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“Elderly” Seniors Vs. “Youthful” Seniors: Attributions and Reshaping of Aging Expectations

Johnny Julvesano Yao Jr.
Cebu Normal University, johnnyyaojr@gmail.com

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Abstract

People’s expectations of aging are shaped by various sources and experiences. These aging expectations subsequently influence a person’s overall health and well-being. I intended to gain a deeper understanding of the various sources by which Filipino older adults attribute and reshape negative and positive expectations regarding aging. I used a multiple case study (Creswell, 2013) and enlisted eight participants who are 60 years old and older in a large metropolitan area in the Philippines and interviewed them regarding their aging expectations. I analyzed the data using cross-case analysis for comparison of commonalities and differences in the events, activities, and processes in the selected cases. Findings show that there are various sources such as personal, interpersonal, and sociocultural factors that shape aging expectations. Furthermore, those who have positive aging expectations accept that there are physical limitations but still maintain a positive outlook compared to those having negative expectations. Programs to educate people about the differences between normal and abnormal changes in old age should be implemented to clarify aging stereotypes.

Keywords

Aging Expectations, Aging Process, Subjective Aging, Old Age Perceptions, Multiple Case Study, Cross Case Analysis

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“Elderly” Seniors Vs. “Youthful” Seniors: Attributions and Reshaping of Aging Expectations

Johnny J. Yao Jr

Cebu Normal University, Cebu City, Philippines

People’s expectations of aging are shaped by various sources and experiences. These aging expectations subsequently influence a person’s overall health and well-being. I intended to gain a deeper understanding of the various sources by which Filipino older adults attribute and reshape negative and positive expectations regarding aging. I used a multiple case study (Creswell, 2013) and enlisted eight participants who are 60 years old and older in a large metropolitan area in the Philippines and interviewed them regarding their aging expectations. I analyzed the data using cross-case analysis for comparison of commonalities and differences in the events, activities, and processes in the selected cases. Findings show that there are various sources such as personal, interpersonal, and sociocultural factors that shape aging expectations. Furthermore, those who have positive aging expectations accept that there are physical limitations but still maintain a positive outlook compared to those having negative expectations. Programs to educate people about the differences between normal and abnormal changes in old age should be implemented to clarify aging stereotypes. Keywords: Aging Expectations, Aging Process, Subjective Aging, Old Age Perceptions, Multiple Case Study, Cross Case Analysis

Introduction

Aging is a highly personalized and complex process, and like other social processes, it is accompanied by numerous and varied stereotypes across cultures. A stereotype is an over-generalized belief or expectation about a specific group of people (e.g., older people). The problem with stereotypes is that by following them, people then disregard the differences between individuals which leads to believing things about people that might not be true. Examples of these stereotypes of aging in modern culture are mainly negative, portraying being elderly as a period of poor physical and mental functioning, dependency, ill health, and loneliness. These expectations position fragility or uselessness as an inevitable part of the aging process (Horton et al., 2010) and these expectations about older people play an influential role in shaping how we think about and relate with people, as well as how people within the stereotyped group perceive themselves (Dionigi, 2015). Usually, perceptions of being old are attributed by the society where the older adults are living, but a problem arises when society would unduly influence older adults to believe negative aging expectations. These inescapable ideas propagate negative-focused perspectives of aging that can reshape it and invite pessimistic attitudes and maladaptive changes (Bugental & Hehman, 2007; Levy & Myers, 2004). These can lead to problems related to subjective well-being, health behaviors, and coping strategies which would further lead to worsening of one’s health.

On the other hand, some research proposes that regardless of the increased incidence of negative age-related changes, older individuals are generally content with their aging and still feel youthful (Gana et al., 2004; Rubin & Berntsen, 2006). These individuals may not label themselves as “old or elderly.” People, who have positive expectations about aging, tend to

engage in a healthy lifestyle and preventive health measures which leads to better health outcomes. Being satisfied and feeling younger in spite of one's aging are expressions of positive aging expectations (Levy, 2003).

Based on the literature, older people are usually described as having positive or negative aging expectations (Bugental & Hehman, 2007; Gana et al., 2004; Horton et al., 2010; Levy, 2003; Levy & Myers, 2004; Rubin & Berntsen, 2006). If a person thinks that aging is associated with problems such as illnesses, then it is categorized as a negative aging expectation. But if the person does not associate aging with problems such as disease or believes that they can still be happy in old age, then it is categorized as positive aging expectation. This is usually done to generalize and simplify the findings in literature. But rather than just a simple dichotomy, it may be a continuum of expectations across different dimensions of physical or psychological declines and better state of health as one ages. Thus, there is a need to explore more deeply the complexities of these expectations beyond the simple dichotomy of positive and negative aging. People usually attribute health conditions to their being old. For example, an older adult who has a negative expectation of believing that it is normal to get hypertension due to old age may not perform regular exercise or eat a healthy diet since they think it is already part of being old and cannot be modified. Moreover, these expectations on aging are constantly being reshaped as one ages based on various experiences. These expectations of aging will subsequently influence the person's health and wellness. It is a very complex phenomenon that has significant implications on older people's health and wellness. Thus, these aging expectations should be explored and understood in the specific contexts that they are situated in.

