WELL-BEING AS A PSYCHOLOGICAL INDICATOR OF HEALTH IN OLD AGE:
A RESEARCH AGENDA

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The World Health Organization (WHO) postulates three components in its definition of health - the mental, the physical, and the social components. While the physical component features both subjective dimension and objectively measurable basis, the social, and especially the psychological components of health in the mentally healthy population are primarily accessible through subjective assessment of a person. Therefore, the “psychological method” is vital to the assessment of the quality of health, including its conversion in the form of psychological well-being.

P. Schwenkmezger (1991: 120; translation by the authors) points out the significance of subjective assessment when compared to objective parameters: “A physiological-somatic way can hardly be applied to determination of well-being at present in the same way as it is difficult to identify behavioral indicators. Moreover, we are far from the goal of anchoring well-being in objective situational determinants”.

Well-being is not only a potential parameter of overall health; a social goal and objective pursued by advanced countries is to maintain the existing high level of well-being; developing countries wish to attain a higher level of well-being. A. Abele (1991: 297) maintains that „happiness and well-being for the largest possible number of people is the leading idea of social and political actions ... Well-being may be a precondition of growth motives; it may support one’s activities and motivation, improve sociability and open-mindedness, increase one’s problem-solving capacity, support a positive view of the world, have a positive impact on health and health perception“.

Research into well-being factors – age group comparisons

Classical studies (Andrews & Withey, 1976, Bradburn, 1969, Campbell, Converse & Rodgers, 1976) arrived at the conclusion that married people, those with
higher incomes, and younger people were happier than others. Later studies state that the influence of socio-demographic variables is modest and explains only a small portion of the individual differences in happiness (Diener, 1984, Ryff, 1989). As far as the influence of age is concerned, recent studies suggest that well-being may even improve with age (Carstensen, 1995, Lawton, 1996). M.P. Lawton (1996), for example, argues that the reason consists in better control of affects on the part of the aged. In his view, this capacity results from both personality factors and adaptation to changes in social contexts and life events. Social indicators do not seem to be sufficient to account for the differences in well-being in old age.

It should be noted that the above cited works differ in their respective definitions and assessment of well-being. J.A. Davis and T.W. Smith (1995, cited from Mroczek and Kolarz, 1998) used a single-item measurement (“Taken collectively, what would you say how things are going these days – would you say you are very happy, pretty happy, or not too happy these days?”) to examine the changes in well-being in the age from 18 to 89 (N = 32,029). They conclude that the percentage of persons assessing themselves as “very happy” increase with age, with the highest value characterizing the age group from 58 through 77. Single-item measurement does not distinguish between positive and negative experiences, which makes interpretation difficult, and the validity of such findings is limited. The authors who assess subjective well-being as frequencies of positive and negative emotions have not, however, arrived at unambiguous conclusions. Based on their longitudinal studies, D. Ferring and S.H. Filipp (1995) and J. Smith and P.B. Baltes (1993) maintain that the elderly feature decline in frequency of the positive affect; while D. Ferring and S.H. Filipp (1995) argue that the frequency of the negative affect in old age is higher, the latter authors found no change in frequency of the negative affect with time. In a cross-sectional study, C.D. Ryff (1989) applied an approach to measurement of well-being
that is similar to that of N.M. Bradburn (1969) – the negative affect is subtracted from the positive one. Here, younger people were less happy than older individuals. On the other hand, A.S. Rossi and P.H. Rossi (1990) maintain that both positive and negative affects decline with age (age of 19 – 92).

In order to examine the contradictory results concerning the relation between age and emotional well-being (Positive Affect Scale: $\alpha = .91$; Negative Affect Scale: $\alpha = .87$), D.K. Mroczek and Ch.M. Kolarz (1998: 1338) studied the effects of socio-demographic, personality, and contextual influences ($N = 2727$). They drew the following conclusion: „Our oldest respondents had higher levels of positive affect than any other age group in the sample“
. In addition, the negative affect was highest among young adults and lowest among older adults (see Costa et al., 1987; Diener et al., 1985; Vaux & Meddin, 1987). When, however, they checked the validity of these conclusions with regard to the role of gender “it became clear that the negative association between age and negative affect held only for men, again the net of other influences. Age and negative affect were unrelated among women“ (1998:1344). They observed that the influence of age was moderated by gender for the positive affect, too: „Positive affect was associated with age among women in a nonlinear fashion and was linearly associated among men, although extraversion moderated the strength of the relationship“
. Based on these results, they suggest that the relationship between emotional experience and age is moderated by socio-demographic and personality factors. The authors admit that their results have been constrained by the cross-sectional nature of their research. Consequently, it is not possible to decide whether their findings have been conditioned by aging or by cohort effects.

