

## **LOW LEVELS OF FUNCTIONAL IMPAIRMENT AND RELIGIOUS GRATITUDE AS PREDICTORS OF LIFE SATISFACTION IN OLDER ADULTS**

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### **ABSTRACT**

**Objective & Background:** In Asia, including Pakistan, aged population is increasing at a faster rate. Researchers have not paid much attention to investigate the aging phenomenon with reference to quality of their existence. The present research was conducted to investigate predictors of life satisfaction in older adults.

**Hypothesis:** After the detailed literature review it was hypothesized that functional impairment and religious gratitude are likely to be predictors of life satisfaction in older adults.

**Participants and Method:** One hundred older adults between the ages of 60-90 years were assessed with the help of translated Urdu versions of Functional Impairment Scale (Weiss, 2000), Religious Gratitude Scale (Ahmed, 2010), and Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985)

**Main Findings:** Significant positive correlation was found between religious gratitude and life satisfaction. A significant negative correlation of functional impairment with life satisfaction and religious gratitude was found. Hierarchical regression analysis revealed that religious gratitude and functional impairment are significant predictors of life satisfaction in older adults.

**Implication of study:** This study directs researchers to explore other latent and unexplored dimensions of life satisfaction in the forthcoming research. The study points towards the promotion of religious gratitude and highlights that by reducing functional impairment in older adults, improvement in their wellbeing can be accomplished.

**Key words:** Functional impairment, religious gratitude, life satisfaction, older adults.

## INTRODUCTION

Humans go through the process of aging as they approach the end of their predestined life span. Aging has been described as intrinsic, deleterious, universal, progressive, and irreversible phenomenon. It is likely that aging begins when growth and development cease, it varies from individual to individual and is likely to be affected by many factors that may not be regulated by any mindful efforts. The process of aging may be referred to as senescence. Senescence is considered to be the nonreversible, deteriorating change that occurs as cells and organism age. This leads to increasing vulnerability to fatal diseases, dysfunction and ultimately death (Chernoff, 2003).

By the social security act, a person over the age of 65 years is said to be aged; the age 65 was considered to be the start of old age even when the life span of human being had been expanded(Cohen, 2000 as cited in Gladding, 2008). There are number of myths and misconceptions about old age many of which are negative. However, the vast majority of individuals, who reach old age are active and well- functioning (Cohen, 2000 as cited in Gladding, 2008). Several prominent theories of aging, many of them multidimensional, have been proposed (Birren, Schaie, & Gatz, 1996 as cited in Gladding, 2008).These theories view aging from bio-psychosocial perspective, recognizing that this multidimensional process of aging may be uneven.

Aging is a natural part of development (DeLaszlo, 1994; Erikson, 1963; Friedman, 1994; Havighurst, 1959 as cited in Gladding, 2008). People have specific tasks to accomplish as they grow older. Erikson, views middle and late adulthood as a time when the individual must develop a sense of generativism and ego integrity or become stagnant and despairing many times due to lack of energy and falling vulnerable to many medical diseases (Gladding, 2008).

Aging can be related with poor psychological and physical health, poverty, ignorance, and social or family loss. Impairments due to medical illnesses can lead the older population towards dissatisfaction with life. Aging in the new millennium is a hard fact, though modern society is singular unprepared to meet the basic needs of its rapidly expanding older citizenry and their quality of existence (Woodruff & Birren, 1975).

Life satisfaction is a state to which a person assesses quality of his life in a positive way. An individual assesses his entire life in a positive as well as in negative ways, that are related to life satisfaction, and his assessment also inspects his needs and wants to attain a quality of existence (Faulkner & Harding, 2004).

Maslow's hierarchy ranked basic needs at bottom and necessities of self-actualization at the top most level. Maslow created the word 'met motivation' which indicated the motivation of people who do more effort than the level of basic necessities. Maslow invented the term met motivation which explains the motivation of people who do extra struggle than the level of fundamental necessities and to strive for long-term happiness. In relation to Maslow's theory; "*self-fulfillment*" and "*happiness*" play a key role in life satisfaction. When the basic needs are not met satisfaction with life cannot be attained. Old age is a specific time of life where people turn to the fundamental necessities of life and it should not be considered a step to go backward. This process is a way of adjusting to the basic needs of old age and is not something to worry about (Lyndsay, 2002).