With this study, I intended to gain a deeper understanding of the various sources by which Filipino older adults attribute and reshape negative and positive expectations regarding aging. A thorough comprehension of how older adults form these negative or positive aging expectations, makes us better equipped in designing solutions that addresses issues related to aging stereotypes which affects the health and well-being of older adults.

Literature Review

Aging Expectations

Older individuals might dismiss the stereotypes of old age and detach themselves from the label of "old." Furthermore, these people try to attempt to make new aging expectations in old age in order to escape this aging stereotype. Several longitudinal studies (e.g., Kleinspehn-Ammerlahn et al., 2008; Sargent-Cox et al., 2012; Schafer & Shippee, 2010; Uotinen et al., 2006; Wurm et al., 2013) propose that development of negative aging perceptions and identities are influenced by current health and changes in health. Levy (2003) revealed that one of the most extensively maintained aging stereotypes among older adults is associated with physical health and activity. People who feel less useful in old age tend to be least successful in old age (Allen et al., 2015). Subsequently, several researchers have established that older persons commonly attribute health problems to old age (Ettinger et al., 1994; Sarkisian et al., 2001; Williamson & Fried, 1996). With such negative perceptions regarding old age, people would easily attribute diseases that are not age related as a natural course as one ages. Over attribution of these problems to the aging process would direct focus of the individual away from the actual problem. Such misattributions could have disastrous effects. Attributing health problems to old age has also been linked with increased mortality, decrease use of preventive health activities, increased acceptance of disease symptoms, and delays in health seeking (Sarkisian et al., 2001).

On the other hand, some research proposes that regardless of the increased incidence of negative age-related changes, older individuals are generally content with their aging and still feel youthful (Gana et al., 2004; Rubin & Berntsen, 2006). Being satisfied and feeling younger than one's age are expressions of positive aging expectations (Levy, 2003). Numerous quantitative studies have shown that having more positive images of one's own aging process and feeling younger are correlated with better subjective well-being and physical health (Barrett, 2003; Steverink et al., 2001; Westerhof et al., 2012). Positive self-perceptions were related with an improved participation in strenuous physical activity and a higher probability of having a physical examination in the last 2 years (Meisner & Baker, 2013; Meisner et al., 2013). A study among older Filipinos showed a relationship between an older adult's attitude about aging and self-esteem (Del Villar, 2014). One research report emphasized the modifiable character of aging expectations. Bardach and colleagues (2010) were able to improve individuals' aging expectation using an intervention through photos and stories of people who were aging positively. Participants were able to increase their aging expectations scores after the positive-aging-intervention presentation. This shows that aging expectations can still be changed or reshaped with certain interventions.

Aging Expectations: The Filipino Context

Specifically, aging expectations of Filipino older adults may be influenced by various sociocultural factors. Filipinos highly respect older people most especially their older family members. Filipinos value filial piety and believe that they are obligated to take care of older family members (Kimura & Browne, 2009). Filipino caregivers are less dependent on formal caregiving services and generally make use of family resources for the caregiver process. In contrast with other Asian cultures in which the female members are the ones tasked for caregiving roles of older family members, multiple Filipino family members contribute to the caregiving role and process. Christian Filipinos' value system, rooted mainly in Catholicism, supports the belief that family members are expected to take care of their older family members (McBride, 2006). Family caregivers should unselfishly put aside their personal lives to offer quality care to a family member (McBride, 2006). Most Filipinos form these aging expectations from interactions with their family members and people in their community (Badana & Andel, 2018). The experiences of older adults with family members would possibly be one major source that shape these aging expectations compared to older adults of other cultures who are placed in nursing homes or who live without their family members.

Many Filipino older adults are highly religious which could be another source of these aging expectations. Research by Esteban (2015) revealed that religion, primarily Christianity, is a protective buffer to the suffering that are associated with the aging. A study by Del Villar (2014) showed that older Filipino members of a religious organization did not mind their physical discomfort (e.g., aching joints) because they were together doing good deeds and charity works for their church. Spirituality and religiosity in older Filipinos could provide optimistic views and help them in coping with difficulties. Religion is an essential element of Filipinos' cultural identity, and it contributes to how the individual and society views aging.

Literature tells us that aging expectations will influence the health and well-being of older adults. There have been descriptions on how aging expectations are shaped in general but a more narrow and contextual focus is still needed for a deeper understanding of the complexities within specific settings and cultural groups. Although older Filipinos are included in national reports, research integrating older adults seems to be limited in the Philippines (Badana & Andel, 2018). Moreover, there is a lack of qualitative studies that explore the complexities of aging expectations and more specifically in the context of the Filipino older adult population. This leads us to the questions of inquiry: What are the sources that shape the

aging expectations among Filipino older adults and what are the similarities and differences between those who have negative and positive aging expectations?

Role of Researcher

I was a Doctor of Science candidate in gerontology nursing when the study was conceptualized as part of my dissertation. Aside from the literature reviewed, my personal experiences from family members, colleagues, friends, and acquaintances who are older adults piqued my interest in exploring the topic about how their aging expectations are shaped and reshaped throughout their lives and consequently affect their current lives. My beliefs of aging expectations are primarily informed by my background in gerontology nursing. I know that there are misconceptions about the aging process and that various perceptions of aging expectations exist. I personally believe that aging should be properly understood so that people will be able to adapt even with expected changes. People should be able to differentiate pathologic from normal changes related to aging. Even with my own personal beliefs, previous experiences, and literature reviewed, I always kept an open mind and bias-free approach during the entire course of the study especially during the interview and interpretation of findings.

