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Beyond Age and Adjustment: A Cross-National Qualitative Study of Older Adults' Perceptions

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Abstract

Aims: To explore the older adults' perceptions of age and aging, focusing on adjustment to aging (AtA) and subjective age (SA). **Methods:** This cross-national and qualitative study comprised demographics and semi-structured interviews. Complete information on 151 older adults aged between 75-101 years (*M* = 84.6; *SD* = 6.905) from Portugal, Romania Angola was available. Data was subjected to content analysis. **Results:** The most predominant response of the interviewed participants for indicators of AtA was 'existential meaning' (26.3%), whilst 'balanced' (36.5%) was identified as the most prevalent SA response. In total, five categories were identified to be indicative of AtA: 'sense of purpose and ambitions', 'health and wellness', 'social support', 'stability and accessibility' and 'existential meaning' whereas, four categories were identified for SA: 'balanced, 'old', 'youthful' and 'dissatisfied'. **Conclusions:** This study highlights the need for a better understanding of what defines AtA and SA among the elderly. Furthermore, health care providers' awareness of older adults' conceptualizations will allow them to communicate more effectively and to reinforce aging well among older populations.

Key words: Adjustment to aging; Subjective age; aging well; Older adults; Content analysis

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INTRODUCTION

The dramatic increases in life expectancy over the past century have created a number of challenges for society as its members age. Countries from Europe and North America have the oldest populations in the world, thus, placing research into the effects and implications of an aging population in a unique position. Conversely, little attention has been paid to African older adults, in part because of the fact that older people still make up a relatively small fraction of the total African population. However, demographic projections bolster a case for greater attention to be given to the situation of older Africans (United Nations Population Division, 1999). Indeed, the older population (60 years and older) of sub-Saharan Africa is projected to increase from 30.4 million to 56.5 million in the next 25 years, hence, reliable research is needed to inform policy planners and health and social welfare service providers (United States Bureau of the Census, 2000). Additionally, on the basis of increasing life expectancy and the decline in fertility, it is predicted that half century from now, Europe will have in total, 300 millions inhabitants over 60 (Fernández-Ballesteros, 2007; United Nations, Department of Economic and Social Affairs, Population Division, 2011). In particular, the proportion of individuals aged 80 or over is projected to rise from one percent to four percent of the

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global population between today and 2050 (Gavrilov & Heuveline, 2003; United Nations, 2009).

As adults experience their older years, many aspects of life (social, financial, physical, and employment) change (Corner, Brittain, & Bond, 2007). Moreover, previous literature emphasizes the fact that cultural, national and ethnical differences may influence the process of aging (Barak, 2009; Torres, 2003) and that aging is an ongoing process which requires continuous adjustment (Birren & Schaie, 1996; Brozek, 1966).

Furthermore, the selective optimization with compensation model suggests that successful aging corresponds to a general process of adjustment, in which the three elements – selection, optimization and compensation – constitute the basic component processes for changes regarding aging and adaptive capacity (Baltes & Smith, 2003; Freund & Baltes, 1998). Additionally, Brandtstädter and Renner (1990) found that older cohorts tended to report more accommodative coping strategies than younger ones. In other words, they adjust themselves rather than the environment to cope with problems (Brandtstädter & Renner, 1990; Brandtstädter, Wentura, & Greve, 1993; Filion, Wister, & Coblentz, 1993).