Geriatrics experts cannot predict prospectively at what rate an individual will age and what changes will be associated with the advancing age. Aging is a continuous process that occurs in the presence and absence of disease, it is progressive in nature. Despite the process that occurs in all living organisms, the life expectancy of human continues to lengthen. At the beginning of the last century, it was not common for people to live much beyond the age of 50 years; average life expectancy in 1900s was approximately 42 years (Chernoff, 2003). Now the average life expectancy has improved and people tend to live up to a much older age.

Intellectual functioning and cognitive activities show a general decline with age. This decline is considered to become increasingly apparent during old age (Noman & Redfern, 1997). Many people in old age do not accept that they have grown weak and feeble so they do not seek help. Acceptance that one has aged means admitting that one has grown old and is deteriorating. This attitude can lead to unattended medical and psychological care, primarily causing further impairment (Hooker, 1990).

Old age is habitually complemented by loss of social support, physical ability and functional impairment. However majority of older adults are discontented with their life in old age due to multitude of reasons; one is impairment due to disease or disability. Impairment not only refers to functional ineffectiveness in addressing major adaptive problems of human life. It also refers to harm and threat that this functional ineffectiveness creates for the older individual. This definition typically refers to either increased risk for mortality and morbidity (physical injury) and a significant adverse declines in functioning in particular major human life activities such as self-care, self-protection, self-sufficiency, social interaction, sexual relations, education, and occupation (Bear, Bogusz, & Green, 2010).

Gratitude is a strong emotion that shapes the character of a person and is directly related with happiness (Barnad, 2009). Gratitude can be described as appreciation of having positive qualities and good people around in life, and not letting them down. Gratitude is necessary for psychological health throughout life. In the journey of life from childhood to youth, adulthood to old age; the psychological, physical, and relational benefits are connected with gratitude. Gratitude contributes not only to enhanced positive image of life but is also associated with lesser level of negative attitude and undesirable affects. Low level of gratitude is related to problematic functioning as demonstrated among patients with chronic illness, young age college students and in older adults (Emmons, & McCullough, 2003; Forh, Sefick, & Emmons, 2008; Shipon, 2007).

Religion and philosophy have held onto appreciation as a basic sign of ideal, and an essential part of wellbeing, wholeness and prosperity (Emmons, & McCullough, 2009). The individuals who frequently go to religious administrations and participate in religious exercises, for example, petition to God and perusing religious material, are prone to be thankful. People who have gratitude probably recognize a faith in the interconnectedness of all life spheres and feel more satisfied with their lives (McCullough, Kimeldorf, & Cohen, 2008).

It is commonly assumed that religious faith is not related with emotion of gratitude, but it is seen that clear religious notions help to promote the quality of gratitude. Grateful people show less interest towards worldly things, they do not discriminate people as rich or poor, they do not show much envy on the success of others (Emmons & McCullough, 2009). The acknowledgement of God as a giver provides the foundation for gratitude. Every religion helps its followers to

realize their dependence on God and feel happiness in the blessings that God showers on them. Gratitude is an emotional feeling for all the blessings one has, and after a certain period of time becomes a virtue and obligation (Emmons, & Kneezel, 2006).

Islam places pronounced stress on moral values and ethics. Allah has declared great blessing for grateful people in many verses of the holly Quran (Siddiqui, 2002). In verse no.07 Surah, Ibrahim, Allah says, “(*remember the time) when your Lord announced, if you show gratefulness, I will definitely give you more, and if you are ungrateful, then my punishment is very severe*” (Al-Quran, 14:7).

Thus it is seen that life satisfaction is a situation to which a person relates his or her quality of life in a positive way. When we recount Maslow's theory; life satisfaction, self-fulfillment and happiness are vital parts of life satisfaction. If the fundamental necessities are not fulfilled life satisfaction cannot be attained. It's pertinent for the older population to have low level of functional impairment and greater religious gratitude if they want to maintain life satisfaction (Doyle & Forehand, 1984; Snyder & Lopez, 2008).

