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Before evening falls: Perspectives of a good old age and healthy ageing among oldest-old Swedish men

Gunilla Carstensen[a], Birgitta Rosberg[b], Kevin J. Mc Kee[c], Anna Cristina Åberg[c,d,*]

[a] School of Technology and Business Studies, DalarnaUniversity, Falun, Sweden
[b] Department of Rehabilitation Medicine, Akademiska Sjukhuset, Uppsala University Hospital, Uppsala, Sweden
[c] School of Education, Health and Social Studies, Dalarna University, Falun, Sweden
[d] Department of Public Health and Caring Sciences/Geriatrics, Uppsala University, Uppsala, Sweden

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ABSTRACT

The late life experiences of men in the oldest-old age group have been under-researched, and their perspectives on ageing successfully neglected. This study explored the perspectives of oldest-old Swedish men on what a 'good old age' and ageing successfully meant to them. A purposive sample of 17 men, aged 85-90 years, was drawn from the Uppsala Longitudinal Study of Adult Men. An interview guide explored participants' perspectives on their ageing experiences and how they viewed ageing successfully. Participants were interviewed twice, with 1–2 weeks between interviews, and both interviews were recorded and transcribed. Content analysis identified four themes: i) Adaptation, concerning the ability to adapt to growing old with increasing limitations; ii) Sustaining Independence, related to financial resources and good health as the foundation for independence; iii) Belongingness, representing close relationships, established friendships, and the significance of the spouse; and iv) Perspectives of Time, also a common thread in all themes, in which past life experiences create an existential link between the past, the present and the future, establishing continuity of the self and enhancing life satisfaction. The participants presented themselves as active agents involved in maintaining meaning and achieving life satisfaction; a process related to the ability to manage changes in life. Our findings have resonance with models of healthy or successful ageing, but also diverge in important ways, since such models do not consider the significance of an individual's life history for their present well-being, and primarily conceptualise health as an outcome, rather than as a resource.

1. Introduction

While many people will function well and live independently into advanced old age, major acute health events, chronic disease and disability are prevalent in later life. Understandably therefore, a social policy priority in many developed countries is to contain the health and social care costs associated with later life through the promotion and maintenance of health in the older population. Such policy often references notions of 'healthy' or 'successful' ageing, derived from models that are widely found in the gerontological research literature. However, despite their prevalence, such models have been criticised as having little connection to how older adults themselves consider health in the context of ageing, and the importance of health relative to other significant aspects of their experience of later life. In particular, older men's perspective on ageing successfully has received little attention. This paper presents a qualitative study that explores older men's views on their late life experience, with a focus on what a 'good old age' means to them.

1.1. Successful and healthy ageing

Several terms are to be found in the research literature that represent overlapping conceptualisations of the determinants and contents of a healthy later life. These terms include, inter alia: successful ageing; healthy ageing; optimal ageing; active ageing; and ageing well. Of these terms, arguably the most commonly referenced and used are successful ageing and healthy ageing.

Rowe and Kahn (1997,1998) proposed the idea of successful ageing as a break from the traditional research approach to ageing and old age in which efforts were focused on understanding pathological processes. They suggested that researchers instead should seek to understand the factors that distinguish those individuals who function particularly well

* Corresponding author at: School of Education, Health and Society, Dalarna University, S-791 88 Falun, Sweden.
E-mail address: aab@du.se (A.C. Åberg).

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(successfully) in later life from those who, while non-diseased, exhibit the (usual) risk for decline in function that accompanies ageing. Rowe and Kahn suggested that even if many of the functional decrements associated with ageing were common, it was wrong to consider them 'normal' and they challenged researchers to develop interventions to target the modifiable factors they argued were the primary cause of such decrements. Their seminal definition (although other authors have offered different definitions) of successful ageing is that it is a low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life.

By comparison, there is no consensual definition of healthy ageing, while the terms healthy ageing and active ageing are often used conjointly in the research literature and in policy documentation from, for example, the World Health Organization (Walker & Maltby, 2012). However, a recent review of the research evidence on healthy ageing proposes a model in which healthy ageing should be understood as high levels of physical and mental health, with the main determinants of healthy ageing being physical activity, social interaction, good diet and nutrition, and perceptions of control (McKee & Schuz, 2015).

The widespread use of models of successful and healthy ageing have been accompanied by criticisms that they constitute a primarily academic view of what is important in later life, and that the models do not prioritise what older people themselves consider to be most important for their quality of life in old age (Bowling, 2007). A related (and often conflated) criticism is that the models when operationalised do not contain a subjective assessment (see, e.g., (Pruchno, Wilson-Genderson, & Cartwright, 2010), thus neglecting the research evidence that demonstrates the influence of subjective well-being and self-rated health on objective health. A further particularly contentious issue is whether models of successful and healthy ageing have relevance for the oldest old (commonly understood to be those aged 80 or older). Many advocates for older adults (including some researchers) make the argument that within such models the oldest old are more likely to be framed as 'unsuccessfully ageing'; as such, the models are discriminatory and should not be applied. Hicks and Conner (Hicks & Conner, 2014) offer a similar viewpoint when they propose that a model of resilient ageing, with a focus on the adversities that older people face when ageing, is a better fit for the realities of later life than a healthy ageing model.

Finally, the healthy/successful ageing paradigm has been criticised for its concentration on later life to the exclusion of a life span and/or life course perspective. Several key theories of ageing emphasise the importance of understanding later life in the context of earlier life stages. This is especially true of Eriksson (1997) psychosocial development theory, continuity theory (1999, Atchley, 1989) and life course theory (Dannefer, 1984; Elder, 1975). Continuity theory places emphasis on consistency in the manifestation of the self throughout life and the importance for well-being of maintaining typical ways of adapting to the environment. Life course theory recognises that ageing and developmental change are continuous processes and that late life health and well-being can partly be explained as an accumulation of advantage or disadvantage throughout life. Such theories are supported by extensive empirical evidence, and the question is whether models of healthy or successful ageing adequately capture the importance of the 'life already lived' for the present well-being and life satisfaction of older people.

