Ageing: A case study of autobiographical narration to promote meaning-making, legacy and psychological well-being among a sample of South African older adults

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Submitted in partial requirement for the degree of

Master of Social Science (Counselling Psychology)

December 2020

This work is based on the research supported in part by the National Research Foundation of South Africa (Grant Number: 122349)

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DEDICATION AND ACKNOWLEDGEMENTS

To Merryl, Trevor, Gert and Shirley, my grandparents, thank you for your inspiration. This work is dedicated to you.

A debt of gratitude is owed to my family, for pushing me beyond what I believed, for endless support and encouragement.

Much gratitude is owed to Dr Ruwayda Petrus and Ntokozo Mntambo, for your research expertise, and encouraging me to pursue this dream.

Above all, thanks be to God, for His blessing and providence in this opportunity to realise a dream.

"Now to Him who is able to do immeasurably more than all we ask or imagine, according to His power that is at work within us, to Him be the glory..."

Ephesians 3:20-21 (New International Version)

"A society that does not value its older people

denies its roots and endangers its future."

Nelson Mandela

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Abstract

Background

Successful ageing is a multi-faceted concept. Older people experience a vast number difficulties across almost all domains of life that impede their journey towards ageing well. During this phase of life, seniors must also face certain developmental challenges such as establishing a legacy and making meaning from life, which may help them to age well and contribute to psychological well-being. This area of research appears to be understudied, particularly in South African research. The purpose of this study is to explore how older adults make sense of their lives and how they understand and articulate legacy.

Methods

This study used a case study approach to explore the life stories of five, Caucasian participants living in KwaZulu-Natal, South Africa. Three females and two males each participated in two semi-structured interviews.

Results

Across the board, religious beliefs and theological views predominated participants' meaning-making structures, and seemed to influence how they make sense of their lives, articulated legacy and psychological well-being.

Conclusion

The current study attempted to make a contribution to the body of knowledge on the psychological well-being of older adults, how they articulate legacy and the ways in which religion and spirituality may contribute to how they make sense of experience. Theology seemed to be a strong underlying factor.

Keywords: older adults; psychological well-being; eudaimonia; meaning-making; ego-integrity; generativity; legacy

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Chapter 1: Introduction and background

Across the globe, life expectancy has improved due to reduced death rates among both younger and older generations (Bloom, 2011; Christensen et al., 2009). Indeed, demographically speaking, the global population appears to be shifting towards "squaring the pyramid", where, statistically, the number of older people appears to be evening out in relation to younger generations (Pifer & Bronte, 1986, as cited in Robertson, 1997). Furthermore, resources eaare limited, and the ratio between the number of older adults and available resources to treat physical and mental frailty has increased due to the increasing population (HelpAge International, 2015; Robertson, 1997). Adding to the concerns faced by older persons are poverty and marginalisation from society. The cumulative effect of such might potentially lead to compromised well-being.

While older persons are considered to be a vulnerable sector of the population, South Africa's seniors may face additional difficulties reflecting both past and present socioeconomic inequalities, among other issues (Baerecke & Clarke, 2015; Lehohla, 2017). In addition to physical health concerns, such as high levels of immobility and chronic medical conditions, and access to resources, issues are compounded by social issues (Baerecke & Clarke, 2015). Increasingly, traditional modes of care received from children and grandchildren are diminishing, as new burdens of the primary care for family members are laid at the feet of the older generation due to the HIV/AIDS epidemic (Clark, 2006; Merli & Palloni, 2006; Munthree & Maharaj, 2010). Lack of education, poverty and financial dependence on the old age grand for support is prevalent among South African older persons (Baerecke & Clarke, 2015). Seniors may also be a vulnerable target for crime or fall victim to elder abuse (Baerecke & Clarke, 2015). These issues could well add further stress to the issues relating to ageing and need little justification for a potentially negative impact on psychological well-being. Thus, these issues

also underscore the imperative to address psychological well-being for older adults in South Africa.

1.1.Challenges associated with ageing

Literature would suggest that many factors interfere with the ageing process impede well-being. Ryff (1989), a pioneer in well-being and ageing, offers that understanding these challenges associated with ageing is crucial to facilitating psychological well-being and successful ageing.

