

Aging Well Through Long-Standing Social Occupation: A Closer Look at Social Participation and Quality of Life in a Sample of Community-Dwelling Older Adults

Regena G. Stevens-Ratchford, Professor, Department of Occupational Therapy and Occupational Science, Towson University

Abstract

Background. Successful aging encompasses good health, function, and social and other activity participation as well as overall well-being. Quality of life is a well-being state that intricately is associated with successful aging. **Objective.** The purpose of this research study was to examine long-standing social participation, successful aging, and quality of life in a sample of 22 older adults. **Method.** The study used a mixed-method design: phenomenological qualitative research procedures were used to examine the participants' lived experience of social participation and its meaning in the context of successful aging, while descriptive quantitative methods were used to examine the sample's quality of life. Data was collected during four interview sessions over a six-week period. Descriptive statistics were used to analyze quantitative quality of life data. Phenomenological procedures were used to analyze interview data and to create categories (meaning units) of social participation in relation to successful aging components. The essence of the experience and its meaning was described for each participant. Then reiterative analyses was used to examine and compare data in order to determine themes of successful aging within the participants' social participation.

Results. Quantitatively the participants reported positive quality of life. Qualitatively, the results indicated that two themes emerged from phenomenological analyses: (a) *Long-standing social occupation creates a network of social connectedness and active engagement with life* and (b) *Long-standing social occupation encourages habits for aging well*. The participants engaged in a variety of social activities, which promoted successful aging; this social participation stimulated the mind, enhanced physical and cognitive function, fostered health and well-being, as well as perpetuated continued activity participation. **Discussion.** Social participation strengthened family bonds and fulfilled needs to be productive and socially connected; social occupations were a vehicle for continual involvement in life and persistent high function. Social connections and relationships provided support that helped these participants to cope with difficult situations. The participants had social routines that included entertaining and dining with others, sharing entertainment, traveling, and participation in religious activities and other community organizations. **Conclusion.** These findings suggest that for this sample participation in social occupations contributed to their quality of life and successful aging by serving as a means for engagement with life and by promoting health, well-being, and function. Long-standing social occupation can provide ongoing opportunities for a lifetime of activity participation, social connectedness, and aging well.

Introduction

Background

Social participation is a lifelong process that contributes to both successful aging and quality of life. Social participation can be viewed as engagement in a variety of social occupations or activities that include interaction and shared experiences with others (Cohen 2003; Stevens-Ratchford and Cebulak 2004). Long-standing social participation contributes to aging well by fostering involvement in a variety of living situations and the related activities that create a sense of social connectedness. Social connectedness can be viewed as social

participation or activities that include interaction with family, friends, peers, and the public in general. In this discussion social participation, social occupation, social activity, and social engagement are used interchangeably. Social participation creates relationships and social networks that build a system of social support that contribute to health and well-being states including life satisfaction and quality of life (Wilcock 1998; 2006; Christiansen and Baum 1997; Stevens-Ratchford and Cebulak 2004).

In this sense social support is the perceived caring, esteem, and assistance that people receive from others, as well as the individual's provision of these elements of support. This support comes from family members, friends, neighbors, colleagues, and care providers (Haber 2003). Socially connected support contributes to emotional well-being by encouraging a sense of love, reassurance, and belonging. Social networks and their embedded resources can be a ready reserve of assistance in the form of information, advice, and help with decision making, problem resolution and other life management activities (Haber 2003). Social participation and its associated social connections and routines create opportunities for activities that in turn contribute to health and well-being, cognitive and physical function, and overall life involvement. Such social engagement not only adds meaning to life (Christiansen 1999), it also contributes to quality of life by fostering relationships, community participation, and the leisure enjoyment that is embodied in a high quality of life and an occupation-filled lifestyle that reinforces aging well (Vaillant 2003).

The notions of life involvement and social participation can be related to occupational engagement, which is participation in meaningful activities including social occupations. Occupations in this sense are viewed as meaningful everyday activities and include everything from leisure pursuits to productive activities. These activities allow humans to establish roles, to

interact socially, to express creativity, and in general to be involved in living situations that foster well-being and add meaning to life (Christiansen 1999; Christiansen and Baum 1997; Howie, Coulter, and Feldman 2004; Zemke and Clark 1996). Living situations involve a variety of life activities including health, home, and financial management as well as celebrations, entertainment, hobbies, recreation, and other leisure and social occupations during which individuals interact and share experiences. Participation in an array of occupations that foster mental and physical function as well as develop social connections and networks of support can create lifestyles that promote health and well-being. Well-being is a complex physical, mental, and social state of overall contentment and satisfaction (Christiansen and Baum 1997) with oneself and life. Health and well-being are necessary for everyday engagement in occupations. In turn this everyday participation perpetuates health and well-being. Health, well-being, and activity participation can influence and can complement each other and in concert can contribute to overall quality of life and life satisfaction (Davis and Friedrich 2004; Hyde, Wiggins, Higgs, and Blane 2003; Krause 2004; Schalock 2004; Smith, Borshelt, Maier, and Jopp 2002; Stevens-Ratchford 2005).

Participation in leisure, productive, and social activities not only contributes to quality of life, also it constitutes the engagement component of successful aging (Brown and Frankel 1993; Lennartsson and Silverstein 2001; Rowe and Kahn 1999). In this sense successful aging is the avoidance of disease and disability (health and well-being); continued high cognitive and physical function; and engagement with life (Rowe and Kahn 1999).