**Research into well-being factors in old age – state of the art**

The centre of gravity has been on research into socio-demographic factors. H.N. Mookherjee (1997) examined the relationship of 7 socio-demographic variables (sex,
race, marital status, education, financial status, religious membership, and religious attendance) and 6 attitudinal variables (satisfaction with neighborhood, hobbies, family life, friendship, health and physical condition, and financial situation) to psychological well-being in elderly individuals living in non-metropolitan areas (N = 1,234; data of the National Opinion Research Centre’s General Social Surveys for the 10 years between 1982 and 1991 were used), and concluded that marital status, education, financial status, and religious attendance were significantly related to perception of well-being, and 5 of the attitudinal variables increased the total variance accounted for in psychological well-being. M. Silverstein, X. Chen, and K. Heller (1996) showed that among the unmarried and those with low expectations for support (a sample of 539 parents; 51-95 years old), a greater volume of support from children initially elevates positive mood, but after the improvement reaches an asymptote, greater support begins to depress positive mood. Providing support to children reduces depression associated with being unmarried in later life, but does not appear to increase distress at high levels. J.A. McMullin and V.W. Marshall (1996) observed no parent status differences (65 years old and older) regarding the likelihood of having a close friend or in the number of close friends. Childless individuals experience less life stress and similar levels of well-being. Finally, the nature of the stress-support-well-being relationship appears to be the same regardless of parent status. J. Bookwala and R. Schulz (1996) studied the extent to which one spouse's subjective well-being predicts that of the partner (N = 1,040 married couples, 65 years or older). Results indicate that one spouse's assessments of well-being and depression predict the other's well-being even after controlling for known predictors of these outcomes. T.L. Bisconti and C.S. Bergeman, (1999) examined social support (including quantity of support from family and friends, and the perceived satisfaction with that support) and its influence on depression, life satisfaction, and self-reported perceived physical health (250 adults older than 65). Their outcomes indicate that perceived control mediates the support-outcome
relationship. Social support may facilitate well-being in older adulthood by focusing on the internal structures that may play a crucial role in the utilization of social support.

Social conditions of life of the aged have their specific effects upon well-being. This can be exemplified by research outcomes concerning the life of old people in rest homes. R.C. Kean, S. Van-Zandt and N.J. Miller (1996) examined the similarities and differences between senior home-based business owners and retirees from non-metropolitan communities (19 senior home-based business owners; 58 old retirees) within the context and interrelationships of social performance, personal control and health factors. Their results provide evidence that health status, personal control, and social performance can be viewed as increasing the well-being of older citizens. R.A. Pruchno, Ch.J. Burant and N.D. Peters (1997) tested a model which predicts personal control and ultimately the psychological well-being of older people living in multigenerational households in Philadelphia by the contributions they make to their family members (N = 129 cognitively and physically healthy males and females, 60-103 years old, participated in a 1-hr structured interview). Their results showed that physical health predicted the extent to which elders contributed to the family, with those in poorer health giving less help to the family than those in better health. The old adults’ contributions to the family increased the sense of control experienced by the older persons. Although personal control increased their overall sense of psychological well-being experienced by the older care takers there was no direct relationship between the elders' contributions to the family and their psychological well-being.

The influence of several other personality dispositions was investigated. A part of this research has been concentrated on the relation between life goals and psychological well-being. J.S. Levin and L.M. Chatters (1998) examine the impact of religious involvement on health status and psychological well-being [using data on older adults from three national probability surveys: Myth and Reality of Aging (N=...
2,797), Quality of American Life \((N = 1,209)\), Americans' Changing Lives \((N = 1,669)\). Constructs are measured by single items and indices that vary across data sets. Their findings reveal a statistically significant effect of religion, notably positive net effects of organisational religiosity. In their theoretical analysis, R.A. Emmons, C. Cheung, and T.K. Tehrani (1998) express their views of the role played by one's goals in terms of well-being. They argue that goal content and goal conflict have been reliably associated with well-being in past research. Spiritual or religious content with personal goals emerges as having an especially strong influence on well-being. The authors maintain that a personal goals approach to studying spiritual motivation can make an important contribution to understanding how religiosity affects well-being, thus expanding religion's role in quality of life research. L.E.H. Morris (1996) presented a spiritual well-being model that provides a framework to discussion of the antecedents, symptoms, spiritual needs, and holistic treatment of depression as it is experienced by older women. Many symptoms of depression, the most common mental health problem of older adults, parallel indications of spiritual distress. Other studies are focused on value-orientation. S. Oishi, E. Diener, E. Suh and R.E. Lucas (1999) investigated individual differences in the processes of psychological well-being. Their conclusions (a 23-day daily-diary-based study) may be summarized as follows: Individuals differed in the domain, which was most strongly associated with global life satisfaction, and in the types of activities that they found satisfying; these individual differences in the pattern of well-being were systematically related to value-orientations. The findings highlight meaningful individual differences in the qualitative aspects of psychological well-being.