Among these challenges are declining physical health, mental illness, life course adjustment difficulties and broader social and cultural factors, e.g., social perceptions of ageing and dependency, or socioeconomic status and access to resources (Louw & Louw, 2013; World Health Organization, 2015). These factors rarely act on the individual independently; rather, the dynamic interaction of multiple factors produces a combined effect, impairing well-being at several levels simultaneously. For example, some research shows that seniors with lower levels of education may be more negatively impacted by health problems and might report lower levels of psychological well-being (Huxold et al., 2017). In this way, we can see that social factors, physical health and emotional well-being may uniquely impact an individual depending on their unique context. This may be particularly relevant in South Africa where, for example, relative to poverty levels throughout the general population, the ratio of older adults living below the lower-bound poverty line (i.e., R501) was 76.2% in 2011 (Lehohla, 2017). This suggests that poverty among seniors in South Africa may be endemic and is likely to have implications for access to resources, including food, shelter, transport and healthcare, as well as emotional health and well-being

Similarly, the WHO (2015) posits that the outcomes of the lives of older persons are equally driven by broader socioeconomic factors, as much as individual choices, having a significant impact on the opportunities available to them, including access to health resources.

Indeed, one European study found that socioeconomic advantage throughout the life course was associated with higher well-being ratings. Conversely, financial distress was associated with lower ratings of well-being (Niedzwiedz et al., 2015). Interestingly, socioeconomic impact may differ according to gender as well. A Korean study found that while financials status was significantly associated with depressive symptoms in men, education and income were associated with similar symptoms in women (Back & Lee, 2011). Together with what is known about the past and present South African inequalities and injustices, these findings underscore the influence of structural factors on the individual and the imperative to address these issues in tandem with psychological well-being to promote sustainable psychological well-being among seniors. Furthermore, literature expounds on the significant influence of ageism, referring to stigmatized beliefs about ageing held by society at large and on an intrapersonal level (Butler, 1969).

Despite these issues, the response to remediate these concerns is lacking. Some literature suggests that adequate healthcare resources allocated to the older adult population in healthcare are lacking (United Nations Population Fund & HelpAge International, 2012). These factors might prevail due to how older adults are positioned in a broader social context (Madhavan et al., 2017).

1.2.A statistical picture of ageing in South Africa

In South Africa, recent statistics show that the proportion of people over 60 has increased from 7.6% to 9.1% in the last eighteen years (Statistics South Africa, 2020). In South Africa, life expectancy has increased: female life expectancy ranges from 58-69 years, compared with 52.5-64.2 for males (Lehohla, 2017). Indeed, statistics indicated that older adults were more likely to live with or care for at least one minor. These statistics underscore the imperative to direct more resources towards the health and well-being of our older adult population.

Furthermore, several social factors may also be risk factors for impaired well-being. For example, South Africa's chequered past might be reflected in the population distribution of living arrangements, reflecting socioeconomic status (Lehohla, 2017). For example, an excess of 70% of white older adults and 65% of Indian older adults live in single or double generation households. In comparison, more than 70% of Coloured older adults and 42% of African older adults reside in double or triple generation homes. Nearly 20% of African older adults live in skip generation homes, in which seniors are responsible for grandchildren's care (Lehohla, 2017). Lower levels of literacy among older persons in South Africa present additional challenges, with implications for socioeconomic status and employment opportunity during pre-retirement years and maintaining independence after retirement (Lehohla, 2017). In terms of financial stability, approximately 90% of South African older adults are recipients of the old age grant, a mere R1880 per month, while 80% of elder-headed households cited the old age grant as the principal source of income (Lehohla, 2017; South African Government, n.d.). Adding to socioeconomic difficulties, in 2011, 77.1% of participants did not have access to private health insurance (Lehohla, 2017). This invariably affects access to mental healthcare services.

From a demographic perspective, it could be said that older persons in South Africa are in dire need of intervention. Well-being is compromised by many social and economic problems, potentially placing older persons at risk for developing mental health problems, incapacitating them further.

1.3.Deficit of attention to the care of older adults

A survey of the literature would reveal a global paucity in focus and treatment of psychological and emotional difficulties in older adults compared to other developmental phases of the life span. This may be the function of misguided views about the role that older people play in society; in a sense, casting them more as historical artefacts precludes them from

consideration in plans made for the future (WHO, 2015). While this leaves a growing population group without sufficient mental health care, it may have detrimental consequences in the future. Ageing excludes no one, and the investment into research and psychological interventions for well-being will affect needed change in the current generation of older adults and those to come. Some projections suggest that the ageing population in Africa may be the fastest-growing globally (Madhavan et al., 2017).