1.2. Life satisfaction and a good old age

In their recently proposed model of healthy ageing, McKee and Schuz (2015) identify life satisfaction as one of the key indicators of mental health. Despite multiple losses and physical decline, still many people in advanced old age manage to experience a sense of life satisfaction or well-being (which are here considered as different terms that address the same concept (Steptoe, Deaton, & Stone, 2015), both being expressions of perceived quality of life (Heady, 1992; Meeberg, 1993)). Indeed, some research indicates a U-shape relationship between life satisfaction and age, with younger and older adults being the most satisfied (Blanchflower & Oswald, 2008). Life satisfaction has been defined as a dynamic concept that is related to the way in which an individual experiences and evaluates her or his own circumstances, made in relation to a specific standard or frame of reference (Næsss, 1989). Life satisfaction thus reflects the difference between, on the one-hand, a person's expectations and ambitions and on the other hand, the realities in that person's life. People try to minimise this difference, or their degree of dissatisfaction, both by improving their circumstances and by decreasing their ambitions and/or expectations. Indeed, the adaptation strategies deployed by older adults with functional limitations and chronic conditions is one possible explanation for the high levels of life satisfaction found in older ages. (Åberg, Sidenvall, Hepworth, O'Reilly, & Lithell, 2005)While being satisfied with one's life in old age is important in itself, this link can become increasingly important in older ages in that well-being might have a protective role in health maintenance (Steptoe et al., 2015).

To date, research on the male perspective on life satisfaction in later life has been relatively scarce (Steptoe et al., 2015). The older male viewpoint has often been absent in ageing studies, which some argue are 'feminized' (Fleming, 1999) to the extent that the male minority within the oldest populations is made almost invisible (Calasanti, 2004; Springer & Mouzon, 2011). Despite having stronger physiques, fewer disabilities and functional limitations, and more socioeconomic resources during their lifetime, men still experience higher mortality in all age groups compared with women (Nusselder, Looman, Van Oyen, Robine, & Jagger, 2010; Oksuzyan, Juel, Vaupel, & Christensen, 2008; Springer & Mouzon, 2011). However, those males who survive until they reach the oldest age groups are more likely than women of the same age to benefit from a period of 'healthy' ageing (Oksuzyan et al., 2008). It is surprising, therefore, that little is known about the life experiences of such men, how they view their late life, and their well-being during this period of comparative health.

The aim of the present study is to contribute to our understanding of the late life experience of males in the oldest-old population. What are the experiences of these men? To what extent are they satisfied with life, and what are the elements of life most important to their well-being? What, for them, is a 'good old age', and how do their views correspond to the contents of the existing models of successful and healthy ageing?

2. Methods

2.1. Design

The study was a qualitative cross-sectional interview-based survey. The sample was obtained from the Uppsala Longitudinal Study of Adult Men (http://www.pubcare.uu.se/ulsam), a longitudinal, epidemiological study with baseline data collected in 1970 from 2322 men born in 1920–1924, and living in Uppsala County, Sweden. The current study was approved by the Regional Ethical Review Board in Uppsala.

Scrutinising the ULSAM protocols from the follow-up when the men were 85–90 years old made it possible to identify a purposeful sample that provided variance in the following characteristics: living arrangements; housing; independence in personal care; and self-perceived health-related quality of life measured by the EuroQol visual analog scale (Brooks, 1996).

The inclusion criteria were: male; 0–5 points on the Swedish Geriatric Depression Scale (Gottfries, Noltorp, & Norgaard, 1997) indicating the absence of depression; and 27–30 points on the Mini Mental State Examination (Folstein, Folstein, & McHugh, 1975) indicating no cognitive impairment. Exclusion criteria were: periods of hospitalisation during the last month before the first interview (see below). This resulted in the inclusion of 17 participants aged 85–90 years old.

Table 1
Participants' allocated names, ages and descriptive data (N = 17).

Allocated name	Age (years)	Living alone (x)	Mini Mental Test (0–30)	The Swedish Geriatric Depression Scale (0-20)	Quality of Life, Visual Analogue Scale (0-100)
Alexander	85	x	28	1	90
Johan	89	x	28	3	100
Lukas	89		30	3	34
Henrik	90	x	28	1	75
Roger	89	x	27	2	90
Jack	89	x	28	2	75
Nils	89	x	28	3	60
Jan	89	x	28	1	85
Clemens	89		29	0	95
Edvard	90		30	2	75
Mats	89		29	1	90
Elliott	89		28	2	60
Stefan	89	x	29	2	35
Anders	87		29	2	60
Isak	87	x	28	2	50
Arvid	87	x	27	2	50
Olle	87		27	0	100

2.2. Participants

To ensure satisfactory data variation and depth in the interviews, participants with a range of education level, different household formations, levels of dependence for personal care and self-assessed quality of life were included. The demographic characteristics of the seventeen participating men are presented in Table 1. They had a mean age of 88, and a majority was living alone in ordinary housing. Only two lived in sheltered accommodation. Six had 6–7 years of school education and 9 had 9–13 years. Fourteen were independent in personal care related activities, while 3 were dependent on help. In the presentation of our results, all participants were allocated false names (Table 1).