### ***Objective***

The main objective of the study was to find out the predictors of life satisfaction in older adults.

### ***Hypothesis***

Life satisfaction is likely to be predicted by low level of functional impairment and religious gratitude in older adults.

## **METHOD**

Correlation research design was used to find out whether life satisfaction can be predicted by low level of functional impairment and religious gratitude. A sample of 100 older adults was recruited in the study. The age range of the participants was between 60-90 years. Non probability sampling strategy was used to gather the study sample. The sample was able to read and understand national language i.e. Urdu and was not doing a job or business at the time they participated in the study. The study sample was gathered from two cities (Lahore and Kasur).

### **Measures**

#### **WEISS Functional Impairment Rating Scale**

The Weiss Functional Impairment Rating Scale Self Report measure that evaluates how an individual is actually able to function (Weiss, 2000) was used. Question were formed to assess not only symptoms, but also to what degree an individual's behavior or emotional problems have impacted various clinically-relevant domains of functioning. It comprises of 70 items, score ranges from 0-3. Participants are likely to respond using a four type of likert format: Never or Not at All (0), Sometimes or Somewhat (1), often or much (2) very often or Very Much (3) and not applicable. Out of seven sub-scales, 6 sub scales were used in the study. All sub scales have good reliability. Subscales; family, work, life skills, self-concept, social and risk include items no, 8, 11, 12, 5, 9, and 14 respectively and reported reliability is .81, .87, .77, .78, .78 and .86 respectively. Each sub scale defines the functionality of individual on a particular domain.

##### **Sample items.**

- اپنی قابلیت کے مطابق کام کرنے میں مشکلات
- مقابلہ کی سکت محسوس نہ کرنا

#### **Religious Gratitude Scale**

Religious Gratitude Scale has 7items; the scale was developed to measure the individual tendency of being grateful towards God (Ahmed, 2008). The respondent answer on 6 point Likert Scale (1= *strongly agree*, 6= *strongly disagree*). Item 2 and item 5 are reversed scored to inhibit response bias. Greater score indicates greater degree of gratitude towards God. The alpha reliability of scale is .73 for the native population.

##### **Sample items.**

- میں جب بھی زندگی میں کوئی کامیابی حاصل کرتا ہوں تو اسے صرف اپنی کوشش نہیں بلکہ اللہ کی رحمت تصور کرتا ہوں
- میں ایک بہترین زندگی کے لئے اللہ کا شکر کرتا ہوں

### **Satisfaction with Life Scale (SWLS)**

Satisfaction with Life Scale comprised of five items and is designed around the idea that one must ask subjects for an overall judgment of their life in order to measure the concept of life satisfaction. Individuals indicate their degree of agreement or disagreement on a 7-point Likert-type scale. (i.e. 1= *strongly disagree* 7= *strongly agree*). The 5 items of the scale extracted from the pool of 48 items are based on factor analysis. Score range from 5 to 35 with greater scores depicting greater life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985). The internal consistency of the SWLS and alpha coefficients has repeatedly exceeded .80. The Chronbach alpha is .84 for the indigenous population.

#### **Sample items.**

- میری زندگی کے حالات بہترین بیس
- میں اپنی زندگی سے مطمئن ہوں

### **Pilot study: Translation phase**

#### **Translation of WEISS functional impairment rating scale**

The point of this procedure was to accomplish target dialect of the English instrument. That is, the instrument ought to be just as suitable and must perform similarly as the original version of the scale. A deep rooted method to achieve this goal is to use forward and backward translation procedure. The scale was given to the interpreter, who went for the calculated comparability of a word or expression. The interpreter was asked for a word-for word-interpretation, considering the meaning of the first term and attempt to decipher it in the most pertinent way.