Methodology

Design

I used a multiple case study design to explore the various sources of aging expectations and compare the cases of older adults who have negative and positive aging expectations. Yin (2014) clarifies that using a multiple case study will let the researcher analyze the results within each condition and also across different circumstances which would be different when using a single case study. According to Baxter and Jack (2008), another difference is that in a “multiple case study the researcher explores multiple cases to appreciate the similarities and differences between the cases.” This is a most appropriate design to use since I intend to explore and compare the similarities and differences of Filipino older adults who have positive and negative aging expectations.

Participants and Locale

Eligibility Criteria

Participants should be at least 60 years old during the time of interview and are currently residing in a large metropolitan city in the Philippines. To fit the cases needed for the study, the main eligibility criteria was having either low or high scores on the Expectations Regarding Aging (ERA-12) questionnaire which measures their level of aging expectations (Sarkisian et al., 2005). This would represent older adults who have negative and positive aging expectations. The ERA-12 is a 12-item survey that measures expectations regarding aging with 3 four-item scales (expectations regarding physical health, expectations regarding mental health, and expectations regarding cognitive function), and one global expectation aging scale combining all 12 items. Possible scores range from 12-48, with higher scores indicating a more positive aging expectation. All the tools were translated to the local dialect and were validated by two nursing clinical instructors whose expertise is in community health nursing and gerontology nursing for semantic equivalence and relevance.

Recruitment

Initially, I needed to recruit participants that would fit the cases based on the eligibility criteria. For the first phase, I gave the questionnaires to prospective volunteer participants once a week for one month in order to have a larger and diverse pool of participants. This increased the likelihood that I would be able to get the appropriate cases for the study. I did this during the monthly meetings of the local senior citizen's association and I also distributed the questionnaire in their respective homes with the assistance of community personnel. After one month of recruitment, there were 95 prospective participants who answered the questionnaires. The second phase was to do a criterion sampling based on their aging expectations score to select the appropriate cases based on the eligibility criteria. This sampling method increases the likelihood that the findings would reflect differences or different perspectives (Creswell, 2013).

Description of Participants

A total of eight informants garnering the (4) highest and (4) lowest score on the ERA-12 were invited to be part of the study, representing those older adults who have positive (high scorers) and negative (low scorers) aging expectations. For case study research, Creswell (2013) recommends four or five cases in a single study. This number is considered adequate to identify themes of the cases as well as perform cross-case analysis.

Participants were 64-81 years old. All participants were female and are living with chronic conditions such as hypertension, diabetes, and arthritis. Those who were categorized as having negative aging expectations had scores ranging from 13-15. Those who were categorized as having positive aging expectations had scores ranging from 41-44. In addition, the classifications were derived from their own narratives during the interviews to further substantiate the classification.

Data Collection and Ethical Considerations

After technical approval, the paper was submitted to the Velez College ethics review committee for evaluation. After approval, I started gathering data for the research. I conducted a face-to-face semi-structured interview with each of the eight eligible participants which lasted from 45-60 minutes. This was done in their houses or a mutually agreed upon location such as the senior citizen's office in their locality. Since I wanted to explore the attributions or sources of their aging expectations and how these expectations are reshaped according to their experiences, the guide questions for the interviews were constructed to explore personal, interpersonal, and sociocultural sources of aging expectations. Furthermore, I also asked questions which would look into their perceptions on the effects of aging and how they view aging itself. Based on these specific purposes, the guide questions were: (a) how do you view aging? (b) do you see yourself as old? (c) in what ways do you think other senior citizens are like you? and not like you? (d) what are the differences or changes that you have felt or observed when you were younger and up until now? (e) how would you say that your former years prepared you for aging? (f) do you think old age has affected you in any way (i.e., physically, emotionally, spiritually, and mentally)? (g) who and what influenced your perceptions about aging? My purpose was to encourage participants to talk freely about the guide questions and to answer in their own words (Polit & Beck, 2017). I also asked follow-up and probing questions for clarification and further elaboration. I used an audio recorder during the interview. I also took down notes during the interview for any significant observations or initial interpretations of data (Polit & Beck, 2017). After the interview, I gave the participants

a token of appreciation in the form of monetary incentive worth one hundred Philippine peso for participating in the study.

Data Analysis

I transcribed all the interviews using a word processing application. I analyzed the data using a cross case analysis. Cross-case analysis is a methodology that enables the comparison of commonalities and differences in the processes, activities, and events (Creswell, 2013; Yin, 2014). Cross-case analysis allows researchers to describe the combination of elements that may have influenced the results of the case, search for or create a justification as to why one case is different or the same as others (Creswell, 2013; Yin, 2014). Cross-case analysis increases researchers' capacities to recognize how associations may occur among cases, collect information from the original case, improve and cultivate concepts (Ragin, 1997), and construct or confirm theory (Eckstein, 2002). The goal is to explain why the cases vary.