2.3. Data collection

Semi-structured interviews were carried out based on an interview guide (Appendix A). The interview guide was developed by the research team to operationalise the concepts of life satisfaction, well-being, and notions, ideas, and issues identified in the research literature as connected to models of successful and healthy ageing. All interviews were conducted by one of the authors (BR,). Questions were worded so as to be open-ended and addressed the participant's own understanding and perspectives on what a good old age and ageing successfully meant to them. In an effort to cover as much as possible of the participants' perspectives on these issues the interviews were conducted with all participants on two occasions, with 1–2 weeks in between. The first interview was focused on personal experiences and perspectives on 'a good old age' and ageing successfully. In the second interview, themes from the first one were followed-up and more detailed and related information was probed for, this also involved encouragement for reflections on a good old age in a summative manner. For one participant, this period was slightly longer and another participant did not complete the second interview due to health problems. Participants were free to choose the location for the interviews, which resulted in 15 being interviewed in their homes and two at the study's research base.

Interviews lasted from 30 to 90 min during which the participants were encouraged to talk about what they viewed as important for their opportunity to experience well-being in old age, as described above. All interviews were concluded with a short summary to check whether the content had been correctly understood by the researcher. Participant validation was performed through checking and exploring contradictions by probing for more information (Hammersley & Atkinson, 1995; Mays & Pope, 2000), which allowed for refinement of the data. The interviews were recorded and fully transcribed before analysis. One of the interviews was, however, excluded before transcription as the interview process was interrupted and disturbed during the first interview.

2.4. Data analysis

The analysis of the transcribed interviews was carried out using conventional content analysis (Hsieh & Shannon, 2005). Qualitative content analysis was considered suitable for an inductive thematisation of the interview material to find out what constitutes well-being and good old age among the participants. The analysis was carried out in stages (Graneheim & Lundman, 2004). In parallel with the interviews, initial preliminary analyses of a selected part of the data was carried out by two of the authors (BR and ACÅ), which allowed refinement of questioning for the data collection. Later the first and last (GC and ACÅ) author analysed all interviews which yielded preliminary interpretations of each participant's views, which were re-analysed and again checked in the transcribed material. The themes were discussed by all authors and revised. Divergent interpretations were discussed until agreement was reached. This analytical and reflective procedure which aimed at testing theoretical ideas was carried out in a circular process of modifications and redefinitions in line with the process of analytical induction (Hammersley & Atkinson, 1995). The analysis additionally involved a progressive process, which implied a gradual shift from descriptive purposes towards the development and testing of explanations (Hammersley & Atkinson, 1995). The analysis was validated by parallel analysis carried out by two of the authors (GC and ACÅ) and discussed between all authors (Hammersley & Atkinson, 1995; Mays & Pope, 2000). Finally, the findings and interpretations were compared with and related to previous research results and different theoretical perspectives to constitute a theoretical triangulation (Ritchie & Lewis, 2003), with a focus on the continuity theory of ageing (1999, Atchley, 1989) and models of healthy ageing (McKee & Schuz, 2015).

3. Results

The results from the interview analysis identified four main and somewhat overlapping themes that emerged as commonly important for good ageing, well-being and life satisfaction: Adaptation, Sustaining Independence, Belongingness and Perspective of Time, of which the latter to some degree influenced all the other themes and ran like a common thread through the presented narratives. The presentation of the results is structured from these four main analytical themes accompanied with quotes from the transcribed interviews. For two of the main themes – Sustaining independence and Belongingness – we use subheadings and quotes as subheadings to fully capture the nuances and complexities of the interview data. The subheadings should be understood as aspects of the main themes. The quotes selected illustrate both similarities in the data material but also variations in the participants' outlooks on their current life situation, which most commonly also were associated with their past life experiences. Each quote is related to the names that the participants were allocated (Table 1) to protect their anonymity.

3.1. Adaptation

Adaptation concerns the participants' strategies to adjust to getting older and their attempts to achieve well-being and life satisfaction while ageing. The participants were generally aware that their life situations were increasingly limited due to ageing, as for example being unable to drive the car as before or being unable to take long walks. They more or less accepted these changes as the inevitable consequences of ageing. Several participants described how they had to adapt to the situation that their ageing had brought about.

Henrik. Everything falls apart, more or less and of course, everything becomes more fragile all the time. One has to accept that, and by the way, that is something you have to accept.
Anders. I think it is important to be able to adjust, because if you do not then you will have a hard time and that can break you. That has happened to us, when we have failed to realise our aims, and then everything falls apart.

It is to be noticed that both Henrik and Anders used the expression 'everything falls apart' but from different perspectives. For Henrik ageing was something you have to accept, for Anders growing old was something you have to adapt to otherwise you would be disappointed. These examples show that self-awareness plays a role in how individuals handle experiences of ageing, with such reflexivity a means for continuing to perceive control and maintaining a sense of predictability in life.

Where participants used acceptance as an adaptive strategy, it appeared related to whether they lived at home or in residential care. For example, in the interview with Jack, who had recently moved from his own apartment into residential care, he expressed the view that it had taken some time to adjust to his new situation:

Jack. When I first came here I had some difficulties with those people [the staff] deciding for me but after a while I realized I'd better let them rule over me. I have stopped…Now I let them…I usually say 'Ask Eva, she knows best' [laughs]. […] 'Sit down Jack, let us take care of everything', but some people here can't take care of themselves, can't even eat by themselves so the staff pour food into them. I've been thinking that will be the day…just sitting there with open mouth.

This quote illustrates another aspect of acceptance as a strategy of adaptation, that is, a feeling of *being made* passive. Jack seemed to feel forced to accept his situation because of the attitudes of staff and their expectations of him as a care-receiver and as an old man. Henrik and Anders, still living at home, had chosen to adjust to the circumstances of ageing and for them it was an active and independent choice. In Jack's case, there were external circumstances that caused the individual (Jack) to *give up his self* and to be passive, which was an active choice he made. This allowed him to handle a situation where others took the initiative away from him.

