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Managing Threats against Control in Old Age: A Narrative Inquiry

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Abstract

Background—The desire to retain personal control over self and life circumstances continues into old age; it exists in tension with late-life vulnerabilities.

Objectives—This article investigates how elders respond to threats against control in light of changes surrounding health and identity.

Methods—Community-dwelling African-American ($n = 10$) and European-American elders ($n = 10$), aged 70 years and older, with varied self-reported health statuses were qualitatively interviewed. Open-ended interviews explored elders' perceptions of control and threats to control in older age.

Results—Three themes linked elders' responses to threats to control. Elders: (a) proactively monitored physical and mental health; (b) maintained roles that shaped important aspects of identity, and (c) fostered personal growth and development by generative practices. Responses of participants who had difficulty countering threats to control are also offered.

Discussion—This study shows that the construct of control is not abstract; it is interpreted and applied by elders in the contexts of everyday life. Respondents used personal resources honed throughout the life course to respond to threats to control. Elders viewed control as a cultural construct with nuanced meanings that recalled past roles and current changes that occur with age. Suggestions are offered for how health professionals can assist elders with the cognitive and emotional tasks required to deal with threats to personal control surrounding health and identity.

Keywords

aged; health threats; qualitative research; control; life course

The concept of control has been widely studied, and has been analyzed as a central construct in psychological research (Mirowsky, 1995; Skinner, 1996; Ross & Mirowsky, 2002; Wolinsky, Wyrwich, Babu, Kroenke, & Tierney, 2003). The notions of primary and secondary control are salient in the literature on the psychology of aging (Lackovi -Grgin, Grgin, Penezi , & Sori , 2001; Thompson, 1998). Primary control (generally, action or agency toward the world outside the self) and secondary control (generally, action or agency toward the self from within the self) are terms broadly used to describe and measure control (Lachman, 1986; Morling & Evered, 2006; Skinner, 1996). Research has found that secondary control, or action upon the self from within, increases in later life as elders'

ability to change circumstances outside the self becomes difficult (Bailis & Chipperfield, 2002).

Another distinction in concepts about control is made between internal versus external control (Lachman, 1986; Skinner, 1996). Internal control has a relationship to identity characteristics such as self-reliance, high self-esteem, and an ability to defend the self against experiences that pose threats to control. External control has been shown to relate to low internality, passivity, helplessness, and sometimes fatalism (Zampieri & Pedroso de Souza, 2011).

Disciplines such as anthropology, philosophy, and religious studies note that primary and secondary control and internal and external control are constructed on Western concepts of the person (Black, 2005; Chirkov, 2007; Rubinstein, 2009). For the most part, Western culture views primary and internal control as linked with positive Western values, such as autonomy, individualism, and privacy (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985). In some cultures and belief systems, however, kinship, community, and spirituality are preeminent values. Control that is considered secondary in Western societies may be considered primary in other cultures and systems of belief (Kleinman, 1980), thus, revealing the construct of control as embedded in the ethos of a society's culture, and a particular context.

In the West, cultural control is linked colloquially with self-directed action, or having the ability and freedom to manage one's comings and goings and make choices in everyday life (Atkins, 2006). Individual choices reflect culturally and historically based conceptions about the person and what signifies value in a society (Chirkov, 2007). Individuals' choices also mirror smaller, family- and community-based notions of value within a range of options that are available to a particular cohort. Few studies have explored control as a cultural construct that is a continuing and fluid aspect of daily life (Skinner, 1996).

Gerontological research shows that the desire to retain personal control over self and life circumstances continues into old age; it exists in tension with late-life vulnerabilities (Wolinsky et al., 2003). Elders are expected (and expect) to manage their affairs for as long as possible, which many accomplish with personal resources they honed throughout the life course (Black & Rubinstein, 2004).

Elders who feel, due to any impairment, that they cannot control all aspects of their lives, might attempt to control certain domains and relinquish others, a phenomenon elsewhere called "miniaturization" (Black & Rubinstein, 2004). The desire to have a "say" over day-to-day decisions continues into old age. In a prior research study, elders defined suffering as a lack or loss of control over themselves and their circumstances (Black, 2005).