Initially, I read the transcripts as a whole several times. This is because I wanted to get a sense of the interview in its entirety before breaking it into parts and to immerse myself in the data (Creswell, 2013). Initial coding was done by writing short phrases, ideas, or key concepts based on the significant statements of the participants (Polit & Beck, 2017; Yin, 2014). For example, one line in the transcript states, "My children would tell me, 'It is different from when you were younger mom, do not do those things anymore since you are already old.'" This statement suggests that one of sources of their aging expectations comes from their own family members. This was coded as interpersonal attributions to aging expectations.

Another person stated, "It is different when I was younger. Nowadays, I feel changes in my body, I get tired easily. I can no longer do the things that I usually do when I was younger." This suggests that aside from a family member, the participant was also comparing themselves to when they were younger. This was coded as personal attributions to aging expectations.

These codes were then organized into sub-themes and themes based on their similarities and differences (Polit & Beck, 2017; Yin, 2014). In the examples stated, these were combined to make the theme, attributions of aging expectations, since they both explain the various sources by which aging expectations are formed.

Aside from sources of their aging expectations, I also compared the transcripts of those who had negative and positive aging expectations as part of the cross-case analysis (Creswell, 2013; Yin, 2014). An example of a statement of an older adult who had negative aging expectations stated, "I can really say that I am old since I get tired already. There is really a difference between the past and the present. You're physically fatigued. You need to take medications. You will really have illnesses when you become old." I compared it to the statement of an older adult who has positive aging expectations who stated, "I will not accept that I am old. People say that I am the same as usual. If there are illnesses, it is because of your lifestyle when we were younger. It is also because of your diet that is why it will come out when you're already old." It is apparent that there are differences on their perspectives about aging.

Finally, as a result of the cross-case analysis, the findings are presented and are clustered into three major themes:

Theme 1: Attributions of Aging Expectations, with subthemes (a) personal attributions, (b) interpersonal attributions, and (c) sociocultural attributions, talks about the sources and experiences which shape and reshape the older adults aging expectations.

Theme 2: Divergence and Harmony in Perspective: “Elderly” Seniors Vs. “Youthful” Seniors, with subthemes (a) physical expectations of aging, and (b) psychosocial expectations of aging, talks about the physical and psychosocial differences and similarities between those having positive and negative expectations of aging.

Theme 3: Living and Aging: Life as a Senior Citizen, with subthemes (a) lifestyles of the “elderly” seniors: prominence of limitations, and (b) lifestyles of the “youthful” seniors: adaptation amidst changes, shows the effect of their aging expectations on their current activities as seniors.

Trustworthiness

To ensure trustworthiness of qualitative data, member checking was done while data was being gathered through careful probing to guarantee that participants’ meanings were understood (Polit & Beck, 2017). Reflexivity was also practiced, from the start and during the course of the study as possible beliefs and biases about the phenomenon may hold undue influence on the data collection and analysis of findings (Creswell, 2013). Interviews were recorded and transcripts were made as comprehensive and accurate as possible. Peer review was also done by five qualitative experts and modifications were done based on their collective recommendations (Polit & Beck, 2017). The findings were supported using actual verbatim statements from the participants as well as confirming evidence based on other studies (Polit & Beck, 2017).

Findings

Based on the analysis of the data, three major themes with corresponding subthemes were generated. The following paragraphs talk about the sources which shape and reshape the older adults aging expectations, as well as comparisons of older adults having positive and negative aging expectations.

Theme 1: Attributions of Aging Expectations

The informants’ perception of what it is to be old and what they expect when one becomes old are attributed to various sources. Whether one has positive or negative expectations of aging also depends on their experiences before they were given the status of being a senior citizen and their ongoing experiences of being a senior citizen. Specifically, these expectations are attributed to personal, interpersonal, and sociocultural sources of these older individuals.

Subtheme 1: Personal Attributions

The informants’ expectations of aging are based on their younger selves relative to their status now as being a senior citizen. All of them acknowledge that there are changes compared to when they were younger. These are reflected in the following statements which suggest that there were already changes in their level of energy as compared to their younger selves:

Mila states,

It is different when I was younger. Nowadays, I feel changes in my body, I get tired easily. I can no longer do the things that I usually do when I was younger.

Vicky states,

I can say that I am already old because I feel that I am tired. There is a difference between my past and present status. My body is already tired. I need to take medications since I already have several medical conditions.

Lucy says,

It is only just recently that I feel old. It is really different, my strength is not what is used to be . . . before I usually play sports such as bowling, volleyball, and swimming. Sometimes . . . I can still play volleyball, but it is different now. I easily get exhausted.

The informants' expectations of aging are also based on how they compare themselves relative to other people who are younger, of the same age, or older than they are. Some informants feel proud that they are younger because they can still do certain things at their age and look younger than people who are the same age.

Senia was proud that she could still do her work as a caregiver even at her advanced age. She compared herself with other senior citizens of the same age that are no longer able to do the things she does.

They think that I am no longer able, but they are amazed that I can still do it (work) even if I am already 80 years old. I am happy that even at my age I am still able.

Lucy mentions that aside from being able to manage her activities even at an older age, she reported that she looks younger than other people her age.

I am old because I have the age (being a senior citizen) but I don't think I look 74. I am also younger than them (other senior citizens) since I can still manage everything at this age.