On the contrary, when Clemens' wife was placed in residential care he realized that he had to learn to manage the household by himself and went to cooking class and learned how to cook his own meals:

Clemens. I went to a cooking course and that was really good because of this I have learned to cook five different meals. […] We also talked a lot about good and healthy meals.

The example illustrates that adaptation can give incentives to act in order to gain control over new life circumstances.

To sum up, the participants found different ways of adapting in order to handle their changing circumstances. The analysis also shows that adaptations vary in meaning along a continuum. At one end of the continuum, it involves acceptance by being made passive and therefore giving up control and become 'adjustable', which is represented in the interview with Jack. At the other end of the continuum, adaptation means to act and practice agency, take initiative and learn new skills, as represented by the interview with Clemens.

3.2. Sustaining independence

Maintaining independence was an important aim reported by participants, particularly in response to an interview question that asked them to describe what a 'good life' was. Three interlinked factors were emphasised as crucial for maintaining independence: financial resources, physical capacity and cognitive health. Independence itself manifested in a variety of ways in the interviews. For example, both Lukas and Isak indicated that they were satisfied with their life situations and that taking a glass of whisky now and then increased their life quality:

Lukas. Right now I am happy that I can manage, I take care of the garden […].Sometimes I take a little glass of whisky – for the heart.
Isak. Every Friday I take a whisky which I sip on during the evening.

The glass of whisky can be seen as representing independence, illustrating freedom of choice and that although Lukas and Isak may be old but they can still do what they want when they want.

3.2.1. Financial resources

Several of the participants stressed the importance of having financial resources as a prerequisite for experiencing well-being. Financial resources were important for sustaining independence because they provided the participants with freedom of choice. For instance, Jack said, "I have good finances so I never have to think of if this or that is too expensive". Stable finances also meant that knowing that you could do something in principle meant that it was not necessary to actually implement it. For example, John spoke about his economically favourable living conditions:

John. I have no problems where I shall invest the money, because I have everything, I do not need anything in particular, I have travelled abroad for fifty years with my wife, or spouse, or whatever it was. I have so much and when I was alone I travelled with a travel agency.

In the interview with Anders, he referred to his wife, expressed happiness with what they had built together, creating a fortunate economic situation:

Anders. Finances are important and it has gone very well for us, thanks to my wife, because she was so clever, […] we can look back and bless the fact that we have co-operated and that we had an occupational pension. We have both worked for many years so we have a decent economic situation now. We own the house we live in and that is very important. That makes us economically fortunate. Life has gone our way. When both are working, this is the effect.

3.2.2. Physical capacity

Several of the participants mentioned the importance of being able to be physically active and thus independent. For Jack it was vital to "… come and go as I wish and also to be able to go up by yourself at nights". For Clemens physical activity was important even though certain limitations had arisen a few years ago:

Clemens. I do some Nordic walking, nowadays I walk from here to the garage and to the grocery store, but before I could walk several kilometers per week. However, there is not so much time for that now.

In the interview with Clemens, he expressed several times a deep concern for his wife who was in residential care: his wife and the other people in the facility never went outdoors to breathe fresh air. Clemens compared this with being a prisoner, where a prisoner has the legal right to be outside a certain amount of time every day:

Clemens. I get an hour every day when I take my wife outdoors, when it is not raining and the wife is feeling good. I usually refer to that prisoners have one hour a day out in the fresh air but the people who lives in this home who have worked hard all their lives do not come out because there are not enough staff, it lacks people who can walk with them. I find this very annoying and wrong so I always try to take [my wife] outdoors.

In the interview with Elliot, he expressed a longing for being outdoors:

Elliot. I sit at home. I have not been into town for several months. There is stuff I want to do. Once I went out to the grocery shop. I would like to go out and look at the book sales but it will not happen. There are other things I would like to buy but it just does not turn out that way. Then you could say that I save the money [laughs] but it is so stupid. You cannot keep the money.

In another part of the interview with Elliot, he mentioned, "I can do what I want" and continued: "I can drive out to the countryside to our cottage and do what I enjoy doing. That is the place I like best." This seems to be a contradictory statement to "I sit at home".

However, from the perspective of Elliott it may imply that going into town may be more challenging for him than driving in the countryside: by comparison to the countryside, town may be busy, noisy, and fast-paced. Access and capacity are not necessarily the things that restrict Elliot from going into town; rather the environment itself may no longer be conducive to his well-being.

3.2.3. Cognitive health

Most of the participants talked about how their cognitive health and capacity is linked to their life satisfaction:

John. Continuing to be in good health and have a clear head, that is number one.
Isak. I have always read a lot but now I read even more […] the most important part when you get older is good health and the worse thing is to be demented. Then you do not have a life.
Nils. I solve crossroads, play chess with myself [laughs] and Sudoku, I like that, and it is good for your brain.

When Edvard answered the question about what he considers is a good life he said that he is happy about mostly everything. He explained that he's not able to move very well but he doesn't feel like he wants to go out to, for example, concerts and that his inability to move doesn't seem to affect his happiness as much as it may seem. Edvard said he is in a way surprised by how old he is, because he does not feel that old. His big interest is crosswords, something he has been engaged with for years. Edvard writes down all crosswords and puts them into a dictionary he is working on.

Interviewer. What do you think it means for you that you have worked on this dictionary?
Edvard. I think it means a lot because it forces me to use my head and think.

Edvard explained that every day he buys an evening paper and tries to solve the crossword which often is a challenge: "You may put a word here and there, it feels hopeless but if you leave it for an hour and look at it again you can solve it bit by bit". Edvards's son is also interested in crosswords so when they have difficulties they phone each other. For Edvard, the activity of solving crosswords is a continuity in his life that engages his cognitive capacity and enhances his well-being.

3.3. Belongingness

The theme of Belongingness refers to the participants' social relationships and their social networks. Particularly in response to a question about what things gave their life meaning, they spoke about relationships with family, friends and neighbours.