This also applies to the South African context, where much of the resources allocated to South African seniors is predominantly focusing on physical health ailments rather than psychosocial well-being (Baerecke & Clarke, 2015). Furthermore, socioeconomic circumstances may also directly impact emotional well-being, as posited in section 1.1. An additional issue is a significant research gap addressing both issues relating to mental health and interventions that might be used to prevent or remediate mental illness. This is discussed in greater detail in Chapter 2.

1.4.Statement of the problem and rationale

It is apparent that intervention to promote mental health is not only an imperative to promote psychological well-being but may instead serve the person as a *holistic* being, with ripple effects into all aspects of life. Literature suggests that establishing a legacy and making sense of life experiences is an important developmental challenge in later life that may have an impact on overall psychological well-being.

While improving psychological well-being is not the aim of the study, its connection to the constructs remains significant. There also appear to be deficits in the focus on older adults' mental health and well-being, including a lack of resources and a relative absence of training in this area. Therefore, it appears that there is an opportunity to expand this area of social research. More specifically, these constructs appear to be understudied in South Africa. Therefore this study may make some contribution to the body of knowledge in this area. Using

a case study approach, the current study made use of autobiographical narrative storytelling to explore how older adults make sense of their lives, establish a sense of legacy and how these processes may affect psychological well-being.

1.5.Research aims and objectives

This research aims to explore meaning-making, legacy and psychological well-being among older adults in South Africa and the role of an autobiographical narrative approach to explore these constructs. Thus the objectives are:

- To explore the life narratives of older adults, the meaning they have made, and the legacy they have built and exploring implications for psychological well-being through stories.

1.6.Research questions

1. How do the elderly make sense of their lives?
2. How do they understand and articulate legacy?

1.7.Outline of dissertation

This dissertation gives a comprehensive report on the study outlined above, a qualitative study exploring the life stories of older adults, their sense of legacy, meaning-making structures and psychological well-being. This chapter presented a brief background to ageing in the South African context, providing an overview of some critical difficulties associated with ageing. A summary of the state of ageing in South Africa was given, and an argument was made for a relative lack of focus in geropsychological research, particularly in South Africa.

In Chapter 2, a detailed picture of the relevant literature is presented, discussing successful ageing, psychological well-being and various obstacles and developmental challenges associated with growing older. In this chapter, autobiographical narrative techniques are discussed, and arguments for a gap in the research are made. Interpretive

Phenomenological Analysis is presented as the theoretical framework under which this study was framed.

Chapter 3 presents the methodology of the study. Research design, sampling frame and sampling strategies are outlined, and data collection instruments, processes and analyses. Ethical considerations are discussed.

Research findings are presented in Chapter 4. The findings showed that participants' theology underpinned both meaning-making structures and a sense of legacy.

The research findings are critically discussed in Chapter 5. Findings are presented against the backdrop of relevant theoretical constructs, extant literature and clinical implications. Limitations and recommendations are discussed. Lastly, relevant appendices may be found at the end of the document.

Chapter 2: Review of the literature

In comparison to other areas of research in recent years, it would appear that the study of the health and well-being of our elders may be somewhat neglected, particularly in South Africa. This observation underscored a core goal in the focus of this particular study.

This chapter comprises a detailed literature review that attempts to provide a conceptual map for the topic at hand and makes further arguments to justify the research. It begins by defining successful ageing, the ultimate objective of geropsychological research and intervention. An argument is made for the theoretical relationship between successful ageing and psychological well-being, and a model of eudaimonic well-being discussed to this end. Subsequently, a discussion is given detailing obstacles that may impede successful ageing, relating to physical and mental health, life course adjustment challenges, and social factors.

As two key constructs upholding the study, legislation and meaning-making are framed in terms of Erikson's (1980) psychosocial stage model of development. An argument is made for their role in promoting successful ageing and psychological well-being. Autobiographical storytelling in research is discussed. The applicability of these methods for the study are discussed.

Another key aspect outlined in Chapter 1 is the paucity of literature on the topic of geropsychology. This is discussed, as well as a lack of interest by mental health professionals.

Lastly, Interpretive Phenomenological Analysis (IPA) was the theoretical perspective that was used to uphold the study. In the last part of the chapter, theoretical underpinnings, fundamental tenets and applicability to the study's constructs are discussed.

2.1.Successful ageing

The United Nations (UN) instituted a Decade of Healthy Ageing between 2021-2030, raising the imperative and sounded the call for people worldwide to prioritise efforts to improve the quality of life of the older generations (World Health Organization, 2020a). Their approach

to 'healthy ageing' frames wellness as being derived from physical health attributes, mental capacities, environmental factors and well-being, that collaboratively empower elders to live a healthy and meaningful life (WHO, 2015). This offers a holistic picture of ageing.