Older adults engage in a number of social activities throughout their lives, and through these social occupations they spend and enjoy their leisure time as well as stay active, productive, and socially connected. In this sense social occupation is an important aspect of both

quality of life and successfully aging. Social activities can serve as a vehicle for both maintaining and creating social networks that foster continued activity participation and well-being. When older adults remain socially connected, they generally tend to experience more positive well-being and to report greater life satisfaction as well as to enjoy a higher quality of life (Holtzman et al. 2004; Hyde et al. 2003; Krause 2004; Zunzunegui, Alvarado, Ser, and Otero 2003). Long-standing social occupation and its associated well-being factors, including life satisfaction and quality of life, are integral aspects of successful aging.

Therefore, occupational engagement, specifically engagement in social occupation, can be seen as participation in an assortment of activities that often have social dimensions. Social occupation can be a means for ongoing engagement with life and overall successful aging (Stevens-Ratchford and Diaz 2003; Stevens-Ratchford and Lookingbill 2004; Stevens-Ratchford and Cebulak 2004) since social participation requires the continued use of physical and cognitive capacities that can perpetuate and promote the ongoing high function that is associated with aging well.

Older adults' social participation stems from long-standing occupational group activities and interactions that began to develop in childhood during engagement in play, educational, family, community, productive, and leisure activities. Social experiences continue throughout life in the form of education, work, and leisure occupations and that are associated with family and community life roles. Thus older adults function in the context of activities and become involved in life through a number of leisure, productive, and social occupations, and long-standing occupational engagement across the life span can be viewed as a major part of older adults' quality of life and successful aging (Rowe and Kahn 1999; Lennartsson and Silverstein 2001). Since occupational engagement is tantamount to participation in life, social activities and

other sources of occupational engagement can be viewed as essential elements of successful aging and quality of life (Carlson, Clark, and Young 1998; Hasselkus, 2002). Quality of life is an general state of well-being or life contentment and fulfillment that is a combination of functional status and health, social, psychological, and environmental factors (Haas, 1999; Kane, 2003).

Quality of life also can be linked to successful aging (Rowe and Kahn 1999; Penrod and Martin 2003) and spiritual well-being (Crowther, Parker, Achenbaum, Larimore, and Koenig 2002) in that individuals who tend to age well also tend to report a higher quality of life that is associated with activity participation (Davis and Friedrich 2004; Hyde et al. 2004; Schalock 2004). Understanding ongoing life participation as well as long-standing or enduring social occupation in relation to well-being psychosocial dimensions like quality of life is important for the overall understanding of successful aging (Inui 2003).

Life changes, such as moving from the lifetime home to retirement communities, assisted living facilities, or other residential arrangements, may cause disruption in social networks and their associated routines and activities. Persons who have enjoyed social activities in relation to work can experience an interruption in their social connections after retirement. Divorce or the death of a spouse additionally may disrupt shared experiences and their related social networks, relationships, and interactions. After such disruption in social routines, seniors may have to actively seek and orchestrate opportunities for social participation. Older adults may join religious groups, civic organizations, or senior centers to fulfill social needs; seniors also may seek paid or volunteer work as an opportunity for getting out and being with people. In short, they may have to create new opportunities for social interaction and participation. Such social adjustments can help older adults to stay active and to maintain their engagement with life,

quality of life, and overall successful aging (Davis and Friedrich 2004; Stevens-Ratchford and Cebulak 2004).

Literature Review

Health and Well-Being. Several empirical studies have examined the relations among health, well-being, and occupational engagement. Law, Steinwender, and Leclair (1998) conducted a literature review that examined the relationship among occupation, health, and well-being. Law et al. sought to determine the association of health and well-being with occupational engagement. They selected 23 articles from health and social sciences databases using specific review criteria. The selected studies examined various daily occupations including self-care, productivity, and leisure. Law et al. found that although there is a theoretical relationship among occupation, health, and well-being, there is little research evidence of this theoretical association. Their results indicate that there are some correlations between person, occupation, and environment. Their findings also indicate that the relationships among health, well-being, and occupational engagement are dynamic rather than linear relationships. Law et al. suggest that constant interaction between person, occupation, health, and well-being influence the way individuals perform everyday activities and conclude that this everyday function and participation can influence health and well-being. These findings suggest that participation in socially connected activities can be associated with health and well-being. Health and well-being are integrally related to successful aging as one of its basic components is the avoidance of disease and maintenance of wellness (Rowe & Kahn,

1999). Further, since quality of life is a state of well-being, quality of life in this case also can be related to both occupational engagement and successful aging.

Several other investigators have examined social participation, health, and well-being during widowhood (Gurung, Taylor, and Seeman 2003; McIntyre and Howie 2002; Utz, Carr, Nesse, and Wortman 2002). Utz et al. examined the disruptive nature of widowhood from the perspectives of activity participation, disengagement, and continuity theories and found that widowhood had a significant negative impact on older adults' social participation. McIntyre and Howie (2002) examined adjustment after widowhood. They used case study methods to examine the meaning of occupation and occupational adaptation in widowhood in a sample of older adult women. The study explored how the participants experienced daily occupations during widowhood. McIntyre and Howie (2002) found that social relationships during widowhood foster health and well-being, and that adjustment to widowhood involved engagement in meaningful occupations and creating new life involvement as a single person. McIntyre and Howie (2002) suggest that health practitioners can support adjustment to widowhood by recommending new activities that encourage social connections. They concluded that active engagement in meaningful occupations facilitated occupational adaptation and that occupational engagement together with socialization supported the participants' transition into a more vital and fulfilling life in their widowhood.