It was evidenced in several studies that the belief in a just world in which everybody gets what (s)he deserves is important in explaining psychological well-being (for a review, see Dalbert, 1998). The importance of the belief in a just world for the
elderly was evidenced by I.M. Lipkus and I.C. Siegler (1993). They showed that the elderly reconstruct their lives in different terms dependent of whether they believe in a just world or not. Those endorsing the belief in a just world compared to those not believing a just world reported less frequently that they were a victim of discriminations concerning their age, gender, religion, race, or nationality. The more the old adults believe in a just world, the less they should define themselves as victims of an unjust fate and the more they should be satisfied with their life. The belief in a just world as a personal coping resource should be especially important for those who have lived under difficult social conditions and for those expecting a short remaining life time.

A different way of reconstructing one’s life course is only one of several possible coping reactions. Differences in the coping styles may be especially important for the elderly. Old adults have to cope with their aging process in general and with the specific problems of the elderly. But most of the coping studies were not related to the old age (e.g., Carver & Scheier, 1994; Deisinger, Cassisi & Whitaker, 1996; Terry, 1994). One hypothesis is that in old age the problem-solving orientation is outmoded by emotion-oriented coping and that the elderly are especially competent in regulating their emotions (Carstensens, 1995; Lawton, 1996).

**Psychological well-being – definition and assessment**

The psychological notion of „well-being“ can be employed as a feasible and advantageous criterion of health. Nonetheless, due to its subjective origin, this criterion does not seem to be able to avoid certain limitations. In the last two decades different concepts were used to describe how and why people experience their live as positive (Diener, 1984), for example happiness, satisfaction or positive affect. This inconsistency is also related to the definition of the structure of well-being and its assessment. E. Diener (1984) describes "subjective well-being" with three dimensions:
frequency of positive affects, intensity of the experienced emotions, and life satisfaction as the cognitive evaluation of one’s life. In contrast, M. Argyle (1987) differentiated three dimensions of happiness: satisfaction with its several domains, happiness, distress together with anxiety and depression. P. Becker (1991) developed a theoretical model of well-being consisting of actual, habitual, psychic, and physical well-being. All in all, two well-being components were consistently distinguished: the cognitive and the emotional one. Additionally, two more aspects should be differentiated: the actual and the habitual well-being (Becker, 1991; Dalbert, 1992).

Several well-being scales have been developed for the elderly. But these instruments were based on different definitions, and assessed diverse well-being components: M.P. Lawton’s (1972, 1975) Philadelphia Geriatric Center-Morale-Scale (PGC) consists in its revised version of the following dimensions: nervous anxiety, attitude to aging, discontent. G. Löhr and A. Walter’s (1974) scale for the assessment of subjective life satisfaction in old age (LZ – Skala) asks about satisfaction with the goal realization: positive self-esteem, optimistic attitude to the current stage of life, and satisfaction with everyday activities. A. Kozma and M.J. Stones (1980, 1983) worked out the Memorial University of Newfoundland Scale of Happiness (MUNSCH) whose factors include positive affect, negative affect, general positive life experience, general negative life experience. W.L. Reed and B.B. Washington (1984) assessed the well-being of older rest home residents with the Social Well-Being Scale. It asks for subjective satisfaction ratings related to one’s recreation activities, financial resources, therapeutic quality, private rooms, medical care, and security. Another life satisfaction scale (Closs & Kempe, 1986) examines social integration, satisfaction with one’s living conditions in old age, subjective physical complaints, calmness, positive life overview, cerebral complaints, and physical disabilities. A. Steiner, K. Raube, H. E. Stuck, A.U. Aronow, et al. (1996) inform about 4 short scales measuring different aspects of