Psychological literature also offers contributions on ageing well, although the concept often lacks clear operationalization (Ryff, 1982; WHO, 2015). For example, previous perspectives have included the degree of an individual's involvement in activity, satisfaction with life, achieving personality integration, adaptation and social relationships (Ryff, 1982).

For Carol Ryff (1989), a pioneer in ageing and well-being research, successful ageing and psychological well-being are inextricably tied. According to Ryff (1982), the utility of employing a psychologically-focused model of successful ageing may lie in the fact that "personality does not have the built-in inevitabilities of decline characteristic of physiologically linked processes such as memory, vision, or cognition" (p. 210). This may in fact compensate for decline in other areas. For these reasons, the current study focused on successful ageing in terms of psychological well-being.

2.1.1. Psychological well-being: A brief overview

Historically, well-being has comprised of a diverse range of conceptualisations and it can be broadly defined as "optimal psychological experience and functioning"—not merely the conceptual inverse of psychological distress (Chandler & Robinson, 2014; Deci & Ryan, 2008, p. 1; Ryff, 2014).

Two primary schools of thought emerge within well-being literature (Deci & Ryan, 2008). The first perspective, hedonic well-being, is hallmarked by its subjective evaluation of pleasure or life, emphasizing high levels of positive affect, low levels of negative affect and a sense of life satisfaction (Bauer & Park, 2010; Deci & Ryan, 2008; Diener et al., 1999). Also known as subjective well-being (SWB), this evaluation may be influenced by factors relating the individual, social and cultural contexts, and the surrounding environment (Deci & Ryan,

2008). The second perspective, eudaimonic well-being, emphasizes responding to individual values and living a meaningful life (Steger, 2016). Ryff (1989) argues that similar to medical models of health, historical perspectives of well-being have overemphasised illness over wellness, errantly suggesting that a lack of ill-health is tantamount to total health. Eudaimonia does not exclude evaluations of happiness and satisfaction but includes meaningful interactions with others, purpose and meaning (Chandler & Robinson, 2014).

Eudaimonic well-being has received some criticism for being conceptually vague (Martela & Sheldon, 2019). Fundamentally, however, eudaimonia is represented by an individual who knows and understands themselves and the movement of life in a direction consistent with their potential (Ryff, 2018). From this perspective, eudaimonic psychological well-being is an appropriate perspective for the context of the current study. In a discussion to follow, Ryff's (1989) six-factor model of eudaimonic well-being will be expanded and explained based on available theory and literature.

2.1.2. Ryff's six-factor model: An answer to the questions of successful ageing and psychological well-being

Ryff's (1989) model was developed to formulate a coherent, unified conceptualisation of psychological well-being and successful ageing. It adopts a multi-theoretical synthetic approach that focuses on wellness and successful ageing (Ryff, 1982, 1989). The model draws on three categories of theory: lifespan developmental theories that hone in on developmental challenges and capacity for growth; theories of personal growth, emphasising positive psychological functioning; and theoretical perspectives on mental health.

Ryff's (1989) model is comprised of six components: autonomy, personal growth, self-acceptance, purpose in life, environmental mastery and positive relationship. The model enjoys key theoretical contributions from Allport, Jung, Jahoda, Frank, Maslow, Neugarten, Bühler,

Erikson and Rogers (Ryff, 2018a, p. 337) among others. The discussion below provides a brief discussion of each dimensions (Ryff, 1989, 2018a).