Clemens. To be healthy and meet other people

Participants expressed a concern not only for their own well-being, but also for people and family close to them. For example in the interview with Elliott, he said that well-being for him is not only that he is doing well but also that his family is doing well: "One is dependent of one's family."

The participants who described their relationships with their children and grandchildren as good emphasised how significant these relations were for their well-being:

Henrik. I have two great kids. It is of great importance that we are friends; we always have had a good relationship. When I was healthy I helped them, I know some carpentry so I have helped them with things like that and now my son also knows some carpentry.

Like Henrik, other participants expressed that their now grown-up children and even their grandchildren were supportive and could provide help and assistance. The knowledge that Henrik taught his son carpentry contributed to a sense of continuity.

The participants described how neighbours and the colleagues with whom they had previously worked formed significant social networks. For example, Clemens explained how it was important to him that he regularly meet with his former work colleagues to do things together such as swim, go on trips and arrange activities:

Clemens. That is very nice. We share memories from the past and joke with each other.

3.3.1. Spouse relationship

In the interviews, the participants' spouses were accorded a significant role. Some of the participants lived with their spouse at home, others' spouses were in residential care, while still others' spouses had passed away. Some of the participants expressed admiration for their wife, others mentioned that they took care of her or explained that they missed her because she had passed away. The participants often described feeling dependent on their spouse. From their descriptions of their spouses, it was apparent that the participants' well-being was intrinsically connected to their thoughts of and feelings for their spouse, who also represented a fundamental aspect of continuity in their lives.

Anders referred to his wife and said that "we have been together almost all the time and done things together" and expressed admiration for his wife because as he said "she is smart and she knows computers". It was thanks to her that they had a fortunate economic situation and were able to take regular trips to the south of Europe: "She found an ad in the paper about this place so we went there every summer with the car… What was the name of the place? My wife sure remembers the name but I don't". A spouse plays a role in the extent to which a couple socialises with others. Anders and his wife played boule but when his wife developed health problems, they both stopped because according to Anders: "I don't want to go on my own; I want us to be together".

Some spouses were in residential care. Clemens spoke about how he felt about having his wife in a care home in terms of acceptance:

Clemens. I should not complain, I miss my wife at home but all-in-all I'm OK –but I feel down now and then.

However, accepting the fact that his wife needed 24-hour care did not mean that Clemens had himself become passive in his care relationship with her:

Clemens. I have taken care of her [his spouse] the last three years… but now she is in a care home, but I don't think they take good care of her so I have had conflicts with the staff and with the manager, well it's better now but my wife fell out of bed five times because of the bed. I said to them that she needs a safer bed but they did not listen to me […]. I visit my wife every day, I take her for walks for an hour outdoors and she is the only person in that care home who gets outdoors because nobody goes out with them. There is a balcony where they can be outdoors but it is not the same as being outdoors for real.

Those participants who had lost their spouse expressed a deep and constant sense of loss. This was clear when Henrik spoke about the loss of life-partner:

Henrik. The worst was losing my wife, the loss is with me every day, at the same time I am grateful for her sake that she passed because

she was confined to bed and in pain but she never complained. I think of her every day. Now that she has passed away time goes very slow. Without her, I don't have the same control of myself so I can sit here and cry which I would not do before.

In addition, in another part of the interview:

Henrik. After she passed away, something else moved into the house, and that is loneliness.

Henriks' reflections on his changed sense of time and his loss of self-control demonstrate that losing one's spouse shakes the very foundations of everyday life, and requires a re-orientation to life.

3.4. Perspectives of time

Past life experiences and remembering the past emerged as an overarching theme and a common thread in the interviews, with the participants reflecting on their ageing and life satisfaction. The participants brought up memories of their childhood, the years of growing up, meeting their spouse, becoming a family, their working life and career, and also reflected on their achievements and the importance of social relationships. These life experiences were frequently present in the interviews and created a framework within which the participants understood their current life-satisfaction and what constituted a 'good old age'.

For example, in the interview with Jan, he described himself as a wanderer and told the story of how he took the train from the far north of Sweden to the south of Sweden where he went to school for many years on his own, a long way from home:

Jan. As a 12-year-old boy, I went by myself from the north of Sweden to a town in the south of Sweden to attend school, I bought a pear on the square and sat down at a bench and I will never forget this - because it was the first pear I'd ever eaten in my life - so I sat like this, bent forward and [the juice] dropped from the pear onto the street.

Characteristic of the participants' reflections on their present old age, as in the interview with Jan, are detailed recollections of past events in their lives and how their lives had developed, with vivid psychological impressions of these events. For example, Elliot reflected on what good health meant for him. He said that it is of great importance to cultivate fields of interests in which to engage. Elliot continued by saying that his hobby was carpentry, which his grandfather introduced him into him when he was a child and which has been his greatest interest throughout his life to date:

Elliot. When the other boys were playing football, I was with my grandfather. He was a carpenter and he had a bench and tools. I stood there in the sawdust and I enjoyed it a lot. I remember him and I have been thinking that if he had not died then [when Elliot was aged five] I am quite sure I would have become a carpenter.

These past life experiences also contained reflections on self-identity and life choices, how life experiences affected them on personal levels. Some of the participants emphasised *achievements* in their stories from the past: for example, building their own house was considered important for several participants:

Clemens. We had a house, I built it in 1950 and we lived there for over fifty years and there was always something to repair or fix in the house.
Henrik. I bought this land and back then it was only forest and we lived in saw dust for some time […] and I have, of course, built the house from the first nail to the last and I have not had any help with it.

Emphasising one's good health during one's past working life can also be interpreted as a form of achievement. This approach is exemplified in the interview with Anders:

Anders. I have never had long-term sick leave during my working life. I'd been working for 13 years at the firm and the boss said to me "Are you never ill?"