She also mentions that compared to her relatives that were of the same age as she, they had more illnesses as compared to her. "My father and mother at the age of 65, as well as my aunts and cousins have more medical conditions compared to me." On the other hand, some informants feel that they are already older compared to other people of the same age as they are. This is due to changes in their physical functioning and appearance relative to other senior citizens. As Mila states, "I can feel that I am older than other people my age."

Although they acknowledge the fact that they may be older than other seniors their age, they also see that there are still other seniors with worse conditions or status than their own. As Ina mentions,

There are differences among us seniors. There are others that get tired easily compared to me. There are others who have difficulty in walking. But I can say that compared to other seniors I am also different due to my physical appearance. They already have gray hair, and some have dentures.

Subtheme 2: Interpersonal Attributions

The informants' expectations of aging are also influenced by how other people view them as being older persons. Since all the informants interviewed were married and had children, the responses of their family members, especially their children were main factors that have reshaped their expectations of aging. These are reflected in the following statements which suggest that their children view them as being fragile due to their status as senior citizens:

Mila: My children would tell me, "It is different from when you were younger mom, do not do those things anymore since you are already old."

Maria: . . . that time my children asked me to stop (working) since they were worried that I might fall from the truck since I am already a senior citizen.

Lucy: ... my children tell me to be careful since 'you're at that age, you're not young anymore.

The statements suggest that their children feel that they should be more careful with their activities since they are already senior citizens and might be prone to injury compared to when they were younger.

Subtheme 3: Sociocultural Attributions

Sociocultural views, values, and systems concerning older persons provide another source by which their aging expectations are shaped. The informants' aging expectations are based on what they believe society views what it is like to be old. These societal aging stereotypes are either confirmed or disconfirmed as they experience the status of being senior citizens themselves. The following statements tell us that there are negative societal aging stereotypes which suggest the waning capabilities as one gets older.

Espi states,

It is really different now. They are right when they say there are changes if one gets older. You need to be more vigilant of your health, diet, and medications now.

Erlyn says,

It's a mistake that they [society] think that people who are old are no longer capable of doing things. If you are not able then there are other ways to do it, but you need to try. It does not mean that you are old that you no longer go out of your house.

Another source that has reshaped these aging expectations is the fact that the majority of them have already experienced the loss of their spouse and the grief of losing a loved one. One of society's stereotype is that being old includes being lonely and having limitations. This event may also remind them that death is already close at hand especially if you are old.

As Senia notes,

I felt old when my husband passed away. I was already alone, and I had to do all the things at home. Maybe I will be next.

Finally, a source that may be enduring yet is given little recognition as contributing to one's aging expectations are the social policies and structures that are currently in place. Some of these senior citizens have been working for years as employees but once they reached the mandatory age of retirement, they are faced with the fact that they are already considered by society as old. The mandatory age of retirement in the Philippines is 60-65 years old (Retirement Pay Law, 1992). This would also be related to the age in which the participants felt old.

As Mila states,

I can say that I am already old since I no longer have a job. When I retired, I was able to say that I am already old.

The informants also feel that other people consider them as old since they are already considered as senior citizens by virtue of their age along with the various benefits provided to them by law such as being given seniors assistance by the local government unit.

Lucy says,

My neighbors would tease me, 'you are already old since you are already availing of the senior's assistance.

Theme 2: Divergence and Harmony in Perspective: "Elderly" Seniors Vs. "Youthful" Seniors

The informants who were chosen were clustered into two groups: those having positive and those having negative aging expectations. During the interviews and data analysis, it appeared that those who had negative aging expectations considered themselves as old due to their physical limitations. On the other hand, those informants who had positive aging expectations did not consider themselves as old but did acknowledge their status of being senior citizens by their chronological age. The informants did not say that they were young since the informants knew that they were already senior citizens, but there was an apparent preference to distance themselves from those who were considered as old. Hence, there are two groups of seniors that emerged based on the analysis of the data: The "Elderly" Seniors and the "Youthful" Seniors. There are certain similarities and differences between these two groups of seniors in terms of their aging expectations and how it influenced their behaviors. Specifically, these refer to physical and psychosocial aging expectations.

Subtheme 1: Physical Expectations of Aging

All of the informants acknowledged that in old age there are certainly physical changes when one becomes older. The informants feel the strength waning, the bodies becoming frail, and the stamina not as it used to be. There are indeed physical limitations, age-related physical declines, changes in physical appearance, and presence of chronic illnesses. These observations are common in all of the cases. But there are also differences between how the two groups of informants perceive these realities as senior citizens.

Physical Expectations of "Elderly" Seniors. Those informants who have negative aging expectations already felt that one was old because of their chronic medical conditions, physical limitations, and changes in their physical appearance. These people consider these changes as a normal part of being old. The informants acknowledged that one may be able to

delay these changes when people have a healthy lifestyle and diet, but it is an inevitable part of being old.

Mila states,

It is different when I was younger. Nowadays, I feel changes in my body, I get tired easily. I can no longer do the things that I usually do when I was younger . . . There is really a difference when I do household chores when I was younger, now I can't see clearly, I can no longer do it. I also notice that my physical appearance has changed . . . that's what happens when you're old.