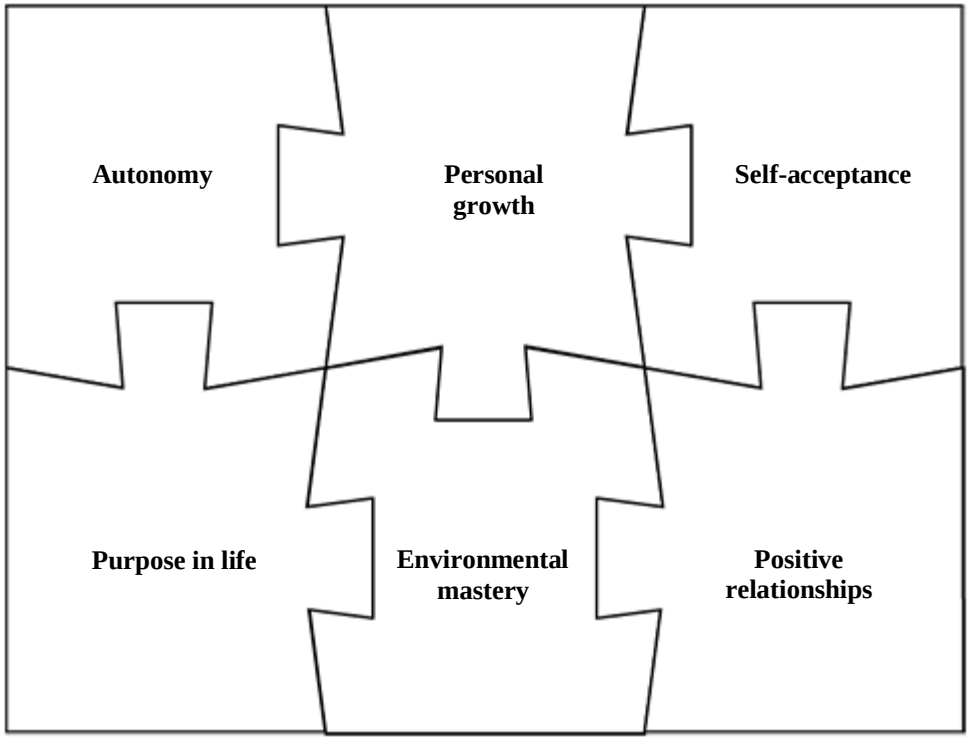


Figure 2-1 Ryff's six-factor model of psychological well-being
Image courtesy of Clipart Library

Autonomy. This dimension highlights the values of independence and self-determination, self-actualisation, and one's ability to regulate behaviour. This also involves relying on oneself for approval and affirmation, living an individually established life. Reflection is also cited as an important aspect, particularly in later life.

Personal growth. This capacity facilitates the forward movement towards self-improvement and pursuing personal potential. This dimension underlines the human capacity for change in a positive direction, meeting the needs and challenges presented throughout life. Personal growth can also be described as the pursuit of adaptive mental health functioning.

Self-acceptance. Self-acceptance entails making sense of both positive and negative aspects of personal experience and character, including past experiences, flaws and personal strengths. Self-acceptance is necessary for self-actualisation. Individuals may also look to integrate idealised and actualised selves in the pursuit of self-acceptance.

Purpose in life. A sense of purpose, a reason for living and life direction are necessary to establish a sense of purpose. Purpose can be found by enjoying each moment. Humankind's tendency to make meaning out of experiences, including hardships and adversity, facilitates processes of integration and overall well-being.

Environmental mastery. Environmental mastery is the ability to select or modify the environment to meet needs and engage with the environment. This may also occur in such a way where individuals actively engage in activities that extend beyond the self (Ryff, 2018a).

Positive relationships. Key aspects of this dimension noted are love, empathy, and genuine affection in relationships with significant others. The ability to engage in mutually trusting relationships are cited as critical. This connects with Erikson's stage of generativity versus stagnation, where individuals may feel a responsibility to help lead and mentor others. This will be discussed in more detail in later sections.

The value in this approach lies in its broad applicability to most aspects of life, and challenging the 'implicit negativism' (Ryff, 1989, p. 38) embedded within some previous well-being research, i.e. measuring levels of illness to indicate wellness. In that respect, Ryff's model extends beyond a mere absence of distress and towards living well (Ryff, 2014). This has been exemplified in literature: research shows that promoting mental wellness may also protect against the onset of psychopathology (Keyes et al., 2010). This may challenge traditional models of psychotherapy, broadening the scope of intervention to pursue eudaimonic well-being as a therapeutic objective (Fava et al., 2007 as cited in Ryff, 2017). Within the therapeutic frame, evaluating levels of eudaimonic well-being may also provide helpful prognostic value and may provide a more complete indication of recovery (Keyes, 2002 as cited in Brandel et al., 2017).

Furthermore, some research advocates for the role that eudaimonic well-being may have in broadening a person's repertoire of adaptive responses. This could justify its utility in

a therapeutic context, providing some insight into possible mechanisms of change (Brandel et al., 2017). This idea converges with Fredrickson's (2004) broaden-and-build theory of positive emotions, which submits that increasing positive emotions can assist in developing a person's thought-action repertoire *in vivo* leading to adaptive functioning.