Adjustment to aging (AtA) it is a multidimensional and multi-cultural concept (Barak, 2009; Bauer & McAdams, 2004; Keyes, Shmotkin, & Ryff, 2002; Slangen-Dekort, Midden, Aarts, & Wagenberg, 2001; Staudinger & Kunzmann, 2005), which is achieved when a balance between the cognitive and motivational systems of the person has been attained (Thomae, 1992). Specifically, AtA is reached by balancing one's own experience, self-standards, personal aims, core motivations and values with external influences in possiblepanoply of issues which shed light on the adaptation to growing old (Headey & Wearing, 1989; Heidrich & Ryff, 1993; Keyes, Shmotkin, 1998; Shmotkin, & Ryff, 2002). Moreover, in a more recent study, Jopp and Rott (2006) pointed out that basic resources (e.g., cognition, health, extraversion), self-referent beliefs (e.g., self-efficacy) and attitudes toward life (e.g., optimistic outlook) were pertinent for AtA in old age. Additionally, Sneed and Whitbourne (2003) conceptualized it, according to identity process theory. Indeed, it is a proximate, yet distinct, from other well-being concepts previously defined and validated in the gerontological literature, such as psychological well-being and successful aging (Fernández-Ballesteros, 2010; Kesebir & Diener, 2010; Keyes, Shmotkin, & Ryff, 2002; Low & Molzahn, 2007; Pavot & Diener, 2004, von Humboldt, Leal, & Pimenta, 2012). As regards to psychological well-being, it entails the perception of engagement with existential challenges of life and human development and comprises six psychological components: self-acceptance, environmental mastery, autonomy, purpose in life, personal growth and self-acceptance (Keyes, Shmotkin, & Ryff, 2002; Ryff & Keyes, 1995), whereas successful aging is conceptualized as a multifaceted construct which includes constituents of life satisfaction, morale, adjustment, quality of life, and social functioning in psychological approaches (Baltes & Baltes, 1993; Kuh, 2007) and physical and cognitive functioning in biomedical approaches (Ford et al., 2000; Park, Gutchess, Meade, & Stine-Morrow, 2007). Furthermore, Knight and Ricciardelli's study (2003), highlights other possible determinants of one' perception of what aging successfully means, such as lifelong personal experiences, religiosity, one's attitude to aging and to life in general, and personality (especially) in respect of rigidity versus openness to change).

Overall, Western cultures have been said to celebrate youth and to devalue old age (Palmore, 2001). This has also been found to be reflected in expressions of subjective age (SA) while from middle age onwards adults have been shown to resist their chronological age and report a discrepancy between their actual and subjective ages (Westerhof & Barrett, 2005). The perception of SA, or how young or old individuals experience themselves to be (Barak, 2009, Montepare, 2009) can become a significant challenge to their notions of identity and congruence (Baltes & Smith, 2003; Kleinspehn-Ammerlahn, Kotter-Grühn, & Smith, 2008). In addition, SA was found to contribute to subjective health, memory self-efficacy, and life satisfaction, regardless of chronological age (Stephan, Caudroit, & Chalabaev, 2011).

Despite the fact that AtA and SA are different concepts in gerontological literature, they are related to the multi-dimensional and multi-cultural context of adjustment and age (Barak, 2009; Torres, 2003). We assert that the deepening of these relevant concepts can become a significant means for health care interventions, thus, improving well-being and longevity (Staudinger & Kunzmann, 2005), as the sole use of health gain measures may neglect potential benefits (Al-Janabi, Flynn, & Coast, 2012).

Considering that the experience of age and aging is subjective and may have different meanings for different people, qualitative research allows gaining access to the personal perceptions and experiences of older adults, in alternative to formulating a logical or scientific explanation based on previous theories. Hence, with this paper we aim at contributing with a baseline for further research, focusing on older adults' self-reports concerning AtA and SA. Specifically, this is a qualitative study, designed to: (a) analyze older adults' perceptions of AtA and SA, through major categories that had impact on their conceptualization of AtA and SA and (c) assess differences among the three nationalities, concerning AtA and SA.

METHODS

Participants

One hundred and fifty one eligible non-institutionalized, nationally-diverse individuals, aged 75 and over (*M*=84.6; *SD*=6.905; range 75-101) were interviewed and questioned about their perceived AtA and SA. Participants

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were recruited through senior universities' message boards, local and art community centres member lists, in Lisbon, Bucharest and in the Algarve regions.

The sampling of participants was based on the availability of respondents. Participant eligibility included: (1) 75 years of age or older and (2) participants' score in the normal range on the Mini Mental Status Exam (>26) (Folstein, Folstein, & McHugh, 1975). None of the participants had any history of psychiatric or neurological illness, or history of drug or alcohol abuse, which might compromise cognitive function. Table 1 shows the characteristics of the study's participants.