A happy past with good and close relationships, meaningful work, and good finances seemed to balance a troubling present with sorrows, sickness, and limited mobility. Some of the participants indicated that they had re-evaluated what they had once thought was important to achieve. For example, John expressed regrets that he had neglected his wife and unfortunately – from his perspective – prioritised work before his spouse:

John. I do not need to make a career today; I do not need to compete with myself any more. Back then, one should be the first, the strongest and the best but now I can see that I was not a very good partner to my wife because I thought of work first and foremost.

Memories from the past worked as a drifting frame for the perception of life today. This can also be seen with regard to how the participants' responded to the fact that their functional capacity had decreased. They had different approaches to or perspectives on such inevitable life changes. Some stressed *resources* that they still possess while others expressed the absence of choice or *limitations*. For example, in the interview with Anders he seemed to experience his freedom as limited compared to the past when he and his wife could "take the car and go to some place we'd like":

Anders. We had a car before and this was a big advantage, just to take the car and go to some place we would like and we did […] but to only stay at home, this is the most difficult part.

Some of the participants explicitly pointed out that they lived in the present. This perspective was exemplified in the interview with Henrik as he described his life situation:

Henrik. I only live here and now and eat and drink and am happy but after my wife passed away it has been difficult […]. Time is passing very slowly now. We led a good and happy life together, why could we not die together?

On the one hand, Henrik said he lives "here and now"; on the other hand, he has obviously been affected by the loss of his wife. This illustrates that the circumstances of life place a context around one's experience of the present, such that an apparent fixed orientation to the present is in fact rooted in the life one has lived – in this case a shared life within one's spouse - and where the perception of time itself is altered.

Past life was still vividly present but the interviews indicated that imagining the future was more challenging, with the future only vaguely visualised. When Elliot was asked how he imagined the future he stated explicitly: "We have no future" and continued: "…when you turn ninety you don't have many years left". Several participants referred to the fact that, at an advanced age, the end of life is close:

Henrik. I have been thinking that I would never turn 80 but I have. You never know, it can be over before evening falls.

The interviews suggested that it is one thing to think and reflect abstractly on growing old and retiring from work but something completely different to actually grow older and experience the way that one's options can narrow:

Edvard. It is weird but when you're young one thinks that "when I retire I'm going do that and that" but it never turns out that way, it never does…[…]. I wish I had travelled to Asia but you can't do that in one day. You see, we belong to those people who never went to Mallorca.

The perspectives of time lived and time's foreshortening played an important role in the participants' reflections: with the end of life

inevitably approaching they reminisced about the past and shared their life stories.

4. Discussion

This study aimed to explore older men's experiences of their lives and their perspectives on their well-being and what a 'gold old age' meant to them. Our findings suggest that for our participants life satisfaction was process-dependent in that it was related to the ability to manage life changes. Four main themes emerged from our analysis: Adaptation; Sustaining Independence; Belongingness; and Perspectives of time. These themes were experienced and played out quite differently among our participants, indicating that a good old age and life satisfaction are multifaceted and reflected people's values and preferences rather than consisting of a common normative set of factors or activities. Other research also indicates that life satisfaction should be viewed as multi-faceted and complex, warning that important aspects of life satisfaction risk being missed if it is represented as a single construct or domain (Lim, Min, Thorpe, & Lee, 2016)

The participants in the current study presented themselves as active agents and highly involved in the process of maintaining meaning in and satisfaction with life, which fits with the idea that life satisfaction is dynamic and related to the way in which an individual experiences and evaluates her or his own circumstances (Næsss, 1989). Such evaluations are made in relation to a specific standard or frame of reference, whereby life satisfaction is directly correlated to the difference between, on the one hand, a person's expectations and ambitions, and on the other hand the realities in that person's life. People try to minimise this difference, or the degree of dissatisfaction, both by improving their circumstances and by decreasing their ambitions and/or expectations.

Our first theme, Adaptation, related to the participants' ability to adapt to growing old with increasing limitations. Adaptation has previously been defined as a master concept that includes defence mechanisms, mastery and coping (White, 1974). Adaptation also includes habits which give basic structure and order to daily activities (Thorén-Jönsson, 2000). The theme indicated that mental and bodily limitations were commonly viewed as potential or actual impediments to engaging in activities considered important for life satisfaction, e.g., to "take care of oneself", driving a car, or socialising with friends and relatives. An ability to adapt to such limitations was acknowledged as a requirement for upholding an acceptable level of life satisfaction. Our findings also suggest that a capacity for self-awareness and being able to reflect on one's limitations was an aid to our participants in that they could place an emotional net around their limitations and frailty and thus continue to perceive their life as predictable and within their control. This finding connects to classic work on positive secondary appraisal processes in coping (Lazarus, 1993) and the greater reliance on control strategies in older compared to younger people, with positive reappraisal being associated with enhanced well-being in later life (Wrosch, Heckhausen, & Lachman, 2000).

The theme Sustaining Independence showed that resources, such as financial resources but also good cognitive and physical health, were seen as the foundation of independence in late life. This is in line with recent research (Xiang, Hao, Qiu, Zhao, & Gu, 2018) showing that greater financial resources among older persons are associated with lower negative self-perception about ageing and usefulness. Contributing explanations for this may be that financial resources is usually linked to housing, neighbourhood environments and access to facilities for social participation, exercise and health care. The participants in the current study expressed greater fear that cognitive limitations would reduce their life satisfaction than would physical illness and disability. This may be due to fewer possibilities to compensate for such limitations but also to the potential threat to the continuity of the individual's self-perception as a competent person. Other research has indicated that difficulties due to cognitive decline in assessing autobiographical memories can lead to greater difficulties in focusing on problems and look for solutions and constructive adaptation (Melendez, Satorres, Redondo, Escudero, & Pitarque, 2018).The importance of adaptation, independence, and self-continuity for life satisfaction in old age has previously been acknowledged in studies investigating satisfaction with life among the oldest-old undergoing geriatric rehabilitation (Åberg, Sidenvall, Hepworth, OöReilly, & Lithell, 2004, 2005; Åberg, 2008). This can be related to the framework of the continuity theory of ageing (Atchley, 1999) according to which continuity and change are not necessarily mutually exclusive, but can occur simultaneously within an individual's self and lifestyle and are matters of degree.