Ryff's model, applied to the field of geropsychology, offers a useful and well-placed conceptualisation of well-being concerning successful ageing. It also emphasises a strengths-centred focus of ageing, drawing out pre-existing internal resources to meet developmental challenges and the innate capacity for continued growth (Ryff, 1989).

The model has been applied in many studies, to broaden our understanding of both well-being and the complexities of the ageing process (see Chandler & Robinson, 2014; Shafi et al., 2020). For example, one study used the model to explore how a retirement village setting may facilitate the six dimensions of well-being (Chandler & Robinson, 2014). Shafi et al. (2020) investigated the relationship between social support and the six dimensions in a geriatric population. They found that all dimensions of well-being sans personal growth and purpose in life were significantly related to social support. Other research findings indicate that eudaimonic well-being may play a role in treating mood and substance disorders (Brandel et al., 2017). Indeed, levels of eudaimonic well-being can shift how individuals react to various experiences of illness, both on an emotional and physical level (Brandel et al., 2017).

In summary, Ryff's (1989) model appears to provide a comprehensive understanding of successful ageing and eudaimonic well-being. Literature suggests that such an approach may offer some benefit, especially considering its possibility of affecting meaningful therapeutic change. While the imperative of the current study is not to investigate such a model for its potential for therapeutic change, such findings offer some insight into the potential for these factors to help cultivate adaptive adjustment to life challenges in old age. In the following section, a number of these challenges are identified and discussed.

2.2.Obstacles to successful ageing

The thought of ageing is likely to conjure up stereotypical images of grey hair, fading eyesight and memory impairment. However, literature shows that the challenges experienced during the ageing process are far more complex than most imagine. Without a doubt, the COVID-19 pandemic and subsequent lockdowns have had a significant impact not only on physical health but also on psychosocial well-being. These factors do not act in isolation, and the compounded impact of these factors may have serious consequences. For example, physical and psychiatric difficulties may mutually impact one another, for example, where health problems may lead to the onset of anxiety or mood disorders, or where substance use problems may impact physical health (Lin et al., 2011). While a full review of these obstacles is beyond this dissertation's scope, a brief outline is presented below.

2.2.1. Physical health

With advancing age comes declining health. One such example is a declining musculoskeletal function facilitated by reducing muscle mass (Cruz-Jentoft et al., 2010). A reduction in bone density is also associated with a higher probability of breaks, fractures or osteoporosis, increasing the likelihood of disability and mortality (WHO, 2015). Deterioration in sensory functions, memory function and cognitive processing speed are frequently reported (WHO, 2015). The WHO (2015) submits that an individual's declining cognitive function may be the product of a range of idiographic factors – socioeconomic status, lifestyle and chronic disease. Older persons also undergo a decline in sexual functioning, where a high proportion of older adults continuing to be sexually active well into their eighties (Lindau et al., 2007; WHO, 2015).

These are just a few examples, and the COVID-19 pandemic also seems to have renewed interest in the immune vulnerability of older persons. The complications associated with COVID-19 and lockdown are discussed in more detail in section 2.2.5.

2.2.2. Mental health

A recent epidemiological study investigating the prevalence of psychiatric disorders in South Africa found lifetime prevalence rates for having any psychiatric disorder to be at 27.9% for adults 65 and over, and lifetime prevalence rates for two disorders in the same age bracket was 9.6% (Herman et al., 2009). Such statistics underscore the urgent need for psychological intervention among older persons in South Africa. Common psychiatric problems experienced by older persons include neurocognitive disorders, depressive disorders, anxiety disorders, substance-use disorders and suicidal behaviour (Herman et al., 2009; Kua & Mahendran, 2017; Mars et al., 2014). Literature suggests that several risk factors that may predispose individuals to mental illness, like physical health concerns such as such as high blood pressure, diabetes, tobacco consumption and obesity; social factors, such as loneliness or other broader, societal factors and intrapersonal factors, like personality, unstable identity, and maladaptive thought patterns (Bensamoun et al., 2017; Cole & Dendukuri, 2003; Kua & Mahendran, 2017; Power et al., 2017).