Table 1
Distribution of the Study's Participants According to Sociodemographic and Health-Related Characteristics

	Portuguese		Romanian		Angolan		Total	
	N	%	N	%	N	%	N	%
N	52	34.4	51	33.8	48	31.8	151	100.0
Age*(M;SD)*	86.0(7.387)		84.6(6.806)		83.0(6.243)		84.6(6.905)	
Gender								
Male	24	46.2	20	39.2	19	39.6	63	41.7
Female	28	53.8	31	60.8	29	60.4	88	58.3
Education								
Primaryschool	6	11.5	3	5.9	9	18.8	18	11.9
Middle school	16	30.8	10	19.6	16	33.3	42	27.8
High school	23	44.2	20	39.2	11	22.9	54	35.8
University degree or higher	7	13.5	18	35.3	12	25.0	37	24.5
Marital Status								
Marriedorinarelationship	38	73.1	34	66.7	30	62.5	102	67.5
Single	7	13.5	6	11.8	2	4.2	15	9.9
Widowed	7	13.4	11	21.5	16	33.3	34	22.6
Professional Status								
Active	22	42.3	22	43.1	21	43.8	65	43.0
Inactive	30	57.7	29	56.9	27	56.2	86	57.0
Family Annual Income								
≤20,000€	27	51.9	37	72.5	39	81.3	103	68.2
≥20,001€	25	48.1	14	27.5	9	18.7	48	31.8
Perceived Health								
Good	29	55.8	32	62.7	32	66.7	93	61.6
Poor	23	44.2	19	37.3	16	33.3	58	38.4

Note: Total sample, n = 151; *SD* = standard deviation.

Measures and Procedure

Face-to-face semi-structured interviews lasting between 30 and 45 minutes were performed with each participant. The initial 10–15 minutes of each interview were used to apply the general questionnaire and to assess demographic and clinical data.

Our interview schedule was general and open-ended. It was composed by two open-ended questions: "How do you feel about your age?" and "I would like to understand what in your point of view, contributes to your adjustment to aging in this phase of your life." All interviews were digitally-recorded verbatim and then transcribed to typed format for analysis.

All the participants' responses were subjected to qualitative content analysis, using the following procedure: (a) definition of major emergent categories, mutually exclusive, for each one of the three pre-existing categories (indicators of AtA and SA); (b) creation of a list of coding cues; (c) analysis of verbatim quotes of participants' narratives that better link to emerging categories; (e) identification of sub-categories, while preserving the principle of homogeneity of the category; (f) derivation of emergent categories, through constant comparison within and across interviews allowing for the clustering of related sub-categories until the point of theoretical saturation was reached (Bardin, 2007).

Our structure of sub-categories and categories was then subjected to an external review and critical feedback was obtained from reviewers with experience with older adults. An independent analysis of the interviews was performed by a jury of two psychologists (both faculty) and a final group co-resolution regarding the categories was made. Data were analyzed using SPSS for Windows (version 19.0; SPSS Inc., Chicago, IL).

The Portuguese Foundation for Science and Technology (FCT) and ISPA - Instituto Universitário, approved the study. Informed consent was received from all participants and the study protocol was approved by the Research Unit in Psychology and Health's coordination.

RESULTS

Content Analysis of the Emergent Categories

Adjustment to Aging

Findings indicated a total of five categories of indicators of AtA: (1) 'fulfilment and ambitions'; (2) 'health and wellness'; (3) 'social support'; (4) 'stability and accessibility' and (5) 'existential meaning'. 'Existential meaning' (26.3%) was the most mentioned indicator of AtA, as evidenced in Table 2.

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Table 2
Emergent Categories Resulting from Content Analysis of the Pre-Category 'Indicators of AtA'

	Portuguese		Romanian		Angolan		Total	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Indicators of AtA								
Sense of Purpose and Ambitions	63	24.3	27	14.3	69	33.1	159	24.2
Health and Wellness	43	16.6	34	18.0	38	18.5	115	17.6
Social Support	34	13.1	35	18.5	40	19.2	109	16.6
Existential Meaning	76	29.3	56	29.6	41	19.5	173	26.3
Stability and Accessibility	43	16.7	37	19.6	20	9.8	100	15.3
Score of pre-category 'indicators of AtA'	259	100.0	189	100.0	208	100.0	656	100.0

a) Sense of Purpose and Ambitions

Participants reported their deeds (e.g., volunteering, teaching) and ambitions, such as future projects as indicators of AtA. Participants also referred that being engaged with a creative work or occupation was relevant for their AtA, as it brought them a sense of purpose.

"I feel alive every time I go to the hospital. I know that I can contribute with something there." (Participant 121)

"Teaching and communicating with my students makes me think of solutions. This keeps me young." (Participant 19)

b) Health and Wellness

Participants verbalized being healthy and keeping their cognitive autonomy as pertinent for their AtA. Moreover, body appearance and outdoor sports were relevant for these participants.