Gurung et al. (2003) also found that social participation contributed to a meaningful life during widowhood. Gurung et al. (2003) suggested that participation in activities requires a balance between care giving activities and those activities that promote self-expression and well-being. They examined the meaning of occupation and

emotional support in a sample of widowed older adults and found that gender significantly affects the degree of emotional support received. According to Gurung et al. females derived both emotional and social support from a variety of sources including family, friends, and other social networks, while males tended to participate in solitary occupations and received emotional support primarily from their wives. Gurung et al. found that widowed male participants who had shared a occupations primarily with their wives tended to experience more social isolation and a decline in health, function, and overall well-being. Gurung et al. connected social participation with health and emotional well-being and recommended further examination of social support needs in widowhood. These findings also support the notion that social participation contributes to health, wellness, and life engagement.

Engagement in long standing occupations has also been linked to life satisfaction and well-being in older adulthood. Menec (2003) contended that participation and continuity in some form of long-standing activity may be linked to life-satisfaction, health, and mortality. Menec (2003) examined the relationship between activity, life satisfaction, and mortality using data from a six year longitudinal study. Menec (2003) found that participants' perceived well-being consisted of life-satisfaction and happiness, and that function was perceived as a combination of physical and cognitive function. Menec concluded that overall physical, cognitive, and social activity level was positively related to happiness and successful aging in older adults and recommended that further research should examine happiness and life-satisfaction from the perspective of older adults in relation to their long-standing participation and successful aging.

Similarly, Rudman, Cook, and Polatajko (1997) also examined the meaning of activity from a long-standing perspective. They examined the meaning of present activities in which individuals have devoted time and effort in the past. Rudman et al. found that meaningful activity contributed to the sample's health and well-being and concluded that activity is multidimensional and that older adults may be benefiting from more than one goal when engaged in a specific activity. They recommended further study of these activity and successful aging variables in samples of older adults from different cultural and ethnic backgrounds.

Social participation has also been examined in connection with disability and activity disengagement (Marottoli et al. 2000; Mendes de Leon, Glass, and Berkman 2002; Mendes de Leon, Gold, Glass, Kaplan, and George 2001). Mendes de Leone et al. (2002) used causal comparative procedures to examine social engagement in a sample of community dwelling older adults. They used retrospective procedures to determine the effect of gross mobility on activities of daily living and basic functions. They used a health data set collected during the years 1982 to 1991. Their results indicated that the degree and frequency to which the participants engaged in social activities was proportionally related to feelings of life satisfaction and well-being. Marottoli et al. (2000) found similar results when they examined out-of-home activity involvement in relation to driving cessation. Their findings indicate that activity participation including involvement in community and other social activities significantly declined when older adults stopped driving. Such declines activity can in turn impact health, function, and other aspects of successful aging such as its social dimensions.

The social dimension of activity participation. Several studies also have investigated the social dimensions of activity and their contributions to the health, function, and participation aspects of successful aging (Brown, Consedine, and Magai 2005; Holtzman et al. 2004; Lang 2001; Lennartsson and Silverstein 2001; Milligan, Gatrell, and Bingley 2004; Stevens-Ratchford and Cebulak 2004; Unger, McAvay, Brycem Burkman, and Seeman 1999; Wang, Karp, Winblad, and Fratiglioni 2002; Willigen 2000; Zatura, Hamilton, and Yocum 2000; Zunzunegui, Alvarado, Ser, and Otero 2003). Lang (2001) in her examination of social engagement contends that social relationships are relatively stable in early adulthood and tend to decline in late life. Change and continuity in social patterns can reflect individual differences in goals and priorities in relation to future life expectations such as subjective nearness to death. Lang concluded that proactively orchestrating social networks and participation in relation to individuals' needs can also foster subjective well-being and suggested that further research examine regulation of social relationships in relation to issues in social, emotional, and cognitive aging.

Zunzunegui et al. (2003) and Wang, et al. (2002) also examined social engagement and found that social connections, participation in social activities, and social disengagement were related to cognitive function and decline in older adults. They concluded that few social ties, poor social integration, and social disengagement are predictors of cognitive decline. Zunzunegui et al. (2003) performed a longitudinal study in which they also examined cognitive function in community-dwelling people over the age of 65. The researchers assessed cognitive function in 1997 and cognitive decline over a four year period (1993-1997). They investigated the effect of social networks, social integration, and social engagement in relation to both cognitive function and cognitive decline. Zunzunegui et al's findings also indicate that cognitive decline in older persons may be attributed to poor social connectedness, minimal participation

in social activities, and social disengagement and argue that cognitive decline in females was lessened by their shared experiences with friends. They concluded that social networks, social interaction, and social engagement are associated with cognitive function in older adults.

Like Zunzunegui et al (2003) Holtzman et al. (2004) used longitudinal study methods to examine the social network characteristics and cognitive status in a sample of community-dwelling older adults ages 50+ using the Mini-Mental State Examination (MMSE). Higher levels of interaction with larger social networks and exposure to emotional support were associated positively with scores on the MMSE. Holtzman et al. found that relationships exist between social interactions in larger networks and less cognitive decline as indicated by scores on the MMSE. Holtzman et al. found that larger social network interactions promote cognitive function and concluded that distant social connections promote activity participation and emotional well-being.