The prevalence of mental illness in low- to middle-income countries amplifies the need to address mental health among seniors. One finding suggested that 60% of those diagnosed with neurocognitive disorders dwell in low- to middle-income countries, raising some interesting questions about the role of physical health, lifestyle, and socioeconomic status in the development of certain disorders (de Jager et al., 2015). In South Africa, anxiety disorders (including Posttraumatic Stress Disorder) are another prevalent concern (Herman et al., 2009). These statistics mirror other literature, which suggests that the prevalence of anxiety may surpass levels of depression in older adults (Schuurmans & van Balkom, 2011). Substance use disorders are an additional concern among older adults. According to Briggs et al. (2011) substance misuse is an under-diagnosed and under-treated problem among older persons. Substance misuse may have detrimental ramifications, where substance misuse may be

correlated with the onset of physical health problems (Lin et al., 2011). Another significant yet perhaps somewhat overlooked aspect are concerns suicide and suicidal ideation. Suicidal ideation may be common among older adults: in one study, physical health conditions were present among half of deaths by suicide (Choi et al., 2019). Bringing the concerns closer to home, the results of a systematic review indicated that in Mauritius, Zimbabwe and South Africa, suicide rates were highest among older persons (Mars et al., 2014).

2.2.3. Social factors (ageism, dependency, COVID-19)

Social factors, such as a person's degree of connectedness with others, experiences of ageism, social positioning and elder abuse are likely to affect well-being adversely. Such aspects are outlined in this section.

Socioeconomic status

Socioeconomic status adds to obstacles to successful ageing. One European study found that socioeconomic advantage throughout the life course was associated with higher well-being ratings, while financial distress was correlated with lower well-being ratings (Niedzwiedz et al., 2015). These findings, together with what is known about the inequalities, historic injustices, and current socioeconomic problems within the South African context, underscore the influence of structural factors on the individual and the imperative to address these issues in tandem with psychological well-being.

Social positioning

Social positioning refers to how individuals are placed within society and their social role. Elejabarrieta (1994) expands on this, describing social positioning as referring "not only to the symbolic occupation of a space of identity and action but also to the dynamic through which positioning expresses identity and allows individuals to build the space of reality in which their identity can be expressed" (p. 248). This could have a substantial impact on

psychological well-being, and the way a role is socially constructed impacts how an individual establishes an individual sense of self and how they relate to others.

Traditionally, conventional social positioning categorises older adults either according to productive capacity or dependence (Calasanti & Bonanno, 1986; Easterlin 1991, as cited in Madhavan et al., 2017; Madhavan et al., 2017). Parameters for productivity versus dependence have typically centred around reproductive life span, economic participation, and physical ability (Madhavan et al., 2017). Social expectations for older adults can be somewhat paradoxical – older adults are expected to be economically dependent but should simultaneously maintain their social independence (Robertson, 1997).

For obvious reasons, social positioning may impede well-being, exemplified in the South African context (Madhavan et al., 2017). In South Africa, many older adults foster grandchildren whose parents work elsewhere, care for sick adult children, or grandchildren orphaned by the HIV/AIDS epidemic (Ferreira, 2004; Schatz, 2007). Understanding both the active roles that older adults take in South African society and how they move from productive to dependent positions can broaden our understanding of well-being in a South African context, where a lack of understanding could lead to poorly-informed intervention (Madhavan et al., 2017).

In South Africa, limited institutionalised care forces many older people to remain living with children and grandchildren, and grant recipients become a source of financial support for their families (Madhavan et al., 2017; Niño-Zarazua et al., 2012). Secondly, this may inadvertently contribute to unemployment, as younger, work-able family members consequently may choose not to work (Betrand et al., 2003). Arguably, these factors may add additional burdens of stress on older adults, compromising psychological well-being.

With obvious connections to psychological well-being, this research may have some interesting implications for future psychological interventions for older adults in South Africa:

interventions should not only treat difficulties associated with traditional views of ageing, e.g. loneliness, neurodegeneration, physical illness and frailty, but should be extended to include those associated with being productive members of South African society, particularly as primary caregivers, and financial contributors.

Ageism

Butler (1969) described ageism as a "deep seated uneasiness on the part of the young and middle-aged; a personal revulsion to and distaste for growing old, disease, disability; and fear of powerlessness, 'uselessness', and death (p. 243)". Origins of "stigma" point to "stizein" – a Greek word, referring to the act of tattooing, or permanently scarring the body to advertise the bearer's unbecoming moral character, criminality, betrayal or slave-status (Goffman, 2009; Merriam-Webster, n.d.). In this way, we understand how stigma, or rather ageism, permanently marks a person, rendering them undesirable (Goffman, 2009). Butler (1980) argues that ageism has "contributed to the transformation of [ageing] from a natural process into a social problem" (Butler, 1980, p. 8).