The third theme identified in our analyses, Belongingness, described the participants' reflections on close social relationships and social interactions, illustrating the emotional importance of being part of a group and that continuity in life can be achieved through socialising with family members, neighbours, etc. Previous research has also found that social support and emotional social relationships are significant for the well-being and life satisfaction of older people (Åberg et al., 2005; Hammarström & Torres, 2012). Our analyses indicated that the spouse in particular played a significant role in our participants' lives, whether she lived under the same roof or if she stayed in residential care. Even if the spouse had passed away, she was present and represented a life anchor for our participants. Besides obvious links to continuity theory, these findings can also be interpreted through socioemotional selectivity theory, a life-span theory of motivation, stipulating that a shorter time horizon (which accompanies increasing age) shifts motivational priorities and life goals in favour of emotional meaning and satisfaction, and away from open-ended goals (Carstensen, 2006).

The significance of the foreshortening of time was most clearly present in the theme Perspective of Time. This overarching theme was a common thread in the interviews where the participants spoke of and reflected over ageing and life satisfaction. Their respective life stories were vivid and present and created an existential link between the past, the present and the future. These findings demonstrate the importance of social and emotional connections between the past and present life in order to create and uphold continuity and life satisfaction in ageing. Corresponding findings have shown that older people in advanced old age going through a process of rehabilitation, with various outcomes, used the biographical material available to them to support the continuity of their self and to achieve life satisfaction. Even when these individuals considered their current life situation to be unsatisfactory, a strategy of recalling pleasant past memories allowed them to achieve well-being (Åberg et al., 2005). While this approach may suggest a similarity to reminiscence activity (Bluck & Levine, 1998; Cohen & Taylor, 1998; Puentes, 1998) reminiscence generally does not contain explicit attention to life continuity in terms of establishing connections between one's past life, one's present circumstances, and one's future path. Previous research has indicated that there is a danger that reminiscence activity can focus too much on an older person's past life, and thus contribute to the problems of discontinuity and displacement that many frail older people experience (Wilson et al., 2007). Other research has demonstrated that sustaining an orientation toward the future, making plans, and maintaining goals all positively influence life satisfaction and well-being(Frazier, Newman, & Jaccard, 2007; Ouwehand, de Ridder, & Bensing, 2006; Tovel & Carmel, 2014). Our findings echo such research in that for our participants reflecting on the past was both a means to an end and an end in itself: the past was a source of pleasure but also resource for making sense of their current experiences, and for framing their thoughts and behaviours relating to their future.

4.1. Healthy ageing through the perspective of older men

Our findings suggest that older men's views on life satisfaction and a 'good old age' have some resonance with models of healthy ageing, but also diverge in important ways. Of the themes, Belongingness has perhaps the strongest overlap with one of the central components of the

healthy ageing model (McKee & Schuz, 2015), social participation. In the theme of Belongingness the importance of social relationships is emphasised, particularly relationships with one's children and with one's spouse, and the loss of a spouse was a major challenge to the well-being of those participants who experienced such a loss. Healthy ageing models do not always focus on familial relationships but more broadly on social networks and activity, and there is a suggestion here that more weight should be given in such models to familial relationships and also to the support older people need after the loss of a spouse. Interestingly, while both physical and cognitive health was considered important by our participants, health was seen primarily as a resource for maintaining independence. Healthy ageing models largely conceptualise health as an outcome rather than a resource – this is true also of the successful ageing model (Rowe & Kahn, 1997, 1998) – but for our participants the outcome of importance was independence. Thus, health in itself is less important than what it can realise for the individual: independence and a sense of autonomy. Sustaining Independence for our participants was linked to the perception of control, which is another core element of the healthy ageing model. A sense of control was also part of the process of adjustment for our participants, as described in another of our themes. Adjustment *per se* is not well represented in most models of healthy ageing, mostly because adjustment is a process and healthy ageing is usually presented as a state, rather than process. Adjustment as described by our participants is perhaps best realized in Baltes' model of optimal ageing (Baltes, 1997), in which the process by which people age healthily is described in terms of selection, optimisation, and compensation: the selection of appropriate goals and the direction of personal resources to those goals; the optimisation of the performance of behaviours directed towards those goals; and the deployment of strategies that compensate for ageing-related losses.

Our theme of Perspectives of Time – participants' recollections of their past experiences and achievements, significant events and their meaning – is not represented in models of healthy or successful ageing. It is almost as if most theorists of ageing forget that people are not born old but rather have a life history in which they are embedded and through which they continue to make meaning of their world and experiences. To engage with this theme - the significance of the past for present life satisfaction and a 'good old age' - it is necessary to turn away from models of healthy ageing and look to other theoretical frameworks such as continuity theory (1999, Atchley, 1989) and Eriksson's psychosocial development theory (Eriksson, 1997). Only within such theories can we find explanatory mechanisms for the powerful recollections of the past offered by our participants, and their connection to their present and future well-being.

