



Is longevity a value for older adults?



David J. Ekerdt^{a,*}, Catheryn S. Koss^b, Angel Li^c, Anne Münch^d, Stephan Lessenich^e, Helene H. Fung^f

^a Gerontology Program, University of Kansas, 1000 Sunnyside Ave., Lawrence, KS 66045, USA

^b Gerontology Program, California State University, Sacramento, 6000 J Street, Sacramento, CA, 95819, USA

^c Department of Psychology, The University of Hong Kong, Pokfulam Road, Hong Kong

^d Department of Sociology, Friedrich Schiller University, Carl-Zeiss Strasse 3, 07743 Jena, Germany

^e Department of Sociology, Ludwig Maximilians University, Konradstrasse 6, 80801 Munich, Germany

^f Department of Psychology, Sino 328, Chinese University of Hong Kong, Shatin, New Territories, Hong Kong

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ABSTRACT

Longevity is an aspiration at the population level, a goal of public health policy and research. In the later decades of life, longevity goals also deserve scrutiny at the personal level to understand whether people welcome longer lives. Contradictory preferences could be expected, both the embrace of longevity and hesitation. The desire for extended life was examined using qualitative interviews in parallel designs among 90 persons aged 62 and older at sites in Germany, China, and the United States. Just over one third of the participants declined to express aspirations for longer life, some because they felt that their lives had reached a stage of completion and some as a form of fate acceptance. A larger number did indeed want extended lives but less than half estimated an amount of time that they desired. Moreover, there was strong opinion that longer lives were desirable only if current or acceptable levels of health were maintained. These replies indicate that future time is welcome so long as it occurs in the “third age” of independent living and not in the “fourth age” of vulnerability and decline. Replies also reveal that many older adults in these three cultures conceptually map the future not as a smooth continuum of time but rather as segmented into states, one kind of which is wanted and one which is not.

Introduction

The human desire to prolong life and postpone death has a long history (Gruman, 1966). Becoming aged, for example, has been seen as a sign of divine favor or a validation of bodily practices. In modern times, population longevity, as measured by the statistical estimate of life expectancy, is taken as a measure of nations' progress and development. The promotion of longer lives, principally through reduced mortality at younger ages, is a prominent goal of public health policy and research (United Nations, 2015). Academic units concerned with gerontology have been adding the term longevity to their titles—a center for longevity, a longevity institute. Presumably, this skirts the negative connotation of aging and aligns the organization with a desirable end. Longevity can be an organizational mission in a way that aging cannot.

At the same time, longevity is not without shadows because modern medical care can maintain lives that are felt to be too long. At the population level, rising numbers of long-lived persons can pose societal

challenges. Sheer longevity is also qualified by the age from which it is projected, for the hope of a long, full life is one thing at age 10 or age 20, but another in the seventh, eighth, and further decades of life. This latter stretch is the concern of our paper.

Longevity counts time from some point forward but it is also an individual perception about time left before the ultimate deadline of death. Deadlines are motivators and none more so than death. Said the 18th century essayist Samuel Johnson: “Depend upon it, sir, when a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully” (Boswell, 1986, p. 231). The sense that life time is limited (and shrinking) has been theorized to motivate a range of attitudes and behaviors, and the prioritization of goals (Brandtstädter, Rothermund, Kranz, & Kühn, 2010; Carstensen, Isaacowitz, & Charles, 1999; Neugarten, 1968; President's Council on Bioethics, 2003). For example, the history of art has a running debate about the “late style” of older artists who, feeling an impending mortality, perhaps express this in their work (Hutcheon & Hutcheon, 2012). Surveys can ask people to estimate the quantity of time that is left to them (expected longevity,

* Corresponding author.

E-mail addresses: dekerdt@ku.edu (D.J. Ekerdt), catherynkoss@sbcglobal.net (C.S. Koss), u3002560@connect.hku.hk (A. Li), anne.muench@uni-jena.de (A. Münch), stephan.lessenich@soziologie.uni-muenchen.de (S. Lessenich), hhlfung@psy.cuhk.edu.hk (H.H. Fung).

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subjective life expectancy), or about their chances of living to a certain age, or about the age to which they expect to live (Smith, Taylor, & Sloan, 2001; Ziegelmann, Lippke, & Schwarzer, 2006). Hypothetically, then, this quantity will guide the selection of individual goals and behaviors.

The question about future time-left and one's goals can be reshuffled to ask another question: whether time-left is itself a goal. Do older people value longevity for themselves? That is the focus of our analysis, based on conversational interviews with older adults in three cultures. According to Lang, Baltes, and Wagner (2007), the study of “desired longevity” (vs. expected longevity) has been quite limited, which is “particularly puzzling” given such theoretical interest in the end of life and gerontology’s “tacit assumption that most people want to live a long life” (p. 274). These authors also suppose that adults can have contradictory preferences. On the one hand, the modern promise of increasing health and vitality predicts an embrace of longevity. On the other hand, worries about late-life frailty and illness may make people hesitate to welcome extended lives.

