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Themes from older men's lay definitions of successful aging as indicators of primary and secondary control beliefs over time: The Manitoba Follow-up Study[☆]

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ABSTRACT

Constructs of control have theoretically been equated to successful aging in the psychology literature. Hence, we used themes from lay definitions of successful aging to quantify the prevalence of primary and secondary control beliefs over time. In doing so we hoped to shed new light upon the virtually uncharted area of older men's primary and secondary control beliefs over time. Using successful aging narratives spanning a 10-year timeframe from the Manitoba Follow-up Study cohort, we mapped themes from older men's lay definitions of successful aging onto Rothbaum, Weisz, and Snyder's (1982) constructs of primary and secondary control. We then examined the prevalence of the constructs of control over 10 years and found that some men emphasized primary control, some emphasized secondary control, and others emphasized both, prospectively. Counter to what had previously been theorized, many older men continued to emphasize primary control as important well into late life. As expected, secondary control became more important with age. Furthermore, among those men who endorsed both primary and secondary control, significantly more men switched emphasis from primary to secondary control beliefs as they aged. This finding supported Rothbaum et al.'s (1982) surmise that individuals could switch from one type of control to another, presumably as life circumstances dictated. Knowing which types of control beliefs older men emphasize as they age has theoretical and practical implications. Theoretically, it sheds new light on the under-researched area of control beliefs in older men. Practically, it is informative for anyone interested in enhancing older men's perceptions of control in very late life, particularly in the face of otherwise uncontrollable age-related decline and imminent demise.

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Introduction

Perceived control permeates virtually all aspects of life (Lachman, Neupert, & Agrigoroaei, 2011) and is widely accepted as a strong contributor to individual health and well-being (Skinner, 1996). Perceived control takes many

different forms, one of which is Rothbaum, Weisz and Snyder's (1982) two-process model of control. In the two-process model, Rothbaum and colleagues theorized that people gained feelings of control in primarily two ways: by taking direct action to change the environment to align it with their wishes (*primary control*) and by psychologically adapting to negative situations and events such as age-related decline, so as to come to terms with and accept them (*secondary control*). Along with recognizing secondary control as valuable in its own right, Rothbaum et al. (1982) posited that secondary control came about when attempts at primary control failed, suggesting that individuals could switch between primary and secondary control in response to changing life circumstances.

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In an extension of Rothbaum et al.'s (1982) work, Schulz and Heckhausen (1996) equated control with successful aging. These authors emphasized the “primacy of primary [over secondary] control” (Heckhausen & Schulz, 1995, p. 285) implying that the role of secondary control in relation to primary was purely compensatory, and positing that primary control decreased while secondary control increased in late life in response to presumably adverse circumstances like age-related decline. That said, short of discussing control in terms of “high” and “low”, Schulz and Heckhausen's (1996) lifespan model of successful aging did not quantify the degree to which individuals relied on primary or secondary control over the life course, it did not address Rothbaum et al.'s switching hypothesis, nor did it acknowledge that men could potentially gain perceptions of control differently than do women. To address these gaps in the literature, in the present study we mapped themes from the successful aging definitions of a long-term cohort of older men onto Rothbaum et al.'s two-process model of primary and secondary control. To the extent that successful aging can be equated with control (as per Schulz & Heckhausen, 1996), the mapping procedure allowed us to test the extent to which older men endorsed primary or secondary control beliefs or both prospectively in late life.

Objective 1 of the present study was to examine the trend in prevalence of older men's primary control beliefs over a 10-year period of time between 1996 and 2006. Objective 2 was to examine the trend in prevalence of older men's secondary control beliefs over the same period of time. Objective 3 was to look at the trend in prevalence of both types of control together over the 10 year period considered. Knowing how older men perceive control in later life will not only be informative for researchers, health care professionals, and others seeking to enhance older men's ability to age successfully in later life, it will also likely benefit older men themselves.