Additionally health and function have been studied in relation to specific kinds of activities involving shared experiences. Milligan et al. (2004) explored gardening activities from a social perspective by examining the nature of communal gardening and its contribution to the maintenance of health and well-being in a sample of older adults. They found that their participants benefited from gardening within a mutually supportive environment and suggested that the gardening activity helped to prevent social isolation and contributed to the development of social networks. Milligan et al. concluded that communal gardening enhanced the quality of life and the emotional well-being of their participants.

Willigen (2000) used retroactive causal comparative procedures to examine the causal relationship between volunteering and well-being in a sample of older adults. The study sought to determine if volunteering improves the psychological and physical well-being of seniors and

whether older volunteers experienced different benefits than their younger counterparts. The study findings indicated that older volunteers experienced more life satisfaction over time than did younger adult volunteers, especially when older adults volunteer a great deal. Willigen concluded that older adults experienced greater positive changes in their perceived health than did the younger adult volunteers and that these participants' health and well-being positively was associated with the kind, amount, and meaning of the volunteer experience. Brown et al. (2005) also explored the altruistic elements of activity; they examined social support and the relationships of giving and receiving with health outcomes in an ethnically diverse large metropolitan sample. Brown et al. used stratified sampling procedures to select the sample of 1,118 older adults. They found that there were no relationships between social support received and morbidity in family or community networks.

Not only have health and well-being and cognitive function been associated with social participation, activity participation has been associated with the functional component of successful aging. Lennartsson and Silverstein (2001) and Unger et al. (1999) investigated activity participation in relation to the function component of successful aging. They examined engagement with life, specifically involvement in social, leisure, and productive activities and survival advantage in samples of older persons. They particularly examined activities that involved social integration and physical function. These authors examined the degree to which survival benefits were related to health and activity involvement. The Unger et al. findings indicate that social networks were associated with increased physical activity. Lennartsson and Silversteins' results revealed four domains of activities including solitary/social and sedentary/active dimensions of activity. Their conclusions indicated that solitary and active

participation was significantly associated with reduced mortality risks among men. These studies both conclude that activity involvement may promote health, function, and longevity.

Another study qualitatively examined social participation in the context of successful aging in a sample of community-dwelling older adults. Stevens-Ratchford and Cebulak (2004) examined social occupations and successful aging in a sample of 14 independent living older adults who were aged of 61-81 years old and who were diagnosed with arthritis. Qualitative analyses of interview data revealed several themes of ongoing social occupations, including chore sharing, exercise and sports, celebrations and religious activities. Study findings indicate that older adults participate in a variety of activities that stimulate the mind, enhance function, and promote well-being, as well as strengthen family and community connections. These results support the notion that participation in long-standing social occupation promotes health, function, and well being. Stevens-Ratchford and Cebulak recommended that further studies examine factors related to social isolation and disengagement as well as the relation of occupational engagement to successful aging factors.

In summary the literature indicates that occupational engagement is associated with health and well-being (Law et al., 1998) and that social participation and connectedness are associated with adjustment, health, and well-being during widowhood (Gurung, Taylor, and Seeman 2003; McIntyre and Howie 2002; Utz, Carr, Nesse, and Wortman 2002). Further, perceived well-being has been linked to life-satisfaction and happiness; function has been related to a combination of physical and cognitive function; and overall physical and cognitive function together with social activity level has been positively related to happiness and successful aging (Menec, 2003). Additionally the literature suggests that meaningful activity contributes to health and well-being and that long-standing activity participation adds meaning to life and is associated with health

and well-being states such as life satisfaction and quality of life (Rudman et al., 1997). Older adults appear to derive a sense of purpose and accomplishment from their social occupations, which in turn enhance their life satisfaction (Barlow and Hainsworth 2001; Watson and Ager 1991). Finally the examination of social dimensions of activity have linked social participation to the health, function, and participation aspects of successful aging (Brown, Consedine, and Magai 2005; Holtzman et al. 2004; Lang 2001; Lennartsson and Silverstein 2001; Milligan, Gatrell, and Bingley 2004; Stevens-Ratchford and Cebulak 2004; Unger, McAvay, Brycem Burkman, and Seeman 1999; Wang, Karp, Winblad, and Fratiglioni 2002; Willigen 2000; Zatura, Hamilton, and Yocum 2000; Zunzunegui, Alvarado, Ser, and Otero 2003). The literature indicates there is a need to gain a better understanding of the associations among successful aging, activity participation, and well-being factors like quality of life. The present study addresses this need for further research in the investigation of long-standing social occupation and quality of life in the context of successful aging.

Study Purpose and Definitions

The purpose of this study was to examine long-standing social occupations, successful aging and quality of life in a sample of community-dwelling older adults. In this study occupations are defined as “chunks of culturally and personally meaningful activity in which humans engage that can be named in the lexicon of the culture” (Zemke and Clark 1996, p. 43). Social occupations are the activities that involve meaningful interaction and shared experiences with others. Long-standing social occupations are the personally meaningful social activities a person engages in either daily or periodically for a long time. Successful aging is set of overlapping states that include health management for overall health and well-being, high cognitive and physical function, and engagement with life (Rowe and Kahn 1997; 1999; Stevens-Ratchford and

Cebulak 2004). Engagement with life refers to participation in social, productive, and leisure activities (Crowther et al. 2002; Lennartsson and Silverstein 2001; Rowe and Kahn; 1999). The present study addressed the following research questions:

1. What is the quality of life of the participants?
2. How does long-standing social participation contribute to successful aging?
3. What is the meaning of long-standing social occupation?