Ina states,

I can say that I am already old. Before, I was active but now I feel aches and pains. I have low hemoglobin; I get tired easily. I have diabetes. I have high cholesterol. . . . We really need to control (our lifestyle) since we have illnesses. Illnesses will come out if you are old. My hair is already gray and I also have dentures. . . . If you're old, then that's it.

Espi mentions,

There really are changes since you will feel exhausted. I already have maintenance (medications). I have arthritis. I can still walk around but it is really different since I don't have energy to move. When you have something to do you get tired easily. It's true that there will be changes. You need to be vigilant with your health, diet, and medications if you are already old.

Vicky states,

I can really say that I am old since I get tired already. There is really a difference between the past and the present. You're physically fatigued. You need to take medications. You will really have illnesses when you become old.

The statements suggest that the "Elderly" seniors believed and expected there are negative changes in their physical capabilities, energy, and health when one gets older.

Physical Expectations of "Youthful" Seniors. Those informants who have positive aging expectations acknowledge that there are physical changes due to old age. The major difference with these informants is that these people do not consider that old age will lead to drastic limitations. These people do have chronic illnesses and feel physical declines compared when these informants were younger, but these people feel that it should not limit the activities. Even with changes in physical appearance, these informants still try to maintain it.

As Lucy states,

That's why I don't mind what I have. I tell myself I don't have illnesses. Just exercise and eat healthy. I am old because I have the age (being a senior citizen) but I don't think I look 74. I am also younger than them (other senior citizens) since I can still manage everything at this age.

Erlyn also mentions,

I am already a senior citizen since I am 65 years old but I don't feel old. . . . What is wrong with them (other seniors) is that they no longer take care of themselves. They think they're already old so that's it. They no longer comb their hair, they don't even care. It is big mistake if you think that you are already a senior citizen you don't need to take care of your physical appearance, others don't even dye their hair even if it is already gray.

Maria also states,

I will not accept that I am old. People say that I am the same as usual. If there are illnesses, it is because of your lifestyle when you were younger. It is also because of your diet that is why it (illness) will come out when you're already old.

The statements suggest that the "Youthful" seniors expected there are changes when one gets old but they are able to adapt and still try to maintain their physical appearance, state of health, and continue to be active.

Subtheme 2: Psychosocial Expectations of Aging

All of the informants felt that even if they were considered as senior citizens, there were no major changes on the how these people think and the quality of the social relationships with other people including their family and relatives. All informants expressed that since there are changes in the family arrangements especially those whose children had families of their own, and those who lost their spouse. Although there are changes with the family arrangements, the informants say that it is a natural course of life, but it does not mean that they no longer get in touch with the family members. There are no apparent differences between those who have positive and negative aging expectations. All of the informants have a companion in the house, and usually live with one of the adult children along with the family, if any. The informants are usually the ones who watch the grandchildren when the parents are working.

As Espi states,

My outlook in life is still the same even if I am already a senior citizen. In terms of my family, we are ok. The only difference is that they (children) have families of their own but that is natural. We still see each other if there are special occasions.

Vicky also states,

My outlook in life and relationship with my family and other people are still the same. I don't feel lonely because I still live with one of my children and his family. I also enjoy looking after my grandchildren.

Erlyn also says that,

When my husband passed away, I joined the senior citizens association. I also joined a Zumba class. I had fun. There are many ways to have fun, I just don't lay in the corner.

The informants are also thankful for being able to reach old age since it is a blessing from God. They also expressed the importance of their faith in God especially being senior citizens.

Senia has a positive outlook with her advanced age. She even said that you should appreciate that you are able to reach old age.

We need to be thankful that we reached this age. It is God's will. Not everyone reaches this age.

Lucy also has thoughts of the need of being prepared due to the possibility of death due to her old age.

You have to prepare yourself. We are in the predeparture area. Because death is like a thief in the night. So, thank God every time you wake up in the morning.

Theme 3: Living and Aging: Life as a Senior Citizen

All of the informants claim that there are certain adjustments in their lifestyle due to changes that they have experienced as older adults. These lifestyles are also influenced by their aging expectations. All of them emphasized the importance of being active amidst old age. Being active in old age is deemed important in order to find purpose and meaning amidst the physical changes and transitions in life.

Subtheme 1: Lifestyles of the "Elderly" Seniors: Prominence of Limitations

The main difference is that those who have negative aging expectations have highlighted the changes in the lifestyles due to the physical limitations and presence of medical conditions. This in turn would confirm these negative aging expectations. Furthermore, all would express some concerns on how the informants would manage the physical illnesses and limitations.

Vicky stressed that there are changes as one grows older. These changes would limit the activities that the informant is able to do compared when the informant was younger.

I can still do the things that I need to do but I need to rest since you already get exhausted easily. There is a difference between my past and present status. My body is already tired. I need to take medications since I already have several medical conditions.

Ina was active during her younger years but her current state has limited her activities. She believes this is part of being old.

It cannot be avoided. If you get old, you lose your energy. I was active before. But now, I get tired easily. I have weakness in my hands and feet. . . . Now, the things that I can do are limited.

Subtheme 2: Lifestyles of the "Youthful" Seniors: Adaptation amidst Changes

On the other hand, those who have positive expectations acknowledge the presence of physical illnesses and limitations, but everyone does not express worry about these, instead they underscore how the informants are still able to manage even with these physical changes.

