

A bidirectional approach to lay definitions vs. theories of successful aging: The Manitoba Follow-up Study

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Table 1. Findings from the bottom-up (insider) approach. Themes from lay definitions of successful aging, mapped onto the components of six prominent theoretical frameworks in the field

Theoretical frameworks (n=6)	Theoretical components (n=21)	Count of the MFUS SA themes	% Overlap ^a (Count/86)
Baltes and Baltes (1990)	Optimization	59	69
	Compensation	14	16
	Selection	13	15
	Total	86	100
UN (1991)	Care	35	41
	Self-fulfillment	26	30
	Independence	14	16
	Participation	10	12
	Dignity	1	1
	Total	86	100
Rowe and Kahn (1997)	Active engagement with life	48	56
	Avoid disease and disability	22	26
	High cognitive and physical function	16	19
	Total	86	101 ^b
WHO (2002)	Health	61	71
	Participation	21	24
	Security	4	5
	Total	86	100
Bowling (2007)	Biomedical factors	40	47
	Psychological resources	20	23
	Social functioning	18	21
	Life satisfaction	8	9
	Total	86	100
Young, Frick, and Phelan (2009)	Physiological	33	38
	Psychological	33	38
	Sociological	20	23
	Total	86	99 ^b

Note. These results were adapted from Swift, Tate and Bayomi (2010). MFUS = Manitoba Follow-up Study. SA = successful aging. UN = United Nations. WHO = World Health Organization

^a The percentage of overlap between each theoretical component and the 86 MFUS themes from lay definitions of successful aging (count/86 MFUS themes)

^b Rounding error occurred

Table 2. Findings from the top-down (outsider) approach. Numbers of MFUS themes and theme groups identified as being part of six prominent theoretical frameworks of successful aging (SA)

21 MFUS theme groups	# of MFUS themes per theme group	Prominent theoretical frameworks of SA					
		Baltes and Baltes (1990)	UN (1991)	Rowe and Kahn (1997)	WHO (2002)	Bowling (2007)	Young et al. (2009)
Health – physical	4	1	1	1	1	4	3
Being productive and contributing	6	1	1	2	1	2	2
Happiness	6	1	1		1	5	2
Independence	8	1	4		1	2	1
Health – general	5		1	2	2	2	1
Health - cognitive	4	1	1	1		2	2
Relationships - society	2		2	1	1	2	1
Adaptation	5	2	1	1	1		1
Quality of life	2	1	2		1	1	1
Attitude	8	1	3			3	1
Coping, adjustment, acceptance	6	2				3	1
Living and dying	5	1			1	3	
Leisure activity & interests	4	1	1			1	1
Relationships - companionship	3			1		1	1
Health – system	3		1		2		
Life experience	3		2		1		
Physical activity	4		1			1	
Relationships - family	2		1		1		
Spirituality/faith	1				1		1
Lifestyle	4						
Relationships - intimate	1						
Summary	# MFUS theme groups/21	11 (52%)	15 (71%)	7 (33%)	13 (62%)	15 (71%)	13 (62%)
	# MFUS themes/86	13 (15%)	22 (26%)	9 (10%)	15 (17%)	34 (40%)	18 (21%)

Box 1. The 23 out of 86 MFUS themes from older men’s lay definitions of successful aging that were not evident in any of the six theoretical frameworks examined

1. Healthy lifestyle choices (minimizing health problems, taking care of one’s health, living a clean life, having good living habits, not doing things that would harm health, getting lots of sleep/rest).
2. Independence – Independent Activities of Daily Living (IADL; doing one’s own housework/chores, maintaining one’s property, yard work, snow shoveling, running errands by oneself, cooking).
3. Independence – Activities of Daily Living (ADL; grooming oneself, being able to climb stairs, getting out of bed).
4. Independence – driving/flying (driving one’s own vehicle, maintaining commercial pilot’s license, keeping up my driving ability).
5. Coping with family/friend’s declining health/death (ability to cope with loss of a spouse, “my wife has been in hospital twice and that has taken a fair amount of my time and energy”, wife being healthy, healthy family, “my wife is terminally ill”, “my wife is suffering from cancer”).
6. Adjusting to wife’s/friend’s declining health/death (“When a partner dies the remaining spouse has two choices: to die from depression, or to keep living. I choose the second.” Adjusting to loss of family and friends, ability to adjust your life when spouse dies or is confined to a care facility for the rest of their life, able to carry on after the loss of a partner).
7. Accepting wife’s/friend’s declining health/death (accept loss of family and friends, not worrying about things you can’t do anything about such as death of family).
8. Having few health problems (not having many health problems, no major health problems, being able to discover your illness in early stage).
9. Gradual deterioration (growing old without too much work).
10. Ability to communicate (conversing intelligently, speech is normal, understand others).
11. Taking medication (taking medications to compensate for problems, controlling pain, laxatives).
12. Not thinking about aging (don’t know – haven’t aged yet, not noticing “it”, paying little attention to self).
13. Thinking young (not thinking you are too old to do anything).
14. Being thankful (counting blessings/giving thanks).
15. Comparative (comparing self to others) (living longer than someone of the same sex, live longer than someone same age in same part of country, comparison).
16. Dying quickly.
17. Participating in sports (bowling, hunting, fishing, curling, skiing, skating, play tennis, boating, swimming, bicycling).
18. Golfing.
19. Pursuing interests – nonspecific (having interests, maintaining interests/hobbies, finding new interests, activities in which to participate).
20. Donating to charity (supporting charities).
21. Loving spouse (lots of TLC from wife, having caring wife, good marriage, still enjoying life with spouse, getting married was the smartest move he ever made).
22. Animal companionship (having pets or animal companionship).
23. Having served in the war (POW – built up immunity to disease, surviving the war, having served one’s country).