Method

Research Design

The research study used a mixed-method research design that employed phenomenological qualitative and quantitative research procedures. The study used a concurrent nested strategy (Creswell 2003) to simultaneously examine how social participation contributes to successful aging and to more specifically examine social participation from the quality of life perspective of successful aging. The study uses a phenomenological qualitative research design to examine occupation and successful aging in a real-world setting. Successful aging in relation to long-standing social occupation and its meaning are examined from the perspectives of the participants (Creswell 1998; 2007, Moustakas 1994). The phenomenological research portion of the study developed research questions, found people who have experienced long-standing social occupation, and collected data through extensive interviews with 22 participants. The quantitative part of the study used descriptive procedures to more specifically examine quality of life and its social dimensions. Data on quality of life and long-standing social occupation were collected during one data collection phase.

Participants

Criterion sampling procedures (Creswell 1998; 2006) were used to select a convenience sample of 22 independent and community-dwelling older adults living in the Mid-Atlantic region of the United States. All the participants had to meet two additional study criteria: (a) all participants must have scored positively on the Global Life Satisfaction Scale (GLSS) and (b) and on the Life Satisfaction Index-Z (LSI-Z). The participants' scores on the GLSS were positive and ranged from 14 to 20 with a mean of 17; their LSI-Z scores also were positive and ranged from 14 to 26 with a mean of 22.

All participants were Caucasian and included eight (36%) males and 14 (64%) females. The sample's ages ranged from 60-95 with a mean age of 69.9 years. Fifteen (68%) participants were married and seven (32%) were widowed. The majority (more than 90%) of participants had one or more children and grandchildren as well as one or more siblings. All participants had at least a high school education and eight (36%) of the participants also possessed college degrees. Nineteen (90%) of the participants had been living in their home 10 to 26 years. All participants engaged in some form of home management activity such as meal preparation, laundry, inside and outside home maintenance. The participants had been retired from one to 41 years with the average length of retirement being 12.75 years. All participants engaged in some kind of productive activities including home making, volunteering, and / or working part -time.

The participants reported fair to good health and high activity levels that included weekly participation in several social activities. Further they reported moderately high to high values for volunteer and leisure activities; they engaged in a variety of leisure activities including physical, spiritual, and social activities.

Measures

The *Occupation and Successful Aging Interview Guide (OSA)* was used to measure social occupations and successful aging. Content validity for the interview guide has been reported as being good for examining qualitative aspects of occupation (Stevens-Ratchford and Diaz 2003; Stevens-Ratchford and Cebulak 2004; Stevens-Ratchford and Lookingbill 2004). The *Quality of Life Scale (QOLS)* (Burckhardt, Woods, Schultz, and Ziebarth 1989) was used to measure the participants' perceived quality of life and to the examination of social participation and the successful aging of health, function quality of life factors (See Table 1). The QOLS consists of 16 items each with a seven-point scale rating that ranges from "terrible" (1) to "delighted" (7). The range for QOLS internal consistency is $\alpha = 0.82$ to 0.92 . The QOLS' concurrent validity with the LSI-Z ranges from $r = 0.67$ to 0.75 . The test-retest reliability for a three week period has a range of $r = 0.78$ to 0.94 .

The study used two instruments to identify and select participants who demonstrated some degree of successful aging. Two Life satisfaction measures were used as indicators of successful aging because the study assumed that individuals who successfully age would report positive life satisfaction. Two life satisfaction measures were used to measure lifetime and general aspects of successful aging. The *LSI-Z* (Wood, Wylie, and Shaefor 1969) is a self-report instrument that was used to measure perceived life satisfaction. The LSI-Z has an average test retest reliability of $r = 0.79$ (Wallace and Wheeler 2002). The *GLSS* (Watson and Ager 1991) is a seven point paper and pencil rating scale that was used to measure perceived past, present and future life satisfaction; the instruments reliability has not been reported.

The *Successful Aging Demographic Questionnaire* (Stevens-Ratchford and Diaz 2003; Stevens-Ratchford and Cebulak 2004; Stevens-Ratchford and Lookingbill 2004) was used to gather information to describe sample characteristics.

Data Collection Procedures

The Towson University Institutional Review Board for the approval of research involving human participants approved the study. Twenty-two Volunteers participated in four in depth two-hour interviews during a four-week period. During the first session rapport was established, and informed consent was obtained. During this session participants also completed the *Demographic Questionnaire*, *LSI-Z*, *GLSS*, and *QOLS*. During the next four sessions, the *OSA Interview Guide* was used to guide the interview process. All interviews were audio taped and transcribed into computer files within 24 hours of the interviews. Pseudonyms and numbers were used to preserve the participants' confidentiality.

Results

Quantitative Results: The Participants Perceived Quality of Life

Quantitative Data Analysis

Question 1: What is the quality of life of the participants? In order to answer question 1 descriptive statistics were used to analyze the QOLS data to obtain frequencies and central tendency parameters for the sample's perceived quality of life. The basic link of the QOLS items with social participation and successful aging were determined by an analysis of the 16 items of the QOLS to determine the content relation with the health, function, and activity participation components of successful aging.