These instruments are not appropriate for delimiting psychological well-being with regard to other aspects of mental health. In order to facilitate identification of factors influencing the psychological well-being in old age the well-being indicators should be properly defined and assessed. There exists at least two scales assessing general life satisfaction for youth and adults (Dalbert, Montada, Schmitt, & Schneider, 1984; Diener, Emmons, Larsen, & Griffin, 1985), which could be adapted to the elderly. Special attention should be paid to the development of an instrument for assessment of the habitual emotional component of psychological well-being. The definition and assessment of the habitual emotional well-being component has been ambiguous. Hence, a new attempt to construct a measuring instrument based on the latest knowledge in this area. The focus should be on the following theoretical postulates:

(1) The frequency of the positive and negative emotions experienced during a longer period of time is appropriate for description of the habitual emotional well-being. Other well-being dimensions (e.g., activation, agitation, Becker, 1988; tiredness, Schimmack, 1997; calmness, Eid, Notz, Schwenkmezger & Steyer, 1994) as well as the intensity of experiences are less expressive.

(2) The concrete emotion terms compared to the vague mood terms are more appropriate for the assessment of experience during a longer period of time (not in a given moment; for the differentiation between the emotion and the mood terms, see Schimmack, 1999). It should be, however, noted that it cannot be totally excluded that
individuals take into consideration their experience which is related to specific objects (emotion) as well as their experience without specific causes (mood).

(3) Emotional feelings as well as physical states as tiredness, hunger, or pain (Schmidt-Atzert & Hüppe, 1996) can be subsumed under the construct “psychological well-being”. We label this kind of experience as “physical feelings”.

(4) The psychological well-being describes positive experience (emotions, moods, physical feelings). The subtraction of the negative from the positive experiences produces a loss of information. Therefore, a combination of positive and negative experiences should produce a better assessment of the psychological well-being (see Brebner, 1998; Headey & Wearing, 1987).

(5) An instrument for the assessment of the habitual emotional well-being should measure the frequency of positive and negative emotions and physical feelings in an effective and efficient way, and, thereby, should be different from the available instruments like, for example, diary instruments (e.g, Diener, Sandvik, & Pavot, 1991; Emmons & Diener, 1986; Schimmack & Diener, 1997).

**Conclusion for a research agenda**

1. In the context of the frequently examined causes of the psychological well-being factors in the elderly (socio-demographic, personality, contextual), the emphasis has been recently on extraversion and neuroticism. The research into well-being in old age has paid less attention to value-orientation and the content of one’s objectives (Emmons, Cheung & Tehrani, 1998; Oishi, Diener, Suh, & Lucas, 1999), or self-esteem (Mikulincer, 1998). The belief in a just world has been almost totally neglected although it has proved to be important for youth and adults (Dalbert, 1998). The first significant innovation of research into healthy old-age factors should reflect personality variables such as self-esteem, belief in a just world, and values/life goals.
2. L.L. Carstensen (1995) and M.P. Lawton (1996) maintain that the elderly are superior in controlling their emotions, which is reflected in a higher level of their well-being when compared to younger population; from this it follows that the problem-solving orientation is superseded by the orientation towards management of one’s emotions (Lazarus, 1993). Hence, the second innovation should be addition of factors of healthy aging, including the impact of those factors that are related to the coping style. By recognizing various socio-cultural conditions, and by testing their interactions with the coping style, should be able to obtain information about the moderating effect of coping (see Carp and Carp, 1984).

3. While the latest research into the factors that affect psychological well-being in old age has been successful in overcoming a number of shortcomings of the earlier research, it is still limited by certain constraints. They are mostly related to their cross-sectional nature. As a result, they do not enable us to identify the respective roles of ageing and cohort effects. Since longitudinal research is not advantageous for temporal and economic reasons, it should be attempt at overcoming the above mentioned limitations by verification of the effectiveness of the individual factors retrospectively. In this effort, make use of innovated tools (completed with a retrospective instruction format). By referring to the life-span theory, W. Fleeson and P.B. Baltes (1998) suggest that one possible extension to standard personality instruments may be instructing subjects to respond to items with reference to specific time periods within their lives. These authors made use of abbreviated versions of standard assessment of the five-factor model of personality (NEO, Costa & McCrae, 1989), and of a personality instrument sensitive to adult-developmental change (Ryff, 1989) to describe the personality and psychological well-being of the subjects examined. An new research should be complete the traditional format of well-being factor measurement with a
retrospective format in connection with retrospective analysis of socio-demographic, personality, and contextual influences.
References


Abstrakt


Samostatná pozornosť je venovaná diagnostikovaniu tohto fenoménu. Navrhujú sa východiská pre konštrukciu vhodného diagnostického nástroja.