Purpose

Of particular importance to our research on elders and control is the topic of health (Perrig-Chiello, Perrig, & Staehelin, 1999). Elders, by the age of 70, usually have experienced an illness or debility that impacts well-being (Rodin, 1986). A minor health problem experienced by the young or middle-aged may not negatively affect a sense of self. The same health problem in elders may threaten a sense of "who" they are. Decline and illness effect changes in long-term roles that shaped elders' identities, and may alter the perception that elders continue to author, create, and produce in old age (Atkins, 2006). The question of this research is: "How do lifelong resources help elders manage threats to control regarding health and identity?"

Theoretical Frameworks

Two theories were employed to guide the study of threats to elders' sense of personal control. The first is life course theory, which speaks to the profound connection between individual lives and the context in which persons grow and develop (Elder & Rockwell, 1979). Respondents hailed from two generations: the Greatest Generation, for whom the intersection of the Depression and World War II marked their early life and influenced their worldview (Elder, 1974), and the Silent Generation, persons born roughly from 1923 to 1942 (Strauss & Howe, 1991). For the Greatest Generation, the commonness of scarcity when young to faith in the American Dream as they matured helped develop elders' resiliency. Their personal resources echoed a commitment to hard work and frugality (Bellah et al., 1985). Popular adages in these respondents' pasts—"Pull yourself up by your bootstraps" and "Be the master of your own fate"—relate the significance of control in this cohort's self and worldview. If the Greatest Generation was aware that "everybody was in the same boat" economically, the Silent Generation recognized that a "lucky few" in their cohort would go on to college, work within the meteoric rise of American technology, and do well economically throughout their lives (Strauss & Howe, 1991). For others in this cohort, blue-collar jobs were plentiful, and White men with a high school diploma could grasp the American Dream (Black, 2001). Characteristics commonly imputed to the Silent Generation were responsibility, privacy, and an awareness of vast cultural shifts taking place in their lifetimes (Strauss & Howe, 1991). African-American elders in both generations faced legally sanctioned racism and Jim Crow laws, and experienced added hardships and a strong impetus to develop personal strengths that armed them against racism (Black, Groce, & Harmon, 2011). Both generations of women of any color had narrow margins by which to measure personal control, but often developed resources that exceeded their boundaries (Ross & Mirowsky, 2002).

The second theory is social constructionist theory, which views older adults as creators of a personally meaningful world, and as best able to explain that world to others (Berger & Luckmann, 1967). This theory develops in a particular context, rather than having an "essence" independent of experience (Pinker, 2002). Thus, the meaning of control in a particular cohort is constructed according to their larger (public, society, culture) and smaller (private, family, community) worlds, their identity characteristics, and the worldview that emerges from these artifacts. The use of social constructionist theory is based on the notion that individuals, as cultural beings, make sense of the world they construct and inhabit, and that their interpretation of this world is paramount for researchers' understanding of subjective meanings (Berger, 1967).

Life course theory and social constructionist theory come together in an examination of elders' perceptions of control and threats to control. For the elder, the construct of control illustrates a process of making decisions based on a personal past (the life course) and the changing contexts (social construction) of the present (Stewart & Healey, 1989). Elders use strategies they developed throughout the life course to reconstruct control without losing its cultural value (Stewart & Healy, 1989; Atkins, 2006). The reconstruction of their world may reflect a choice to exchange values, for example, to change the value of achievement for the value of patience.

Methods

Design

This article uses data from a research study that explored the meaning and experience of control to a sample of elders, and its significance in daily life. Then African-American and 10 European-American elders were qualitatively interviewed, older elders aged 70 years or

greater (cf., Vincent & Velkoff, 2010), with varied self-reported health statuses. The private, two-session interviews lasted approximately two hours in each session, with a total of four hours with each respondent. The Institutional Review Board at Arcadia University approved the protocol.

Inclusion Criteria

Included in this study were African-American and European-American men and women: (a) aged 70 and over; (b) living independently in the community (not residing in a long-term care facility); (c) English speaking; (d) cognitively intact; and (e) able and willing to engage in two, two-hour interview sessions.