The informants also believe that old age should not drastically limit the activities. These positive aging expectations influenced their current lifestyle as senior citizens.

Maria still works as a collector in a construction company and is proud that she can still do this even at her age.

I am still active. I still ride (a truck), collect and issue wages until now. I feel tired when I just stay at home. Until now I can ride the truck while it is moving. I feel tired when I cannot go out.

Senia claims that being active lets her forget that she is already a senior citizen. She is only reminded of her age when she is unable to do her job and when she gets tired.

You forget your age when you're doing something. . . . but you are reminded (of your age) only if you are unable to do your job and when you feel tired.

Lucy proudly says that she still maintains a healthy and active lifestyle. She believes that one's lifestyle will influence whether you get sick when you get old.

You should keep yourself busy because if you don't then you'll get dementia. Sometimes I don't mind what I have. Once you think about it, the more you feel weak. So, I forget what I have. I tell myself I don't have a medical condition. Just exercise and eat healthy. . . . You should have a healthy lifestyle. We become sick because of our lifestyle, like having an unhealthy diet. I don't even drink soda myself.

Erlyn still maintains an active life by joining Zumba classes, gardening, and taking care of her grandchildren. She also emphasized that it is important to for older adults to take care not only of their health but also their physical appearance.

I like to be busy that is why I take care of my grandchildren. It gets boring so that is why I like to attend PTA meetings, at least I enjoy it. I attend school activities. They are like my children. . . . I always try to be active. I have high stamina. I even attend Zumba classes and do gardening. . . . I take care of myself because this is for my own good. I still take care of my physical appearance and dress properly even if I am already a senior citizen. At least you will enjoy your life.

Discussion

The profile of the participants in the study is reflective of the demographic data worldwide and even in the Philippines which shows that women have higher life expectancy compared to men (Philippine Statistics Authority [PSA], 2012; Settersten & Hagestad, 2015). This may explain why all participants were women. According to the Philippine Statistics Authority (2012), in terms of the distribution by age and sex, there were more females than males in the older age group 55 years old and over.

As shown in the cross-case analysis there are certain similarities and differences between how older adults perceive their aging expectations. There are many sources that shape and reshape their aging expectations. According to Karp and Yoels (1981) "you are as young or old as others make you feel" (p. 149). Our findings suggest that these aging expectations are attributed and reshaped by personal, interpersonal, and sociocultural sources of these older

individuals. Subjective aging could possibly be formed by numerous individual and sociocultural factors. At the individual level, these may be personal values and traits, role models of aging, personal experiences with growing older, and stereotypes about older adults. At the sociocultural level, cultural values, information in media, social interactions, societal institutions, social policies and structures provide a basis which influences subjective aging (Westerhof & Wurm, 2015). The findings highlight the importance of the sociocultural influence of Filipinos since they strongly regard the opinions and views of their family members. This is because Filipinos value filial piety and are less dependent on formal caregiving services and generally make use of family resources for the caregiver process (Kimura & Browne, 2009). Another important thing to note is their belief that old age is a gift from God. Regardless of their condition and status as a senior citizen they hold this belief and may be due to Filipinos' strong religious beliefs (McBride, 2006). Religion is an essential element of Filipinos' cultural identity and affect a person's views of aging (McBride, 2006).

Therefore, our perceptions and expectations of aging are principally intersubjective: How individuals perceive aging is shaped by collective meanings, through interactions from people in their environment (Settersten & Hagestad, 2015). Moreover, these aging expectations may also be embedded in social systems, age-based policies (e.g., retirement), and social interactions (Dannefer & Settersten, 2010). These policies, social organizations, and interactions shape expectations of aging.

Moreover, expectations of aging rest on (a) how people see themselves; (b) how other people perceive the individual and react to a person's aging; and (c) how people perceive and react to the other people's aging. Older adults not only compare themselves to their younger selves but also to other senior citizens.

The interaction between individual characteristics, culture, and social systems is crucial in understanding how aging expectations are shaped (Settersten & Hagestad, 2015). Family members are important sources of reshaping our aging expectations especially their children. Although social ties are especially important, assessments of aging are likewise formed by instances presented by demographic (i.e., high life expectancy), epidemiological (i.e., shift from infectious illness to lifestyle diseases), cultural contexts, and historical contexts. The status of being a senior citizen already symbolizes how one is already considered old by society's standards.

In the findings, the "Youthful" Seniors dismiss the stereotypes of old age and detach from the label of "old." Furthermore, people try to attempt to make new aging expectations in old age in order to escape this aging stereotype. Furthermore, evidence proposes that there is predominantly great resistance to categorizing oneself as old at later life, even among individuals who would be classified as senior citizens. Old also appears to be a marker that is easier to apply to other people to make social distance between other senior citizens.