"I feel well about my body but I know that I am already 78 so I have to be careful with everything, such as a simple cold." (Participant 32)

"I walk two kilometers every day. I do it at my own rhythm and it's a time that I dedicate to my thoughts." (Participant 11)

c) Social Support

Family, neighbours, friends and professional peers were indicated as the main sources of support and main indicators of AtA.

"My neighbours help me a lot. They bring me the groceries every week." (Participant 39)

"I enjoy talking to my colleagues. We all know each other for so long that in a way I shared more time with them than with my own family (Participant 143)

d) Existential Meaning

Older adults expressed their concerns towards death of dear ones and their own. Moreover, they reported their spiritual activities, such as yoga and reiki as relevant for their AtA. Some participants also verbalized their religious beliefs as pertinent for their AtA.

"Believing in myself and in others makes me feel well about my life and age." (Participant 121)

"I enjoy the fact that I belong to our Christian religious community." (Participant 149)

e) Stability and Accessibility

Participants considered financial stability and independence as relevant for their AtA. Moreover living in an accessible and comfortable environment was also reported as important for their AtA.

"I have everything in my neighbourhood. I know that I do not have to drive anywhere." (Participant 67)

"My house is like my nest. I do not depend on anyone." (Participant 115)

Subjective Age

Findings suggested five emergent categories of answers for SA: (a) 'balanced, (b) 'old', (d) 'youthful' and (e) 'dissatisfied'. 'Balanced' (36.5%) was the most mentioned SA, as seen in Table 3.

Table 3
Emergent Categories Resulting from Content Analysis of the Pre-Category 'Subjective Age'

	Portuguese		Romanian		Angolan		Total	
	N	%	N	%	N	%	N	%
Subjective Age								
Balanced	68	46.9	34	23.6	58	38.9	160	36.5
Old	35	24.1	49	34.0	10	6.7	94	21.5
Youthful	28	19.3	34	23.6	67	45.5	129	29.6
Dissatisfied	14	9.7	27	18.8	13	8.9	54	12.4
Score of pre-category 'subjective age'	145	100.0	144	100.0	148	100.0	437	100.0

a) Balanced

Participants verbalized that their age corresponded to their expectations at the present moment.

"I am aware that age is a game of gains and losses. We just have to find a real balance between both and make it a win-win process." (Participant 43)

b) Old

Participants indicated that they were uneasy about their age and exemplified concerns about their age and their future.

"I feel old. I'm already 86 years, you know." (Participant 144)

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c) Youthful

A cognisant-young posture towards age was indicated by the participants.

"I do not feel old. I feel the same as I ever was." (Participant 39)

"Being young is an attitude. If I believe that I am young, indeed I am young." (Participant 48)

d) Dissatisfied

Participants verbalized discontent about their present age and that they felt old.

"I'm not happy about my age." (Participant 44)

"I don't like my age. I'm too old. I wish I was younger." (Participant 67)

Cross-National Differences Analysis Concerning the Emergent Categories

Because our sample was cross-national, an Asymptotic Chi-Square Test was used to analyze if the three nationality groups diverged significantly concerning indicators of AtA and SA. As regards to the SA and its four categories, the results indicated significant differences between the three nationality groups ($\chi^2(12) = 22.6$, $p < .05$). Conversely, no significant differences between the three nationality groups were found regarding the total score for indicators of AtA. Yet, significant differences were found in four of the AtA categories: 'sense of purpose and ambitions' ($\chi^2(8) = 24.5$, $p < .01$); 'health and wellness' ($\chi^2(10) = 18.0$, $p < .05$); 'existential meaning' ($\chi^2(6) = 27.4$, $p < .01$) and 'stability and accessibility' ($\chi^2(4) = 17.6$, $p < .01$) (see Table 4).

Concerning the indicators of AtA, Portuguese scored higher in the 'health and wellness', 'existential meaning' and 'stability and accessibility' categories (37.4%, 43.9% and 43.0%, respectively) whilst Angolans indicated the highest results in 'sense of purpose and ambitions' (43.3%) and 'social support' (36.7%). In opposition, Romanians had the lowest score in 'sense of purpose and ambitions' (17.0%) and 'health and wellness' (29.6%). Portuguese scored the lowest in 'social support' (31.2%), while Angolans had the lowest scores in 'existential meaning' (23.7%) and 'stability and accessibility' (20.0%).