Recruitment

Respondents were recruited from a participant registry, that is, a name and address registry of persons interviewed for past studies who asked to be notified if a new project was to be conducted. Approximately 22 letters were sent, on the research institute's stationary, describing the study, including contact information. A potential respondent chose to make contact if interested. This is an effective self-selection process, as only persons who were interested in the project made the initial contact. Elders who might be upset by the topic did not call, and, therefore, removed themselves from the recruitment pool. Fifteen eligible persons called the office. Several respondents offered names of elders interested in being interviewed. Letters were sent to these persons, who then telephoned the office. When they called, the project was explained, the commitment of time, and a sample of questions from the interview schedule was offered. If an elder agreed to be interviewed, a date and time were arranged for the interview at the respondent's convenience. All persons who made contact agreed to the entire interview of two sessions.

Interview Process

Data were collected through qualitative interviews, which were processed through digital recording and transcription. We also collected data through detailed analyzable field notes, and notes from weekly meetings in which authors discussed ideas related to interview transcripts. Researchers gained consent from each respondent at the beginning of the first interview with a letter of informed consent, which each participant read and signed. All data collected for this project, including screeners, transcripts, and field and meeting notes were kept in a locked file in the principal investigator's locked office. All identifiers on collected data were removed; all respondent materials were given a project number. To protect confidentiality, pseudonyms are used for all quotations in the reporting of results.

Private interviews were conducted with each respondent in his or her home. Each complete interview included two sessions, with the second session conducted approximately one to two weeks after the first. Each session lasted approximately two hours, for a total of four hours with each respondent. The first interview session requested basic demographic data and focused on the respondent's life story, which took up the entirety of the first interview. The life story offered a pool of information from which follow-up questions were drawn. The second interview session requested more specific responses about the notion of control—its definition, description, and examples in the respondent's life. The semistructured interview schedule was the main tool of our research. Open-ended questions explored elders' perceptions of personal control and assaults to control in old age. A sample of questions follows:

1. Can you tell me the story of your life? Start where you like and take as much time as you need.
2. What does the word control mean to you?

3. When did you feel you had the most control over your life?
4. Can you tell me what it means to be “out of control?”

Researchers are trained to be sensitive to potential upset during an interview. It was reiterated that the respondent may end the interview at any time for any reason. If the respondent became upset, the researcher would call the project psychologist for advice and instruction. The scope of the psychologist's work included conferring with a respondent who felt upset or, with the respondent's permission, referring the respondent to an appropriate community agency or support group. This did not occur during the project. It was found that elders experience validation in participating in a reflexive, qualitative interview.

Data Analysis

The general approach to data analysis used methods of qualitative research rooted in fields, including anthropology, nursing research, and religious studies (Morse & Field, 1995; Black, 1999; Rubinstein, 2009). These disciplines have traditions of descriptive analysis in which narrative or story is a major means by which an individual, group, or culture communicate (Geertz, 1966). Respondents' answers to open-ended questions formed a pattern of actions and cognitions in relation to threats to control, for example a desire to “have a say” in the management of what is valued and liable to threat, such as health. Patterns of regularity within respondents' answers were identified, and observed relations among patterns. From this, themes were constructed that were considered both possible and probable (Luborsky, 1994). The use of theoretical frames came about inductively, based on participants' responses. For example, it was noted that respondents' actions and cognitions about control reflect values held throughout the life course, along with the personal resources and self- and worldview that elders constructed from those values.

In particular, the following methods of analyzing qualitative research (Mischler, 1986) were used: After transcription, the authors read each transcript carefully, asking, “What are in the data?” and “How are data relevant to the topic (control) under study?” The next step was large-level sorting of each transcript, which codes for broad themes and topics intra- and interindividually (Silverman, 2001). Fine-grained analyses, which include coding for subthemes and patterns within respondents' entire transcript, were also performed. In weekly meetings among authors, one “case” was chosen to be read and discussed, focusing on patterns and themes in the particular case, and the similarities and differences from other cases. As new data were transcribed, and ideas and themes emerged, transcripts were rechecked, selectively and universally, from respondents who had already completed an interview in order to confirm particular themes and add others.

Results

Characteristics of the sample are described in Table 1. Ages ranged from 71 to 91 among the seven men and 13 women who took part. All participants had graduated from high school; six had attended college, and four completed associate, bachelor's or master's degrees. One participant described himself as a “nonbeliever”; the rest of the participants reported a self-described religious affiliation.