The second step involved a bilingual expert panel. The objective line in this stage was to perceive and decide the rare expression or idea of the interpretation and in addition to search for any errors between the forward interpretation and the current perversion adaptation of statement. At the end of this procedure, the translation obtained was shaped and complete version of the scale was obtained. The fundamental design was to acquire an interpretation into English of the objective dialect adaptation, to evaluate and control quality. Using the same approach as that outlined in the first step, the instrument in Urdu was then translated back into English by an independent bilingual translator. As in the starting interpretation, accentuation in the back-interpretation was on theoretical

and social equivalence and not phonetic comparability. Disparities were discussed with the bilingual expert until an accurate adaptation was accomplished. After the back translation, the original and back translated instruments were compared and points of divergence were noted. The translation was then corrected to present it in a manner which solely reflected the intent of the wondering in the original language. The translated scale was administered on 15 older adults and after ten days, English version was administered. The correlation of both versions was satisfactory. So the translated version was finalized for the main study.

## RESULTS

The current research aimed to explore the predictors of life satisfaction in older adults. The measurable investigation included clear examination of the variables, mean and standard deviation of the instruments, Hierarchical Regression examination was carried out to assess the indicators of life satisfaction in older adults.

**Table1**

*Frequency Table of Demographic Variables (Age, Gender, Education, Marital status, no. of Children) (N=100)*

<b>Characteristics</b>	<b>f(%)</b>
Gender	
Male	67 (67%)
Female	33 (33%)
Age in years	
60-70 years	62 (65%)
71-80 years	19 (19%)
81-90 years	13 (13%)
Education	
Primary	31 (31%)
Middle	27 (27%)
Matric	15 (15%)
Intermediate	11 (11%)
Graduation	9 (9%)
Masters	5 (5%)
Family System	
Joint	51 (51%)

Nuclear	48 (48%)
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**Table2**

***Pearson Product Moment Correlation between Functional Impairment, Religious Gratitude and Life Satisfaction***

Variable	1	2	3
1-FI	-	-.28**	-.57**
2-RG	-	-	.54**
3-LS	-	-	-

*Note:* \*\* Correlation is significant at.01 level (2- tailed), *FI*: Functional Impairment, *RG*: Religious Gratitude, *LS*: Life Satisfaction

Results indicate that there is significant positive correlation between religious gratitude and life satisfaction. A significant negative relationship between functional impairment and life satisfaction and religious gratitude was found.

**Table3**

***Multiple Regression Analysis (Stepwise) for Predictors of Life Satisfaction in Older Adults***

Predictor	$\Delta R^2$	<i>B</i>
Step 1		
*Control variables	.03	
Step 2		
Religious gratitude	.28**	.54
Step 3		
Functional impairment	.18**	-.46
Total R <sup>2</sup>	.63	
N	100	

*Note:* \*\*  $p < .01$ ; \*Control variables; age, gender, family system, and education

Regression analysis was carried out to infer whether low level of functional impairment and religious gratitude are predictors of life satisfaction. Life satisfaction was taken as an outcome variable and functional impairment and religious gratitude as predictor variables. The analysis was conducted after controlling four variables: age, gender, family system, and no. of children.

Results indicated that low level of functional impairment and religious gratitude are significant predictors of life satisfaction in older adults. However none of the control variables were found to significantly predict life satisfaction.

## **DISCUSSION**

The current research was conducted to explore the predictors of life satisfaction in older adults. Results revealed that religious gratitude and low functional impairment are significant predictors of life satisfaction in older adults. However none of the control variables (age, gender, family system, no. of children) turned out to be significant predictors of life satisfaction. The findings of our study indicate that low functional impairment is a significant predictor of life satisfaction. Bader, Rogers, and Barusch (2002), conducted a similar study in America, to examine the link between life satisfaction, physical health, psychological health, communal support, and locus of control in the older adults. Multiple regression analysis was carried out to identify the predictor's of life satisfaction. Physical health (low functional impairment) turned out to be a most significant predictor of life satisfaction. Remaining three predictors i.e. social support, emotional balance and locus of control explained 6% variance in life satisfaction.