The findings also suggest that the "Elderly" Seniors have negative aging stereotypes. Several longitudinal studies (e.g. Kleinspehn-Ammerlahn et al., 2008; Sargent-Cox et al., 2012; Schafer & Shippee, 2010; Uotinen et al., 2006; Wurm et al., 2013) propose that development of negative aging perceptions and identities are influenced by current health and changes in health. When individuals experience health problems, the blame is on the problems due to aging rather than the lifestyles. Consequently, this may reinforce existing negative aging expectations and promote the development of more negative aging expectations. Additionally, negative aging expectations can lead to a decrease in psychological resources such as control beliefs, subjective well-being, health behaviors, and coping strategies which would further lead to worsening of one's health. In this manner, a brutal cycle of worsening condition in old age would happen.

The findings also suggest that a person's aging expectations also influence their lifestyles when they are already older adults. Earlier research suggests that people who hold

negative aging expectations underestimate the capacity to participate in physical activities, consequently accepting a more inactive lifestyle (O'Brien Cousins, 2000, 2003). Similarly, older persons who believe that old age would result in unavoidable physical decline did not engage in physical activity (O'Brien Cousins, 2000, 2003). One research study emphasized the modifiable character of aging expectations. Bardach and colleagues (2010) were able to improve individuals' aging expectations using an intervention that promotes positive expectations. Wearing (1995) says that activity gives a powerful tool of resisting stereotypical perceptions of old age. Wearing emphasizes that "leisure activity offers a means of challenging societal images and expectations of old age by emphasizing what a person can do rather than what they are no longer physically capable of doing" (1995, p. 272). Research suggests that involvement in healthy aging behaviors gives older adults the best chance for avoiding or postponing the onset of chronic illnesses, and increasing the probability of living a long life (Center for the Advancement of Health as cited in Frelove, 2008).

Vaillant and Mukamal (2001) established that good versus poor aging at age 75 to 80 may be predicted by seven protective behaviors before age 50. In general, people want to age well which includes engaging in behaviors which results in (a) being active, (b) having a good quality of life, (c) having a low risk of disease and disability, (d) having high mental and physical functioning (Diehl et al., 2015). All cases have highlighted the importance of being active so that they will still find meaning and purpose even in old age.

Through the findings I was able to substantiate the assumptions that various sources and attributions from different experiences constantly reshape a person's aging expectations. There are personal, interpersonal, and sociocultural sources that influence these aging expectations. There were also differences between older adults that have positive and negative expectations which mostly stems from how these people handle physical declines and limitations. These aging expectations subsequently affect their current lifestyles as older adults. One noteworthy finding is that all of the participants already had limitations or age-related changes at the time of the interview. The two cases mainly differed on how they were able to handle these limitations or changes due to their perspectives of aging. Those who had positive expectations were able to adapt amidst these changes compared to those who had negative expectations.

Limitations

There are potential limitations of this study, which will be discussed in this section. All of the participants in the study happened to be females, thus any differences or similarities due to sex might not have been represented, if any. Moreover, participants chosen were all community dwelling older adults and were living with one or more family member. They may have different perspectives or experiences due to their situations. These potential limitations should be considered in the interpretation of findings and the future direction of research in this area of interest.

Recommendations

Based on the findings, it is recommended that non-government organizations or local government units in coordination with the local senior citizen's association organize and promote activities that aims to educate the senior citizens about the differences with normal age-related physical and cognitive changes between abnormal or pathological changes. There should also be programs that will focus on retirement planning that will cater holistically to needs of the older adults after their employment ends.

Senior citizens should also maintain a positive outlook in life amidst the changes that they are experiencing. It should be emphasized that there may be differences between senior citizens in terms of their capacities and health status, but this should not stop them from engaging in healthy lifestyles. It is important for them to be aware of these changes so that they will be able to customize their activities according to their capabilities. They should concentrate on what they are still able to do so that it will be easy to find ways to be able to adapt even with such changes.

Society, most especially the family members of the senior citizens should be educated about the expected changes one will experience in old age. The family should also be made aware of misconceptions about old age and aging stereotypes so that it is easy to understand the experiences of senior citizens. With this, people will be more sensitive in approaching senior citizens. Family members should respect the preferences of the senior citizens in terms of what activities to engage in. Family members should consider a balance between being protective but still maintaining independence as not to unduly limit the older adults' activities. Furthermore, it is important for senior citizens to engage in activities that are enjoyable and even try out new things so that the senior citizens can still find meaning and purpose even in old age. Senior citizens should take care of the physical condition and appearance so that there will be a feeling of satisfaction. One should also start or maintain a healthy lifestyle that is suited to one's individual needs and preferences.

Lastly, future researchers may explore the lived experiences of older adults who are males, who are institutionalized or those who have terminal illnesses or conditions. This could shed light to the aging expectations of older adults who may have unique experiences. They may also explore the aging expectations of different generations since there might be changes due to historical influences of each generation. A quantitative study may be conducted such as an instrumentation study which may be used to validate the different sources of aging expectations and how it affects individual expectations.

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Author Note

Dr. Johnny J. Yao Jr. is a registered nurse and obtained his Bachelor of Science in Nursing at Velez College. He finished his Master in Nursing in Medical-Surgical Nursing and Doctor of Science in Gerontology Nursing at Cebu Normal University. He also earned his Doctor of Health Care Management at the University of the Visayas. His research interests include public health, health professions education, gerontology nursing, health care management, and research ethics. Dr. Yao is currently a faculty member in the College of Nursing at Cebu Normal University. Please direct correspondence to johnnyyaojr@gmail.com.

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