Within respondents' narrative accounts, three major themes represented responses to threats against control in relation to health and identity. Elders described how they: (a) monitored physical and mental health proactively; (b) maintained roles that shaped important aspects of identity; and (c) fostered personal growth and development by generative practices. These themes illustrate how elders' personal resources and self- and worldview—developed in childhood and honed throughout the life course—informed responses to threats against control. Accounts from elders who felt unable to counter these threats were also included.

Elders Proactively Monitored Physical and Mental Health

Elders' ability to counter health threats might be considered a benchmark of control. Having knowledge about the cause, course, and treatment of a disease empowered elders when facing illness. Mrs. Steel is a 91-year-old European-American widow. When asked to rate her health, which included sciatica, neuralgia, and bowel problems resulting from a past surgical mistake, she replied:

It's closer to good. I have good control of my medicine so far. Every time I take one (pill) I turn the bottle upside down. Every morning, if I see them upside down I know I took them. Then I turn them right side up.

Mrs. Steel's remark, "so far," suggests that control over her health is contingent. If doctors prescribe more medicine or she becomes cognitively impaired, the "bottle" system may not work. She also controls her emotional health through "socializing."

My neighbor comes by every day. We have tea and talk. I have one friend, 86 years old. We take a bus to Walmart. We get a cart to hang onto; we can't walk by ourselves. Then we go to McDonald's. We sit, talk, and watch the people.

Mrs. Steel again notes that control is conditional; the women "get a cart to hang onto." She works actively at socializing and "goes out with people or has them over" every day. Another routine that fortifies Mrs. Steel is prayer. Each morning she stops at her makeshift altar and says a prayer "for those who live alone."

Mr. George is a 75-year-old African-American man who works as a guard. He lives in the home where he "did most of the work [him]self." He no longer does physical work because of "a bad back, cataracts in both eyes, and a bad heart." He recently fell down the steps.

I came in from work and took a tumble. I know this house like the palm of my hand, but I missed that right turn into the bedroom and ended up downstairs. I had my cell phone on me and my neighbors have keys to the house. I wasn't hurt but it put food for thought in me, like, 'what now?' You look at life differently.

This traumatic event threatened Mr. George's control over his body and his living situation. Before another mishap incapacitates him, he wants to move to an assisted living facility of his choice. He does not want his children to make that decision for him.

Not all elders felt able to counter health threats; some felt overwhelmed. Mr. Tokket is an 86-year-old European-American man. He rated his health as "terrible" due to back problems that cause a stooped gait, which lowers his self-esteem.

I'm a cripple and it's demeaning to me. I should have a walker, but I don't even want a cane. My wife and I were in the parking lot and she saw a friend. She went over but I hid behind the car. I didn't want her to see me the way I am.

Mr. Tokket said that he has no control over his health, and that "health professionals don't know how to treat me." He explained, "I have plenty of oxycontin. It took over my life in a bad way. That's how I got sick. They gave me too many. I sweat a lot, and I'm groggy. I fall asleep constantly."

Mr. Tokket reported that medicine controls his life. He feels powerless to stop this "take-over" because he "needs the pills."

Elders reported that having a positive outlook despite health problems was a form of taking control. Mr. Crane, a 91-year-old African-American man has several ailments. He described how he uses the resources—perseverance and faith—his parents taught him: "I keep

moving. I try not to think about pains. And I get on my knees every night to thank God for giving me this day.”

Elders discussed the importance of “living day by day” or “not thinking about what’s wrong with me.” Comparisons with elders less mobile, and gratitude for what they “still have” in terms of health, were aspects of a positive outlook. Mrs. Hugo is an 84-year-old African-American woman who lamented the illnesses of friends. “Jamie is losing weight and looks drawn. I don’t care how bad I feel; there’s always somebody worse off. If I’m doing something for them and see them smile, I feel good.”

Mrs. Hugo used the skills she learned as a child living in an abusive home: “I always focused on getting out of there and getting things I wanted. And I did. I never allowed others to bring me down.” She stopped inviting her grandchildren to visit due to their “troubled lifestyles.” When asked how she controls her health, she replied:

Focus. Just focus. Alzheimer’s can sneak up on you and you’re not even aware. That’s why I read a lot—to keep my mind focused. And I pray. And I think God hears me and gives me what I need when I need it, not always right away.