Primary control, health, and well-being

Much empirical evidence exists in support of the relationship between what Rothbaum et al. (1982) termed “primary control” and physical and psychological well-being. Primary control and related constructs (e.g., “perceived control”; Skinner, 1996) have been shown to relate to physical health outcomes such as decreased risk of becoming disabled or dying (Infurna, Gerstorf, Ram, Schupp, & Wagner, 2011; Surtees et al., 2010), increased functional health status (Chiu & Spencer, 2009), quicker recovery from open-heart surgery (Barry, Kasl, Lichtman, Vaccarino, & Krumholz, 2006), proper nutrition (Biela & Pajak, 2005), decreased asthma symptom severity (Calfee, Katz, Yelin, Iribarren, & Eisner, 2006), dialysis adherence (Cvengros, Christensen, & Lawton, 2004), and better pain management (Yates et al., 2004).

Psychological well-being outcomes linked to primary control include increased quality of life (Hernandez-Tejada, Lynch, Strom, & Egede, 2012; Peters & Sellick, 2006), decreased depression (Abramson, Seligman, & Teasdale, 1978; O'Rourke et al., 2010), lower stress (Folkman, 1984; Roberts, Dunkle, & Haug, 1994), cognitive adaptation (Thompson et al., 1998), happiness (Tong et al., 2005), greater positive affect, less negative affect, and general emotional well being (Bye & Pushkar, 2009; Kunzmann, Little, & Smith, 2002).

Secondary control, health, and well-being

Similar to primary control, secondary control has been linked to physical health outcomes such as fewer days limited by pain (Tennen, Affleck, Urrows, Higgins, & Mendola, 1992), lower morbidity and decreased risk of subsequent heart attack (Affleck, Tennen, Croog, & Levine, 1987), lower visual impairment due to macular degeneration (Boerner, Brennan, Horowitz, & Reinhardt, 2010), improved physical functioning over time (Pargament, Koenig, Tarakeshwar, & Hahn, 2004), decreased perceived illness severity (Walker, Lindner, & Noonan, 2009), increased perceived health (Sears, Stanton, & Danoff-Burg, 2003), increased health-related quality of life (Windsor, 2009), and better metabolic control over diabetes (Jaser & White, 2011).

Although secondary control has been linked to improved physical health outcomes, most research thus far has found secondary control and related constructs (such as positive reappraisal) to be significantly related to measures of psychological well-being, such as greater post-traumatic psychological growth in cancer patients (Schroevers, Kraaij, & Garnefski, 2011), greater coping effectiveness in terms of somatic life events (Garnefski & Kraaij, 2009), decreased anger (Bormann & Carrico, 2009), greater benefit-finding (Harrington, McGurk, & Llewellyn, 2008), decreased perceived stress (Lequerica, Forchheimer, Tate, Roller, & Toussaint, 2008), decreased depression (Braam et al., 2008; Garnefski, Teerds, Kraaij, Legerstee, & van den Kommer, 2003; Kraaij & Garnefski, 2006), increased life satisfaction (Büssing, Fischer, Ostermann, & Matthiessen, 2008), decreased causal uncertainty about personal outcomes, decreased negative affect (Tobin & Raymundo, 2010), higher perceived controllability (Cheng et al., 2012), increased sense of control (Chipperfield et al., 2012), and increased meaning in life (Park, Malone, Suresh, Bliss, & Rosen, 2007).

Secondary control in conditions of low primary control

According to Rothbaum et al. (1982), individuals gain and maintain perceptions of control via two processes, primary and secondary control. In brief, primary control can be thought of as taking direct action to change the world in accordance with one's wishes. In contrast, Rothbaum and colleagues defined secondary control as psychological adaptation in the face of otherwise uncontrollable situations and events. In their seminal article of 1982, Rothbaum et al. identified four sub-types of secondary control: interpretive, vicarious, illusory, and predictive control. Interpretive control was defined as gaining feelings of control through positive reinterpretation and acceptance. For example, an older man may “see the bright side” in response to the aging process, perhaps by believing that “with age comes wisdom”. Vicarious control was said to involve associating with powerful others, such as family or friends. Illusory control was theorized to involve beliefs in luck, fate, or chance; and predictive control involved knowing about an upcoming negative life event (such as moving to a personal care home), so as to better psychologically prepare for it and avoid disappointment. Rothbaum et al. (1982, p. 7) further suggested that individuals could switch from primary to secondary control in response to the objectively uncontrollable conditions imposed by circumstances like age-related decline, and that “knowledge of how and when to exert the two processes of control and how to integrate them” (p. 30) was “one of the most significant implications of the two

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