, and time use. *Proceedings of the National Academy of Sciences, 116*(4), 1207-1212. <https://doi.org/10.1073/pnas.1814723116>
- Tavares, R. E., Jesus, M. C., Machado, D. R., Braga, V. A., Tocantins, F. R., & Merighi, M. A. (2017). Healthy aging from the perspective of the elderly: An integrative review. *Revista Brasileira de Geriatria e Gerontologia, 20*(6), 878-889. <https://doi.org/10.1590/1981-22562017020.170091>
- Teachman, B. A. (2006). Aging and negative affect: The rise and fall and rise of anxiety and depression symptoms. *Psychology and Aging, 21*(1), 201-207. <https://doi.org/10.1037/0882-7974.21.1.201>
- Urtamo, A., Jyväkorpi, S. K., & Strandberg, T. E. (2019). Definitions of successful ageing: a brief review of a multidimensional concept. *Acta Biomedica Atenei Parmensis, 90*(2), 359–363. <https://doi.org/10.23750/abm.v90i2.8376>
- Vespa, J., Armstrong, D. M., & Medina, L. (2018). *Demographic turning points for the United States: Population projections for 2020 to 2060* (pp. 25-1144). Washington, DC: US Department of Commerce, Economics and Statistics Administration, US Census Bureau. <https://doi.org/10.1177/0898264319848638>
- Vink, D., Aartsen, M. J., Comijs, H. C., Heymans, M. W., Penninx, B. W. J. H., Stek, M.

- L., Deeg, D. J. H., & Beekman, A. T. F. (2009). Onset of Anxiety and Depression in the Aging Population: Comparison of Risk Factors in a 9-Year Prospective Study. *American Journal of Geriatric Psychiatry*, 17(8), 642–652.  
<https://doi.org/10.1097/JGP.0b013e3181a65228>
- Warner, C. B., Roberts, A. R., Jeanblanc, A. B., & Adams, K. B. (2017). Coping resources, loneliness, and depressive symptoms of older women with chronic illness. *Journal of Applied Gerontology*, 38(3), 295-322. <https://doi.org/10.1177/0733464816687218>
- Watt, D. (2015). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2007.1645>
- Wijetunga, D. (2007). Virginia Braun and Victoria Clarke, Successful Qualitative Research: A practical guide for Beginners, SAGE publications, 2013, pages: xiii + 382, price: GBP 28.99 (LKR 5,900 Approx.), ISBN: 1-84787-582-2. *Colombo Business Journal*, 6(1), 73. <https://doi.org/10.4038/cbj.v6i1.99>
- World Health Organization. (2002). *Active ageing: A policy framework*.
- Wrosch, C., Jobin, J., & Scheier, M. F. (2017). Do the emotional benefits of optimism vary across older adulthood? A life span perspective. *Journal of Personality*, 85(3), 388-397. <https://doi.org/10.1111/jopy.12247>
- Xiang, X., An, R., & Oh, H. (2020). The bidirectional relationship between depressive symptoms and homebound status among older adults. *The Journals of Gerontology: Series B*, 75(2), 357-366. <https://doi.org/10.1093/geronb/gbx180>
- Yaghoobzadeh, A., Gorgulu, O., Yee, B., Wibisono, A. H., Pahlevan Sharif, S., Sharif