Mrs. Lasser, an 82-year-old European-American woman has had chronic lymphocytic leukemia for 25 years; its major symptom is fatigue. When asked what she is able to control in her life, she said:

There’s nothing I can control. The questions you’re asking about control— there’s no meaning in that for me. I only think about survival.

When asked if she felt she had more control over her life in the past, she replied, “No, never. I was like a line that went flat with no ups and downs.” Although her fatigue is more debilitating currently, her answers suggest that feelings of control have not diminished due to age.

Mr. Mills, a 74-year-old married man, described his health as poor. When asked to define the word “control,” he replied, “It’s to think a lot of yourself. There’s a bit of superiority in there. You think you have the ultimate answers. You don’t take advice. It doesn’t fit with the way I live my life.”

Researcher: Having control is not a positive quality?

Mr. Mills: That’s true. My life is rooted in the Lord. I don’t have the answers. I’ll take advice.

For Mr. Mills, his perception of having or taking control conflicts with the significance of humility in his belief system.

Elders Maintained Roles That Shaped Important Aspects of Identity

Issues of health and identity are intertwined. Roles that gave elders a sense of esteem when younger remained important in old age (Black & Rubinstein, 2004). Chronic health conditions, such as heart disease or diabetes, can threaten long-held roles and a sense of a productive self. Preserving part of a prior role was crucial in countering threats to identity.

The role of significant other was important to respondents; caring for someone and being cared for remained a keystone of identity. Mr. George spoke about loneliness. He recently lost his “lady friend” of 15 years. She could not communicate for the last four months of her life, but visiting her in the nursing home was central in his day. Now he says:

I go to the cemetery every day. I have nowhere else to go. I make sure her grave is cared for. I relive my relationship with her. I’m not happy because I’m by myself.

That's big. No one to say, 'Hi, how was your day?' That's disturbing to me. It's companionship. I'm not interested in marriage or living together. Just go out to dinner. And I don't want a lady's hands going in her pocketbook. If I ask a lady to dinner, I'm picking up the tab. Being alone bothers me. But I pray on it.

Being part of a couple remained an important part of Mr. George's identity; he actively searched for a companion. He recently "sent out the signal" to someone; she has not yet responded. Prayer is an important resource in maintaining control over his life.

The role of "worker" was important to Mr. Crane despite having to combat the racism he encountered at his jobs. "Never give up," Mr. Crane's mother told him as a child. "Fight for what you want, and if you don't get it, fight harder!" He named his "climb up the business ladder" his finest achievement:

I did clerical work for the government, and supervisory work in industry. I was a warehouse manager for two companies. I was often qualified for a job and didn't get it. But in about four or five jobs, I was the first Black to get that position.

When asked when he felt he had the most control over his life, Mr. Crane reflected on the job from which he retired ten years previously:

The 20-year period when I worked for my cousin who owned a minority company, I was president of the company. I did government bids, and I went to different conferences. I was in New Orleans one week and the next, Chicago.

Mr. Crane said he "felt in control" when his intelligence and trustworthiness were valued. When asked if being in control was ever a "negative," Mr. Crane described his sister's son as "so in control he's out of control!" Mr. Crane's nephew so closely monitors his mother's well-being that "we (family members) feel unwelcome when we visit."

African-American respondents reported that they had attained success "despite [their] color." Several elders described themselves as "the first [person] of color to have a supervisory position" or "to take on a task that only a White person did." African-American women talked about double jeopardy and the difficulty in taking control of their lives. Some spoke of incidents in which they were denied employment or advancement because of their color. An integrating aspect of Mrs. Jensen's identity, an 87-year-old African-American woman, was the education of her family. She began her life story this way: "I did my undergrad work at State University. My husband got his doctorate. My three children went to grad school." After graduation, Mrs. Jensen answered an ad for a social work position. She spoke with a supervisor who scheduled an interview. When they met, the supervisor "looked surprised I was Black." He told her the job was filled.

I never forgot that experience. But it does not affect who you are. I learned that early. You have your own self-esteem and self-worth, and I was taught in my family that I could do anything if I worked hard. And I believed it.

Mrs. Jensen's feelings of control resulted, in part, from the self-esteem instilled in her by parents, education, and a deepening relationship with God. "God is aware of your needs. If you ask, you will receive. God seems to send me support when I need it."