An analysis of the variables of the QOLS indicated connections to the three components of successful aging. The sixteen items of the scale could be categorized as health, function, or engagement with life (See Table 1). Fourteen (87%) of the QOLS items could be categorized as variables related to function / productivity (5, 33%) and engagement with life (9, 54%). The remaining two items (13%) of the items rated the participants' perceptions of their health and

material comfort respectively. Ten (62%) items were activities that often have social interaction or shared experiences.

Quality of Life. The participants reported overall positive quality of life with the majority of their responses on the items ranging from *pleased* (6) to *delighted* (7). The QOLS scores ranged from 79 to 112 with a mean of 91. The majority of the participants were somewhat pleased (5) to delighted with their health and material comforts. Most of the participants reported being somewhat (n =15: 68.2%) to delighted (n =20: 90.9%) he items associated with social participation (See Table 2).

Qualitative Results: Social Participation Contributes to Successful Aging

Qualitative Data Analysis

Phenomenological data analyses (Creswell 1998; Gay and Airasian 2000) were used to develop meaning units (Moustakas 1994) that organized the participants' lived experiences of long-standing social occupation into categories that reflected the three successful aging elements of health, function, and engagement with life. These categories of lived experiences of social occupation were then analyzed to determine themes of successful aging within the sample' long-standing social occupations. Two themes emerged from these analyses: (a) ***Long-standing social occupation creates a network of social connectedness and active engagement with life.*** (b)

Long-standing social occupations encourage habits for aging well.

Theme 1: Long Standing Social Occupation Creates a Lifetime of Social Connectedness and Active Engagement with Life

The study participants engage in a variety of long-standing social occupations that foster family ties and community relationships. They have a social network that has been developed over the years; this network keeps them actively involved in family and community activities

that are physically demanding and mentally and socially stimulating. They have a variety of productive, social, and leisure interests as well as network of family, friends, and peers that perpetuate seasonal or annual events and celebrations that are shared with others. They spend time with others sharing birthday and anniversary celebrations, participating in organizational traditions, an in volunteer and civic activities.

Spending time with others. The participants have an enthusiasm for living and doing, and interacting in their social communities. The participants derive support and enjoyment from their social interactions and collective experiences with others. They tend to keep in touch with social and current events as well as with the people in their lives. They often participate in novel or new learning experiences. These participants tended to orchestrate and maintain a schedule of social activities that provide emotional support and a sense of well-being. They enjoy being with others, helping family and friends, and contributing to their communities.

The participants' social activities serve as a means for staying in touch and strengthening their relationships. Visiting, talking, and just spending time with their family and friends continue to be highly valued activities. During these social times they share meals, celebrate special events, and update each other. They find value and enjoyment in sharing stories about their travel, work, latest interests, experiential learning, and other life events. The theme of spending time with others is illustrated in the following passages. Participant numbers are indicated as superscripts after their quotations.

- “I enjoy seeing all my friends and hearing about what’s been going on with their families. And if they’ve been on a trip we get to hear about that. My brother’s been to Ireland a half dozen times, so they have a lot to tell. We enjoy hearing about people’s trips. Most of the people we go to dinner with they all still travel some. Most manage to take one big trip a year. A lot of times they have pictures. We take our pictures when we go.”¹⁰
- “I look forward to going down to see my sister and she keeps me apprised with what’s going on with her family. I don’t always get to see my nieces and nephews

that often. And when my daughter comes during the weekend, I get to catch up with her, because I don't really get to talk with her on the phone that often because she's busy with her job.”⁹

- “Well obviously the social, the social times, with friends and all that's fun. Its fun to reminisce, its fun to be with friends and its fun to express ideas with someone else other then yourself.”¹
- ”It [the phone] is very important [for things] like scheduling, and just talking: What are you doing? Did you have a good day; how is your week going? My son and daughter and I also email each other through the week, just to say hello”²

• These participants enjoy learning and have a tendency to select cognitively stimulating activities that connect them with others. They have a lifetime of learning and living that provides them with rich content for reminiscing and sharing stories. These participants enjoy talking about their long-standing occupations that have evolved over the years into their present activities and social networks. Their shared experiences with family and friends evoke memories of the past and stimulate interest and ongoing interaction. Further, these participants have a lifelong appreciation of learning and a tendency to select activities that provide both social engagement and physical activity. One participant describes the enjoyment of continuing a physical activity:

- “We go to dances about once a month at the Valencia. It is fun to take the lessons, and then try the steps out. It makes you feel good.”⁴

These participants tend to plan and to arrange their social activities in order to routinely get together with friends and family to enjoy each other or celebrate special occasions. These social routines are revealed in the descriptions experienced by groups who get together weekly.

- “...it's just a lot of fun to be with people I enjoy and have conversation and a couple cold drinks.... having a good time. We usually have a lot of laughs associated with that group.”⁸
- “. . . the most recent celebration was when we all met in Myrtle Beach, South Carolina for a week at the beachThat was very meaningful to me because I have only one child that still lives near me, the other three live out of town and so they don't get to see each other much. It was nice to see their interaction and be able to get to know each other better. We had a really nice time.”⁷
- “I do the celebration on Thanksgiving Day. I have everybody in and it's just such... a great day. We have a lot of fun together and it's a lot of joy being with everybody in my own home and sharing my home with everybody.”¹²

- “I think baptisms, first communions, confirmations, and graduations are all very special. We always have a festivity for these occasions...you get to see the family that you don’t see often. When you have a celebration of that type, everyone makes an effort to get there. We always have a family reunion every Forth of July. And there’s always another baby. That’s always a special thing. I have Thanksgiving here. Christmas, I always spend with my sister and her family.”¹⁵
- “Christmas means a lot . . . we get together Christmas Eve and it is something that we look forward to. We are just all-together...we make sure we have thirteen dishes...that’s tradition...anything, but there must be thirteen dishes. This started in Italy.”³
- It is important... to establish traditions and then the next generation carries them on.... I just think that that’s kind of an important thing in life. It keeps people together... it gives you a good close-knit group in addition to the many friends that you meet along life’s way.”²

One participant described the meaning of family’s traditions that include long-standing friends.