4.2. Study weaknesses and strengths

Some methodological considerations should be taken into account in the interpretation of our study's findings. Firstly, there can be no claims that the small study sample is in any way representative of the wider Swedish population and so this restricts generalisation of our findings beyond the immediate contexts of the study. Furthermore, all interviews were conducted by a female (BR), and the gender dynamic of a female interviewer of male interviewees may have influenced the interview process in ways that are difficult to ascertain. In conversation with a male interviewer, the participants might have responded differently to questions and highlighted other aspects of 'a good old age' and what ageing successfully meant to them. However, a strength of the qualitative approach used in the current study is its potential to detect, present and explain the meaning of phenomena such as actions, decisions, beliefs and values from the viewpoint of the involved people (Gubrium & Sankar, 1994; Ritchie & Lewis, 2003). Additionally, there is every reason to suppose that the credibility of our findings is strong, as all interviews were concluded with a short summary to check whether the content had been correctly understood. The second interviews included participant validation through checking and exploring contradictions by probing for more information (Hammersley & Atkinson, 1995; Mays & Pope, 2000), which allowed for refinement of the data.

5. Conclusions

Hitherto, older men's perspectives on their own life satisfaction and about ageing successfully have received little research attention. Our results indicate that men in advanced old age view themselves as active agents, and are highly involved in a dynamic process of finding meaning in everyday life and sustaining their well-being through their ability to manage changes in their life brought about by the ageing process. The themes of Adaptation, Sustaining Independence, and Belongingness emerged from our analysis as central to how our participants understood a 'good old age' and the processes within these themes were identified as a central influence on our participants' life satisfaction. A fourth theme, Perspectives on Time, was found to be a thread that ran through the other themes, whereby well-being was enhanced through reflections on past life experiences that creating an existential link between the past, the present and the future, i.e. a social and emotional continuity to life. Our findings have resonance with models of healthy ageing, but also diverge in important ways. First, our participants primarily conceptualized good physical and cognitive health as a resource for achieving life satisfaction, similar to financial resources, rather than a goal or objective as health is commonly presented in models of healthy ageing. Second, most theories of healthy or successful ageing fail to consider that older people are not born old, but rather have a life history in which they are embedded and through which they continue to make meaning of and place value on their experiences. Well-being in later life cannot be fully understood without contextualizing an individual's present circumstances through the prism of their personal past.

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Authors' contributions

Anna Cristina Åberg is the principle investigator, who initiated and took overall responsibility for the study. Birgitta Rosberg conducted the semi-structured interviews with all participants and transcribed them parallel to the interview process. Preliminary analyses of a selected part of the data were carried out by two of the authors (BR and ACÅ), which allowed refinement of questioning for the data collection. Later the first and last author (GC and ACÅ) analysed all interviews which yielded preliminary interpretations of each participant's views, which were re-analysed and again checked in the transcribed material. The categories and themes were discussed by all authors and revised. Kevin McKee took main responsibility for exploration of the data from a theoretical perspective, using the continuity theory of aging, models of healthy ageing and socioemotional selectivity theory. Anna Cristina Åberg, Gunilla Carstensen and Kevin McKee took main responsibility for writing up the manuscript in close cooperation with Birgitta Rosberg. All the authors commented on drafts in different stages and approved the final manuscript.

Declaration of interests

The authors declare that they have no conflicts of interest.

Competing interests

The authors declare no competing interests

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Appendix A

Interview guide

The first interviewIntroduction. All that is said during this interview is handled with confidentiality. This means that what you tell me will not be possible to relate to you as a person by anyone unauthorized.

I am interested in your view of your own life in relation to a good aging. To be able to better understand you, I like you to tell me who you are?An ordinary day. Can you tell me about an ordinary day in your life?Good aging. Different ideas exist about what a good ageing means. How would you describe it?

What is important for you to experience that you have a good life?

How do you view your own life (in relation to a good old age)?

Is there anything you could think about that would improve your life? Can you tell me?

How are you viewing your own life in relation to others in your own age?Locus of control. Your own influence on your situation? Do you think that you have been able to impact your life, so it became as you wished for?

How do others influence your life circumstances today?

Are you, yourself able to improve your wellbeing? If that is the case, how?A good life. Tell me about how a good day in your life would look like?A wished for life. Are you satisfied with your life today? Did it become as you wished for?Turning point in life. Every day during life we are confronted with different events. Is there any life events or circumstances that are important for how you experience your life today?Adaptation/change. How have you handled difficulties in your life?Changed view of life. Has your view of what a good life is changed during your life?Lived a wished-for life. Do you think men in your generation have lived a life in accordance to their wishes? Is this different today compared to when you were in your 50ties?Meaning making factors. What is it that gives your life meaning today?Activities and interests. What kind of interests do you have nowadays?Thoughts about death. Which taughts do you have about death?State of health. How do you experience your own health?Successful ageing. Which factors are, according to you, the most important for a good old age?

What do you think yourself/others consider being the most important for a good ageing??

Is there anything I have forgotten to ask you about?

I also like you to make a short summary of what a good old age is for you, as a person.The interviewer's summery of the interview. Is this correctly perceived? Is there anything you like to add?

The second interviewIntroduction. We met earlier and talked about what a good old age means to you. Is there anything you have taught about since we met or anything you like to add?A good life. What do think is important, in your age, for the experience of living a good life?

Is this your own experiences and or does it applies to all people?

Are there differences between men and women when it comes to perception about a good life? What do you think men experience as important for a good life?Meaning making factors. What do you think gives life meaning and content for men in your age?Obstacles for a good life. What can make a life less good? What prevent a good life?

Is this your own experiences and/or does it apply to all people?Lived a desired life. Do you think men in your age have lived a life in accordance with their desires?Successful aging. Different ideas exist about what a good ageing means. How would you describe it?

What is your/others opinion about the most important for a good ageing??

Is there anything I have forgotten to ask you about?

We have discussed the good ageing now, at two occasions. I like you to make a short summary of what this concept means according to you?The interviewer's summery of the interview. Is this correctly perceived? Is there anything you like to add?

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