Mr. Tokket's (mentioned earlier) sense of control depended on his success in business. When asked to define control, he used the metaphor of a "game."

Control? Having everyone at your beck and call. I had that. I was the boss personified. Life is a game. The only way you win is to compete. You win, you get the money and the best looking woman, like my wife. You lose and game's over. That's where I am now. I don't have money; I'm not the boss; I have no control.

Mr. Tokket believes he falls short of the cultural myth that dominant men are the most valued (Canham, 2009). He views his “ill and poor” self as someone with “no control” and as less than a full person.

Elders Fostered Personal Growth and Development by Generative Practices

This theme centers on generativity, which has been described as mature persons’ investment in the future by nurturing the next generation (Erikson, 1963). For our respondents, generativity toward others included younger persons, one’s own cohort, and for some elders in their 70s, even parents. After her mother’s death, Mrs. Steel returned home to care for her father and brothers, and lived with them for 20 years.

I left a good paying job after my mother died. I was in my 20s. I went back to a cheap paying job because making dinner for my dad and brothers was my duty. That came first. Even though my brothers are grandfathers in their 80s, I feel like they’re my children because they were in their teens when my mom passed.

Mrs. Steel said that she had the most control in her life when she “took on the role of mother.” Throughout life, she used her cooking skills to nurture others. Although she no longer bakes, she buys pastries to thank neighbors for helping her with chores.

Mrs. Adams is a 73-year-old African-American woman. When asked when she feels most in control of life, she replied, “When I take senior citizens on a bus trip; I bring joy to others.” After losing four loved ones in three years, she said she “lost control. I was depressed when I got up in the morning and didn’t have anyone to do for. I tried to keep busy.”

Like Mr. George, Mrs. Adam’s identity is enhanced by caring for others. She disclosed that desiring intimacy is an integral part of her identity, and revealed that romance can happen at any age. She recently met a younger, single man. “This man has set my soul on fire. And he’s affectionate. He comes in here and says, ‘Hi, sexy.’ I laugh. I haven’t had anybody tell me I was sexy in a long time.”

Some elders felt incapable of being generative. After “being the best” in business, Mr. Tokket “lost everything in the stock market.” Mr. Tokket suspects that his wife and two children do not “take [him] seriously.” He perceives that the family’s “lack of respect” results from him being “a loser.”

Discussion

This article investigated how a sample of elders responded to threats against control in light of changes surrounding their health and identity. A limitation of this research is that the sample consisted of 20 men and women who were purposively recruited. The construct of control as a phenomenon within the lives of this group was looked at as perhaps illustrative, but not representative of a larger population. That is, it’s believed that “control,” like other experiences, cannot be understood without placing it in context or, in this case, without exploring its meaning and description with persons who spoke intensely about the subject.

Note the research question: “How do lifelong resources help elders manage threats to control regarding health and identity?”

Elders reach old age with a self already fashioned; their worldview and cohort history was shaped by a personal biography, and the sociohistorical events that occurred as their identity formed (Stewart & Healy, 1989). Participants responded to threats against control with resources honed by life experiences. They also responded with a long-held identity—and a desire to connect who they were in the past with who they are in the present (Atkins, 2006).

Three interrelated themes were used to show how elders accomplished countering threats to control. They monitored their physical and mental health proactively, maintained roles that shaped important aspects of their identity, and fostered growth and development in old age by generative practices. Examples of respondents who felt unable to respond to threats were also offered.

In *theme one*, elders showed that they used hands-on, internal and external controls to respond to threats against health and identity (Wolinsky et al., 2003). Elders took control of their health by monitoring medicines, choosing when to downsize, downward comparisons, and “taking one day at a time.” Socializing, being open to love and companionship, faith and prayer, and gratitude for what one “still has” in terms of health and friendships were significant. Elders showed that remaining proactive and positive were choices to control mental and physical well-being. Significant here are respondents’ accounts of religious faith, which revealed a choice to accommodate a diminishment of strength that occurred in old age by partnering with God (Black, 1999). Faith emerged as a construct that countered threats to control for our respondents (Black, 2005). Mr. Weitz, a 79-year-old married man, reported that he goes “to the synagogue three mornings a week. Actually, that’s one thing we can control: our ability to have faith, to believe in a religion.”