In our study significant negative relationship was found between life satisfaction and high functional impairment. The findings are similar with the study conducted by Lohr, Essex, and Klein, (1987). This study inspected a model indicating the causal connections between the physical health, and subjective component of physical wellbeing status and life fulfillment among US older women. Results expressed that physical conditions explicitly added to high practical disability, and both in a roundabout way brought down life fulfillment through their immediate negative impact on subjective wellbeing appraisals. The present study also found that people who reported more functional impairment showed less gratitude. This result is consistent with a previous research conducted by Ruini and Vescovelli (2013) on the role of gratitude and its relationship with psychological well-being and distress in cancer patients. A sample of 67 cancer patients were assessed though gratitude questionnaire, psychological well-being scale, and symptoms questionnaire. Correlation analysis was used to assess the data. Result showed that patients who reported more gratitude had less distress and reported more positive emotions.

In the present study religious gratitude explained 28% variance in outcome variable and turned out to be the most significant predictor of life satisfaction. The findings are consistent with the research conducted by Krause (2009) on religious involvement, gratitude, and change in depressive symptoms. He formulated three hypotheses which were supported by longitudinal study carried out on older adults. The study found that economic strain on depressive symptoms have deleterious effects for the older people who are less grateful. Further results suggested that frequent church attendance and relationship with God is linked with positive changes in gratitude over time.

The gerotranscendence theory of aging suggested that aging in humans encompasses a general shift from a worldly and transient meta physical deportment to a more cosmic and transcendent life style, leading towards greater life satisfaction. As people grow older they become less materialistic and show less interest into worldly problems, which is likely to enhance the subjective well-being of older adults (Johsons, Bengtson, Coleman & Kirkwood, 2005). Lambert, Fincham, Stillman, and Dean (2009) conducted a research on high level of gratitude, less materialism and the mediating role of life satisfaction. A sample of 131 undergraduate students from Southeastern University was recruited in this study. The participants completed an online research questionnaire. Result suggested that gratitude mediates the relationship between materialism and satisfaction with life. It showed that less grateful people are less satisfied with life and more materialistic and spend less energy on intrinsic goal. Bind theory of gratitude also support the results of our study. It explains that gratitude intensifies good deeds, sees positive things and characteristics in others, increases motivation to do well to others and amplifies the goodness in others. Gratitude seems to be significant to endure relationships, and it reminds people to maintain relationship and enhances their subjective well-being and health (Watkins, 2014).

The results of the present study are consistent with the study conducted by Krause (2006) on gratitude toward God, stress, and health in late life. Self-rated health and gratitude towards God scales were used to assess the study variables. Findings suggested that the impact of anxiety (e.g., living in a decayed neighborhood) on well-being were decreased for older individuals who felt more appreciative to God. The authors concluded that older people who display and express the most appreciation and are grateful, are the ones who tend to be more content with their lives and are livelier.

The result of the study indicated positive correlation between religious gratitude and life satisfaction. These results are consistent with the study conducted by Szczesniak and Soares in 2011. These researchers investigated proneness to forgive, optimism, and gratitude associated with life satisfaction. Sample of 338 individuals in the age range of 16-83 years were included in the study. Satisfaction with life scale, transgression related interpersonal motivation inventory, gratitude questionnaire, and learned optimism test were used to assess the study variables. Correlational research design was used to analyze the data. Result revealed a positive correlation between life satisfaction and gratitude. It can be concluded that predictors of life satisfaction are more or less similar across cultures and among people belonging to different religions.

### ***Implications***

The study holds clinical as well as research implications.

**Clinical implication.** The research points out towards promotion of religious gratitude and reduction in functional impairment in older adults to improve their well-being. The information from this study can help in planning rehabilitation strategies for older adults.

**Research implication.** This study directs researchers to explore latent and unexplored dimensions, e.g. family strength, social support, loneliness and economic problems (Doyle, 1984), of life satisfaction in forthcoming research. Experimental, longitudinal and interventional studies need to be chalked out to investigate how life satisfaction can be enhanced, as it plays an imperative role in lives of people entering in later years of life.

### **Limitations**

Participants were only selected from two cities situated in Pakistan (Lahore & Kasur). In future sample can be collected from other areas to make it more representative. Sample size can be increased to enhance the validity and generalizability of the findings.

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