Survey techniques have been used to ask adults about desired longevity, this in order to examine the distribution of replies (always contingent on respondents' ages) as well as associated factors that may explain the replies. One feature of these findings is a curious amount of nonresponse (refused to answer, don't know) to questions about desired longevity. For example, in telephone interviews with a sample of 1200 German adults (age 20–80), Lang et al. (2007) found 6.3% nonresponse to the question “What age would you like to reach?” However, a second sample of 500 German adults completed a computer-assisted interview that asked the same question but with the response alternative: “I don't care.” With this option, non-numerical answers rose to 25%, indicating a tendency to avoid specific answers to the question about desired longevity (see also Keith, 1982). Nonresponse also rises with age. A 2009 telephone survey of nearly 3000 U.S. adults of all ages asked: “If you had your choice, how long would you live? That is, until what age?” (Pew Research Center, 2009). The nonresponse rate was 15% among those aged 18 to 64, but 28% at ages 65–74 and 41% at 75 and above. AARP (2006, 2010) queried U.S. samples of 60- and 65-year olds asking: “How long do you want to live (to what age)?” Nonresponse was 25% at age 60 and 30% at age 65. A study of 400 community-dwelling persons in Helsinki aged 75 and older who had a history of atherosclerotic disease found that 29% were non-respondents to the question, “How many years would you still wish to live?” (Karppinen, Laakkonen, Strandberg, Tilvis, & Pitkälä, 2012).

Distributions of numerical answers about desired longevity also display another pattern: the “age heaping” of replies at five-year intervals, such as 80, 85, 90, etc. (Bowen & Skirbekk, 2017; Kalish & Reynolds, 1976). Taken together, approximate-age replies along with nontrivial amounts of response refusal suggest that older adults' longevity goals may not be sufficiently measurable by survey techniques. Instead, the welcome of longer lives is a topic that could be illuminated by a qualitative approach.

In this study, we asked people in an open-ended way about their desire for longer life: Would you like to have more time? What age would you like to become? This was something more specific than asking about a preference for survival without reference to any length of time; about one's plans for the future (Kornadt & Rothermund, 2014; Street & Desai, 2011); or whether people see the future as open or limited, as in studies of future time perspective (Brothers, Chui, & Diehl, 2014). Our attempt was to discover whether there were preferred temporal spans with which older adults framed their futures and plans. The analysis was attentive to what was said about more years or more time, and also to how it was said. The replies were revealing not only about longevity goals but also about the way that older adults conceptualized or mapped future time. Our study in three national settings, moreover, was an attempt to discern commonalities within and across cultures in the way that older adults appraised and valued the prospect of longer lives (Gardner, Katagiri, Parsons, Lee, & Thevannoor, 2012).

Methods

Our analysis was conducted by research partners in the project Altern als Zukunft/Ageing as Future (<http://www.alternalszukunft.uni-jena.de/?lang=en>), a collaborative, multi-method, multi-sample study of perceptions of time in later life being carried out in Germany, China, and the United States. The three nations encompass different contexts of modernity and variations in societal regulations and infrastructures that may shape individual experiences of aging. Here we draw upon interviews that were conducted with 90 individuals (30 at each site) in the German state of Thuringia, the Hong Kong Special Administrative Region of the People's Republic of China, and the U.S. state of Kansas. These participants were recruited by posting notices at senior centers and apartment complexes, in community newspapers and by word-of-mouth referrals. We screened volunteers to be at least 60 years old, self-identified as retired, working no more than 20 h per week, community-dwelling, and functionally able to participate in the interview. Prior to interviewing them in their homes or, in some cases, in quiet public places, we told participants that we would be asking about daily life and activities in retirement.

Samples were recruited with sex and age quotas to reflect a range of experience with retirement (Table 1). Compared to the general population of persons aged 65 and older in each nation, the German and Hong Kong samples were somewhat more likely to be younger, more educated, and married; the Hong Kong sample (by design) was also less likely to work; and the U.S. sample was somewhat more likely to be male, older, more educated, less likely to be married, and (also by design) less likely to work.

Our semi-structured interviews typically lasted 60–90 min, although a few extended over several hours. The interview guide for this study was used in parallel designs by the local project teams. The guide had been workshopped in a face-to-face meeting among the research partners, having first been developed in English and then translated to German and Cantonese Chinese. The basic content of interviews centered on how retirement came about, life and activities since having retired, and expectations for the future. Most of the authors conducted interviews; none of the interviewers knew the study participants prior to interview. Whenever possible, participants were interviewed alone, although in a few cases spouses were present for at least a portion of the time. The sessions were recorded and transcribed, and in the excerpts that follow we have masked or changed some details to preserve confidentiality. All ethical requirements of informed consent, confidentiality, and protection from harm were met in accordance with German, Hong Kong, and U.S. standards for research with human subjects.

Table 1
Description of samples at three research sites.

	Germany (N = 30)	Hong Kong (N = 30)	U.S. (N = 30)	Total (N = 90)
Female	60%	53%	50%	54%
Age				
62–74	53%	50%	33%	46%
75–84	20%	50%	47%	38%
85 +	27%	–	20%	16%
Education				
No college	57%	83%	17%	52%
Some college	–	17%	10%	9%
College degree or higher	43%	–	73%	39%
Marital status				
Never married	–	–	7%	2%
Currently married	67%	80%	40%	62%
Divorced	17%	–	20%	12%
Widowed	17%	20%	33%	23%
Work part time	7%	3%	14%	8%

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