- Nia, H., & Allen, K. A. (2018). A model of aging perception in Iranian elders with effects of hope, life satisfaction, and socioeconomic status: A path analysis. *Journal of the American Psychiatric Nurses Association*, 24(6), 522-530. <https://doi.org/10.1177/1078390317753676>
- Yu, J., Choe, K., & Kang, Y. (2020, August). Anxiety of older persons living alone in the community. In *Healthcare* (Vol. 8, No. 3, p. 287). MDPI. <https://doi.org/10.3390/healthcare8030287>
- Yue, Z., Liang, H., Qin, X., Ge, Y., Xiang, N., & Liu, E. (2022). Optimism and survival: health behaviors as a mediator—a ten-year follow-up study of Chinese elderly people. *BMC public health*, 22(1), 670. <https://doi.org/10.1177/0898264319848638>
- Zhang, W., Liu, S., & Wu, B. (2018). Defining successful aging: Perceptions from elderly Chinese in Hawai‘i. *Gerontology and Geriatric Medicine*, 4, 233372141877818. <https://doi.org/10.1177/2333721418778182>
- Zhaoyang, R., & Martire, L. (2018). Spouses’ social network characteristics and marital quality among older couples. *Innovation in Aging*, 2(suppl\_1), 471-471. <https://doi.org/10.1093/geroni/igy023.1761>
- Zhou, W., Chen, D., Hong, Z., Fan, H., Liu, S., & Zhang, L. (2021). The relationship between health-promoting lifestyles and depression in the elderly: Roles of aging perceptions and social support. *Quality of Life Research*, 30(3), 721-728. <https://doi.org/10.1007/s11136-020-02674-4>

## Appendix A: Recruitment Flyer

Interview study seeks persons aged 65 and above who have reflected on and can describe their experiences in emotional and social areas, such as hope, optimism, anxiety, and depression.

**About the study:** One 30-60 minute phone interview that will be audio-recorded  
To protect your privacy, the published study will use codes instead of your name

Volunteers must meet these requirements:

65 years old or older

Independently living

Have reflected on and are willing to talk about experiences in emotional and social areas

Fluent in English

This interview is part of the doctoral study for Sheneze Madramootoo, a Ph.D. student at Walden University.

**To confidentially volunteer, contact the researcher: Sheneze Madramootoo XXX**

## Appendix B: Screening Questions

The following screening questions will be asked to determine participant's eligibility:

1. How old are you?
2. Do you currently live independently?
3. Do you speak English fluently?

## Appendix C: Interview Questions

Tell me about your experiences in getting older in emotional and social areas? What have you noticed?

Probe: can you tell me more about that?

Probe: Any social changes (like friends? Family? social events?)

Probe: Changes in your mood? Your outlook?

Attitudes about Optimism

1. What does Optimism mean to you?
2. Tell me about your optimism [probe: When are you most optimistic, least optimistic]
3. How has your optimism changed as you got older?

Attitudes about Hope

1. What is your personal definition of hope?
2. How has your hope changed as you got older?
3. What was the most recent example of when you experienced hope?

Experiences with Anxiety

1. Can you tell me about your experience with anxiety? (If participant experienced anxiety, ask following questions)
2. At what times and in what situations do you usually feel anxious?
3. Do you think that anxiety affects your day-to-day life?
4. How has your anxiety changed as you got older?

Experiences with Depression

1. Can you tell me about any experiences you have had with depression? (If participant experiences depression, ask the following questions)
2. How has your depression changed as you got older?
3. Tell me about your most recent experience with depression
4. What or who do you turn to for support when you feel depressed? [probe: family, friends, church]
5. How do you think you could prevent or improve your depression?

Preferences and perceived needs for Interpersonal Relationships

1. How important are your family and friends to you?
2. How would you describe the quality of your relationships with your friends and family?
3. How do you think the relationship with your friends and family influences how satisfied you are with your life as you get older?
4. Tell me about your most recent interaction with your friends and family.
5. How have those interactions or relationships changed as you have gotten older? Are they different today?

Importance and benefits of social support and level of activity/engagement

1. How important is social support to you?
2. Tell me about how comfortable you are asking for help from your friends and family.



3. How important do you think it is for you to remain active and engaged in activities?
4. How often do you get together or talk with your friends and family?
5. How often do you leave your house to attend social events?
6. How has this changed as you got older?

#### Aging

1. What supports do you think you could use or might improve the quality of your life?
2. What concerns or fears do you have when you think about the next year or the next 5 years?