- Oh, we always have the Thanksgiving holiday here at my house for our family and dear friends, we consider them to be just like the family, they come over too. . . . we’ve been friends for the past 30 years. My closest girlfriend. Our children and their children were raised together, so it’s kinda like a big family-type thing now. Now their children have children, and you know, it just keeps growing every year...these are old family traditions.⁴

Contributions to family and the larger community. The study participants also derive meaning from both giving and receiving support. These social experiences consist of sharing time, providing transportation and meals, and giving emotional support. This value is portrayed in the following passages.

- “When one of our friends was dying of ovarian cancer we got together and we would take meals. . . . The girls in our group really try and take care of each other. And we have another friend now who has had a breast removed and is finishing up chemo therapy and I have dinner with her a couple of times a month, and we go out, take her out for dinner, just check on her see how things are.... When somebody needs help you just pitch in and do it. My friend across the street lost her mother last month and we just stay current with what is going on in her life, and other friends two doors over; we do visiting with them, you know just to be their moral support that’s important in the community.”²¹
- “I keep thinking in the back of my mind, why am I doing this [babysitting]? I raised my four kids why am I still babysitting. The answer to that is because I wanted to be able to help them out. It’s a lot cheaper to have grandma

babysitting then it is to get a baby sitter today. And I also wanted them to be able to have a babysitter in their own home. And I've been doing that ever since Kayla was born three years ago.”²²

- “My sister’s not in good health, so every week once a week I go down to visit her. So I take her shopping or to a doctor’s appointment. We try to go to lunch. It’s nice, she enjoys it, I think.”¹⁰

Participants valued reciprocal giving and receiving.

- “... When I was having chemo, and then when I had carpal tunnel, since it affected my right hand, I had a friend come in and stay with me. . . . she’s single, and I’m her power of attorney should anything happen to her so we have a fairly close relationship and so she just came to stay with me until I was able to do everything again...During the chemo she stayed probably three nights after each treatment, until I was kind of clear again. During the carpal tunnel surgery she probably was here about five nights because I couldn’t drive for a while and she would drive me. ...It means a lot having a friend who will come and do that for you and enable you.”¹⁴

Theme 2: Long-Standing Social Occupations Encourage Habits and Routines for Aging Well

The study participants describe a lifetime of social connections that perpetuate a lifestyle of active living. They found meaning and enjoyment in a variety of routines and leisure experiences. Their current social participation stems from a lifetime of social habits that support ongoing social routines and activity involvement that contribute to aging well because the activities foster their health and well-being by keeping them physically active and mentally stimulated. They have (a) habits of staying active: habits that promote physical and cognitive function; and (b) habits of emotional well-being: habitual feelings of contentment, spiritual well-being, and competence.

Habits of staying active. Participants found meaning in ongoing habits of regularly getting together with family and friends for volunteering, celebrating special events, and traditional holidays. Their ongoing social routines are supported by secondary habits of planning in order to arrange and carryout the social activities. Physical and cognitive tasks that foster continued function are the prerequisites necessary for their social routines. Bathing, dressing, arranging scheduling, planning and cooking meals, and selecting activities, as well as getting to

and from the social events are all underlying habitual activities that support such social participation. Their habitual pattern of social participation is reflected in the following description of the habits and routines associated with a family's social events.

- “So we all get together on a regular basis with all the grandkids and the uncles and the aunts and ...the whole family.”¹
- “I have to take care of myself. I walk and make sure to clean things up everyday. I keep all my appointment and social events on my calendar.”¹¹
- “I always have a bunch of things to do. Volunteering keeps me active. It’s not good to just sit around so I volunteer at church. It gets me up and out. I keep in touch with my friends and the outside world.”⁶

Habits of emotional well-being. These participants also have habits and routines that involve productive contributions to their communities. They found meaning in being useful and gratification in providing service to others. These participants had a tendency to engage in social occupations that promoted feelings of competence and emotional well-being. They continue to be productive in ways that connected them to family or the larger community. They use skills that have been developed over their lifetimes; they use their skills in situations that elicited approval and positive feedback that both promoted their well-being and self-efficacy. One participant found meaning and social connection in cooking for her family. As a competent cook she remained active and productive through her cooking, which was a routine activity that brought her family together to dine and enjoy each other. This meaning is reflected as she talked about cooking for her family.

- “And, the cooking and the baking... it's nice to see when people enjoy eating them. I shouldn't probably bake as much as I do,...the kids all like it and they look forward to Mom's cooking, and so that gives me a sense of accomplishment as well... every Sunday they come to eat at Mom's”¹
- “I think it's a matter of personal satisfaction. The business accomplishments are very satisfying. I feel like I'm accomplishing something year in and year out when I volunteer my time to help resolve issues. I really enjoy helping people.”⁹

Participants derive a sense of satisfaction and spiritual well-being from their routine social engagement; they describe feelings of belonging and being part of a religious community.