As regards to SA, Portuguese participants prompted the highest result in the 'balanced' category (42.5%) whereas Romanians participants scored the highest in the 'old' and 'dissatisfied' categories (52.1% and 50.0%, respectively). Angolans indicated the highest result for the 'youthful' category. Conversely Romanian displayed the lowest score in 'balanced' (21.3%), whilst Angolan indicated the lowest score in 'old' (10.6%) and 'dissatisfied' (24.1%). Finally, Portuguese scored the lowest in the 'youthful' category (21.7%).

Table 4
Chi-Square Test for the Cross-National Differences Among the Three Groups of Participants

	Pearson Chi-Square Value	df	p[a]
Indicators of AtA	19.959	16	.206
Sense of Purpose and Ambitions	24.514	8	.001
Health and Wellness	18.010	10	.036
Social Support	5.510	4	.240
Existential Meaning	27.398	6	.000
Stability and Accessibility	17.599	4	.001
Subjective Age	22.581	12	.024
Balanced	34.812	4	.000
Old	51.298	4	.000
Youthful	41.422	6	.000
Dissatisfied	10.639	4	.022

[a] Monte Carlo Sig. (2-sided)

DISCUSSION

This research was focused around two main research objectives: To analyze older adults' perceptions of AtA and SA, and to assess differences among Portuguese, Romanian and Angolan participants concerning the cited concepts.

'Existential meaning' (26.3%) and 'sense of purpose and ambitions' (24.2%) were the most frequent indicators of AtA pointed out by this study's participants. The prompting of objective (e.g. health) and subjective categories (e.g. existential meaning) that emerged from participants' interviews, corroborated the multi-dimensional concept of AtA concept (Bauer & McAdams, 2004; Keyes, Shmotkin, & Ryff, 2002; Neri, Cachioni, & Resende, 2002).

As to SA, overall older adults expressed positive SA in 66.1% of overall narratives. 'Balanced' (36.5%) and 'youthful' (29.6%) were the most referred SA for older adults. As suggested by previous research, success in fulfilling challenges may yield more positive perceived age (Coupland, Coupland, Giles, & Henwood, 1991; Kleinspehn-Ammerlahn, Kotter-Grühn, & Smith, 2008). Moreover, growing literature indicates that "feeling younger" was rated more positively by older adults than younger adults (Giles, McIlrath, Mulac, & McCann, 2010). Moreover, older adults reported that they felt balanced and more agreeable than middle-aged and younger adults (Allemand, Zimprich, & Hendriks, 2008).

Considering the cross-national and cultural diversity of older adults' perspectives concerning age (Barak, 2009), the highest scores in 'health and wellness', 'existential meaning', 'stability and accessibility' and 'balanced' were prompted by Portuguese participants whilst Angolans were accountable for the highest results in 'sense of purpose and ambitions', 'social support' and 'youthful'. One possible explanation for these results could be the fact that Portuguese benefit from a stabilized social

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security system (Instituto Nacional Estatística, 2005) which might justify the highest scores for these categories and the focus on existential meaning, given that health, functional and environmental needs are currently met. Moreover, literature highpoints the development of a specific spirituality as people grow older (MacKinlay, 2001). Alternatively, Angolans mostly felt young-at-heart, and relied on social networking for psychological and social support. In fact, even when family support was not available, more varied forms of support were tapped to meet the needs of these participants (e.g., friends, professional peers, neighbors). Furthermore, we posited that a specific African definition of being old, in partly due to a recent past of war, poverty and subsequent existing young population (World Health Organization, 2003) might have led Angolan participants to higher valorize their sense of purpose and ambitions, as well as reinforcing their sense of social community. Furthermore, Romanians were accountable for the highest scores in 'old' and 'dissatisfied', which is in line with past literature that stresses the fact that Romanian elderly often enfold low prestige and social segregation (Popa, 2000).

'Existential meaning' was the most prevalent response for these participants. Significant differences were found for this category in the three nationalities. In particular, Portuguese and Romanian older adults emphasized this indicator of AtA. Instead, for Angolan participants, 'sense of purpose and ambitions' was the most reported indicator of AtA. Kotter-Grühn, Grühn, and Smith (2010) suggested that particularly very old adults seem to have quite accurate perceptions of their nearness to death. In addition, elderly people emphasize spiritual dimensions (Meuller, Plevak, & Rummans, 2001). In fact, for these older adults, existentialist and spiritual themes such as values and spiritual activities appeared to influence how participants led their lives, which corroborates what Tornstam (2005) named gerotranscendence, i.e., a forward and outward existential development that occurs in old age.