Theme two revealed the import of the continuity of roles, and, thus, the continuity of identity (Stewart & Healey, 1989). An important aspect of identity to elders was *to have and to be* a significant other—someone to love and be loved by, and to share reciprocal concern. Some elders sought this in romance; others in family and friendship. This theme also included maintaining life roles that gave elders self-esteem, whether through education, work, or personal qualities. Utilization of skills throughout life was fodder for self-worth in old age (Chirkov, 2007).

In *theme three*, the significance—to personal control—of continued growth and development in old age was explored. Kotre (2005) later expanded Erikson’s (1963) concept of generativity to include having faith in life itself, which is an apt description of elders’ belief that there is always someone who needs their love, encouragement, or expertise. The outpouring of the self offered a choice to assist others, and, thus, to feel competent—an important component in personal control.

Yet, it is important to note that “having control,” was not always viewed as a positive to elders. As respondents disclosed, there is a negative connotation to having “too much control.” And there is a strength that comes from “sharing control” with God through prayer.

Respondents located having control, being out of control, and resolving threats to control mainly in their smaller (family, community) world (Chirkov, 2007). They connected assaults against control to experiences of illness, racism, family, and loneliness. Situating threats to control in their smaller world meant that elders found ways to resist threats, in the world of family and community through managing medicines, focusing the mind, faith in God and prayer, actively seeking companionship, and reviewing accomplishments (Thompson, 1998).

It was also within elders’ smaller worlds that some respondents revealed uncertainty about “who they are presently.” Mr. Tokket felt he was a different person from the young man who stood “on top of the world.” He felt little control over most aspects of his life. Unlike Mr. Tokket, Mrs. Lasser held a continuing self-view that remained unclear in old age. Mrs. Lasser felt “flatlined” throughout her life, which suggested powerlessness and lifelessness. Narratives showed a coherence that linked their younger selves to the elders they became (Black, 2005; Stewart & Healey, 1989).

As seen throughout the interviews, control does not occur in the abstract. When Neugarten (1977, p. 633) remarked that age was an “empty variable,” she highlighted that it is an interplay of social and biological events that fosters growth and development in old age—not the number of years one has lived. This research suggests that control, like age, is a cultural construct which is given meaning by elders’ lifelong experiences, current circumstances, and present desires (Skinner, 1996).

When asked for the life story in the forum of a clinical or research interview, elders take control of their life narratives no matter how sparse or incomplete their biography appears to be. The life story is the self-assessment of each elder’s personal history in the context of their smaller and larger worlds. It is an important tool for clinicians to understand the significance of control and threats to control in an elder’s life.

Dealing with threats against control requires work by both clinician and elder—to keep aspects of health and identity within the elder’s control. The elder might be encouraged to miniaturize control issues, for example, to make decisions about how to spend an afternoon or with whom, what health behavior to practice, or how to feel about a particular interaction or situation. Miniaturization does not preclude a broad perspective about life, but helps elders assume control by feeling competent.

Conclusion

In later life, personal control exists in tension with vulnerabilities associated with aging. Community-dwelling elders responded to threats to control by proactively monitoring physical and mental health, maintaining roles that shaped aspects of identity that were important to them, and fostered continued personal growth and development using generative practices. Information gained from elders who shared their personal stories can be used to better understand the significance of control and threats to control during aging, and suggests ways to support a sense of control when elders encounter aging-associated threats to control.

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Table 1

Participant Characteristics

Characteristic	EA Men (<i>n</i> = 4)	EA Women (<i>n</i> = 6)	AA Men (<i>n</i> = 3)	AA Women (<i>n</i> = 7)
Age				
Minimum	74	71	75	73
Maximum	87	91	91	87
<i>M</i>	81	82	80	79
Religion				
Jewish	2	3	0	0
Lutheran	1	1	0	0
Baptist	0	0	2	4
Non-denominational Christian	0	1	0	1
Catholic	0	1	0	2
AA Episcopalian	0	0	1	0
Nonbeliever	1	0	0	0
Education				
High school graduate	3	4	2	5
AA/some college	0	0	1	2
BA	0	1	0	0
MS	1	1	0	0

Note. *N* = 20. EA = European -American; AA = African-American. Cell entries for Religion and Education are counts. Religious groups are shown as self-reported and self-described.