Participants also have habits of staying spiritually connected and involved. This sense of emotional well-being is illustrated in the following passages.

- “Well, Church is very important to me. I can’t imagine missing mass on Sunday...., I like to start the day by going to mass, I’m at peace with the world, peace with myself.... it is so quiet, so peaceful, it feels good... there are two old ladies, we don’t talk, but it is nice to see them...”³
- “Being able to talk with people, friends or family, being able to tell somebody freely how you feel is an important thing, of course church is every week. Our meeting with our friends from York that is a standing date, the fourth Sunday of every month we go out and meet for dinner and we have a place picked. We go to the same place because they are not real busy at the time we go and we can sit there as long as we wish and nobody is pushing us out the door.”¹²

These participants enjoy feeling connected and have habits of being around people that are uplifting. One participant illustrates this habit in the following passage.

- “I think life is to be enjoyed and the way you do that is with people that you’re happy with, people that you enjoy seeing, people that make you feel good, people that make you laugh, share stories, and just enjoy their company. Any number of things can provide this. I like to be with people who know how to enjoy themselves...”¹⁹

The participants enjoy long-standing social occupations that keep them involved with relatives, friends, and the larger community. Participant #1 exemplifies these notions on the importance of social occupation in the following statement. “Maintaining contact, yes, I thoroughly believe that you have to have friends and contacts to be a whole person yourself. As my dad always used to say. You can’t have friends unless you’re a friend yourself.” The participants’ stories indicate that long-standing social occupations can be the foundation for social connectedness and active engagement with life.

Discussion

This study aimed to examine long-standing social occupation, successful aging, and quality of life in a sample of community-dwelling older adults who appeared to be successfully aging. These study participants were selected because they seemed to be

aging well in that they reported positive life satisfaction, reasonably good health, high cognitive and physical function together with active engagement with life. Additionally, the participants' social engagement reflected patterns of aging well because their social activities required them to use their physical capacities to engage in personal routines that supported social participation as well as to use both their physical and cognitive capacities to participate in their various social activities. This indication of high cognitive and physical function as an integral part of social participation supports Rowe and Kahn's (1997; 1999) and Crowther et al.'s (2002) notions of successful aging. Additionally, the study findings support Law et al.'s (1998) and Rudman et al.'s (1997) contentions that occupational engagement is associated with health and well-being since the study participants' social participation seemed to foster their well-being. The study findings also suggest that participation in socially connected activities is associated with health and well-being supporting previous research results (Gurung, Taylor, and Seeman 2003; McIntyre and Howie 2002; Utz, Carr, Nesse, and Wortman 2002). The participants' social participation is supported by their overall good health, positive emotional and spiritual well-being, and high functional abilities; in short---these participants possessed the health, function, and well-being prerequisites for active engagement with life. The majority of participants reported positive quality of life including good health and material comforts, which are central elements of a good life as well as foundational for aging well.

The associations of social participation and quality of life with successful aging attributes provide a further support for previous findings that have identified connections of activity participation to well-being and successful aging (Lennartsson and Silverstein

2001; Menec 2003; Holtzman et al. 2004; Milligan et al. 2004; Stevens-Ratchford and Cebulak 2004).

Practice Implications. These study findings suggest that social networks and intimate social connections are important quality of life and aging well considerations for practitioners who plan activities for older adults. Practitioners should incorporate smaller group participation within large community shared experiences. Clinicians can also create opportunities for residents living in large residential communities to interact and develop closer relationships by designing routine activities that foster small group interactions that encourage seniors to become better acquainted and to develop closer relationships. Activities that teach the value of social participation and its association with aging well can be beneficial. Further education for seniors, who are new community members or who have a tendency to be less socially connected, to teach them how to build their social connections and networks within their communities.

Policy implications. The study findings also have implication for policymakers in relation to developing quality programming for older adults. Since the results indicate that social participation is linked closely with well-being and quality of life, policymakers should institute policies that address the issues of social isolation in older adults. Social participation can be difficult to achieve in LTC communities. Frail older adults with cognitive and / or physical limitations may need special accommodations where in routine social activities are designed so that individual seniors are able to participate at their particular functional level. High quality of care not only needs to consider good nursing and personal care; such care also must consider what high quality activity participation should entail. Policy makers need to consider how the social dimensions of activity participation can be incorporated into model living communities and activity programs so that they foster positive quality of life and well-being.

Limitations This research study experienced several limitations. The study study findings are limited because the sample lacked diversity; the study results may have been different for Asians, Hispanic, and African American samples with similar economic and educational backgrounds. Additionally all the data was self-reported and was based on the participate perceptions of the study variables. Their perceptions or memories of events may not have been accurate. Finally, there may have been researcher bias or misinterpretation in the researcher's descriptions and explanations of the meaning units.

Conclusion and Recommendation for Further Research

The study examined long standing social occupation, successful aging, and quality of life, and its findings indicated that this sample of independent, community-dwelling older adults reported both positive life satisfaction and quality of life and that they had experienced a lifetime of social occupations that have fostered their health, well-being, and overall function as well as added meaning to their lives. There is a need for further research to replicate the present study with more ethnically diverse samples. Further studies should also examine the relations among long-standing social occupation and successful aging factors.

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