The sense of purpose and ambitions were considered very relevant for these older adults and significantly different for the three different groups. Thus, accomplishment, engagement and activities, particularly when in the company of professional peers, were pertinent for these participants. Previous studies indicated that older adults' happiness variance can be partly attributed to the time seniors spend on various activities (Oerlemans, Bakker, & Veenhoven, 2011). Some cognitive functions—e.g., those involved in social functioning (Washburn, Sands, & Walton, 2003)—appear to augment with age and can compensate for those that may evidence decline. Intellectual and physical engagement have been found to increase the cognitive function of older adults and to provide an opportunity for social interactions and civic life, as well as to develop a sense of personal meaning (Park, Gutchess, Meade, & Stine-Morrow, 2007; Wilson et al., 2002). Conversely, in old age, with the greater likelihood of declining income and deteriorating health, positive SA and AtA can become difficult to achieve (Davidhizar & Shearer, 1999). Additionally, literature suggests that professional engagement especially with peers and productive creativity, contributes to positive SA and AtA (Brodsky, 1988; Stevens-Ratchford, 2005).

In spite of the high level of education of our participants (60.3% of the participants completed high school or above), health and wellness was not as highly reported as we initially expected. Moreover, we found significant differences for the three nationalities. Prior research points out that education is associated with improved knowledge about healthy behaviors and provides individuals with cognitive and psychosocial skills and material resources that allow them to effectively pursue health (Pampel, Krueger, & Denney, 2010). Furthermore, Hurd (2000) suggests the shift that occurs in priorities as people reach old age and that the emphasis on attractive appearance in the eyes of other people is replaced by one on health.

'Social support' was not highly indicated as contributing to AtA, as initially expected. Moreover and in opposition to the remaining categories, significant differences were not found for this category among the three nationalities. Considering that older adults live within a relatively steady social network which provides regular contact over time, difficulties in social networks is partially attributed to functional loss, health disparities and the discontinuation of personal relationships (Lang, 2001). Additionally, Bowling (2007) and Birren and Schaie (1996) reported health and interpersonal relationships to be relevant for older adults.

Interestingly, 'stability and accessibility' was not a predominant response in our study. Conversely, the importance of stability has been previously identified in literature (Birren & Schaie, 1996; Low & Molzahn, 2007). It is likely that the high level of activity of our participants (43%), in combination with the existence of a social pension scheme for older adults, have influenced the participants' perceptions. Diverse income portfolios suggest long-term financial security and are associated with longer lives because individuals can prosper even if any single income source should fail (Krueger & Burgard, 2011). Moreover, material well-being peaks in individuals' final years in the labor force and then provides a long-term and relatively stable resource in the remaining decades of life (Haas, Krueger, & Rohlfsen, 2012).

Notably, there are significant differences in the SA and in its all categories. As to the indicators of AtA, we found significant differences in all indicators of AtA categories, except for 'social support'. Taken together, our results lend further support to the cross-national and cultural diversity of older adults' experiences concerning age, which corroborates prior literature emphasizing the fact that cultural and ethnical differences may influence the process of aging (Barak, 2009; Torres, 2003).

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Our study offers a valuable contribution to the aging literature. However, the results need to be interpreted within the context of the following limitations. Despite the fact that a varied sample of participants was recruited, the use of a purposeful method could have resulted in some selection bias. Yet, biased results were minimized by the checking of the findings with external review and with the respondents themselves. Moreover, this study has, enabled an insight into the typologies of categories that had impact on AtA and SA for elderly people. One-on-one interviews have the potential to provide in-depth information. If the researchers had begun by simply collecting rating scale data, they would have risked developing survey items that were grounded more in investigators' preconceptions about elderly people than in the constructs they actually consider most meaningful (Reichstadt, 2010).

Further research is needed into the conceptual framework of AtA for older adults. The current study extends previous research by giving empirical weight to what actually constitutes one's personal perception of AtA and SA and to the conceptual links between age and aging. Moreover, our findings support the view that there are cross-national differences regarding SA and AtA. Regardless of the constraints of personal competence and resources among older adults when facing old age, we assert that the findings of this study are a pertinent input for understanding the importance of the cross-national context of age and aging and for optimizing personal functioning and well-being in older adults from different cultural backgrounds.

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