This distaste and fear or disgust associated with an ageing body has manifested itself through ideas entrenched in society – through the enforcement of mandatory retirement, jokes at the expense of the elderly, and an insufficient focus on the care of older adults at a policy level, leading to implications for the distribution of health and social resources (Butler, 1969; Butler, 1980; WHO, 2015). It could be said that this was clear, in the urgent and incessant call of world leaders during the COVID-19 pandemic, to remember and protect their elders as vulnerable members of society during the fight against coronavirus.

Implicit assumptions about ageing may fall below levels of conscious awareness, impacting thoughts, behaviour and interactions with older adults (Levy, 2001). The internalisation of these feelings of disgust and fear is associated with an unstoppable biological process (Levy, 2001). The stigma associated with ageing, although needless, can have serious

ramifications. Seniors may also internalise stigma relating to mental health, a barrier impeding access to proper mental healthcare (Bodner et al., 2018; Lerner & Levinson, 2012). In a sense, the elderly experiencing mental health problems may face a double stigma – ageism and mental illness-related stigma (de Mendonça Lima et al., 2003). Some research points dually to a correlation between internalised ageist stigmas and depression and positive attitudes to ageing and better mental health (Bryant et al., 2012; Wurm & Benyamini, 2014). These findings could demonstrate the effects of internalised ageism at work.

The psychological implications of ageism are deeply reaching, affecting levels of choices about treatment, self-efficacy, productivity and even cardiovascular stress (Levy et al., 2000; WHO, 2015). Additionally, greater perceptions of discrimination have been associated with a deteriorated health in those of lower socioeconomic status (Fuller-Rowell et al., 2018), again demonstrating the link between social factors, physical health and well-being.

Elder abuse

According to the World Health Organization (2020b, para 1), elder abuse is defined as a "single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person". Elder abuse can span across domains of "physical, sexual, psychological, emotional, financial and material abuse, abandonment, neglect and serious losses of dignity and respect" (WHO, 2015, p. 74). In the context of other social problems in South Africa, Lloyd-Sherlock and colleagues (2018), have labelled the situation for many older adults as "abusogenic environment (p. 240)." Furthermore, research offering insight on the problem of elder abuse in the South African context is lacking (Ferreira & Lindgren, 2008).

There appears to be insufficient response to deal with human rights abuses of older persons (Ferreira, 2004). The issue is worsened by social, cultural and economic issues which breed perceptions of older people as being burdensome (Ferreira, 2004).

Research suggests that abuse may be experienced both within and outside the home (Lloyd-Sherlock et al., 2016). Some authors posit that the old age grant could potentially create an opportunity for elders to be financially exploited, especially where elders feel morally compelled to give, even without reciprocal care or support (Baerecke & Clarke, 2015; Barrientos, 2003; Bohman et al., 2007; Lloyd-Sherlock et al., 2018; Sagner & Mtati, 1999). Elder abuse may also affect women to a greater degree, reflecting in a higher frequency of abuses perpetrated against older women, even within families attributed to more stringent gender prescriptions, a lack of economic power and a declining physical capacity to resist abuses (Ferreira, 2004; Guedes et al., 2015). Indeed, some research cites that causes of violence are frequently issues of inheritance and widowhood (Ferreira, 2004). The COVID-19 pandemic may have worsened the problem, where they might have found themselves locked in abusive situations. Issues relating to COVID-19 are discussed in more detail in the next section.

2.2.4. COVID-19

In the last year, it seems that the onset of the COVID-19 pandemic has renewed public interest in the health and well-being of the older generation, being identified as a high-risk population for infection or susception to COVID-19 disease. With the implementation of stringent lockdowns to curb the spread and flatten the curve, limited access to friends, family and social networks have been severely curtailed, compromising psychological well-being (Kemp, 2020).

Several studies have been conducted to explore varying dimensions of older people's psychological and social functioning during this time. The findings suggest that the pandemic has had a significantly negative effect on health and well-being (Arpino et al., 2020; Macdonald & Hülür, 2020; Whitehead & Torossian, 2020). Kemp (2020) further argues that the restrictions on family visiting may reduce the risk of infection but at a high cost to older people's emotional well-being.

Given the relative improbability of Covid-19 being eradicated within the foreseeable future, the damages to psychological health may persist for months or years to come (Heywood & Macintyre, 2020). Such findings are already beginning to emerge: the onset of the pandemic may have triggered higher levels of depression and loneliness, compromising health and well-being (Arpino et al., 2020; Fuller-Rowell et al., 2018; Krendl & Perry, 2020; Macdonald & Hülür, 2020). Further, some researchers found that for seniors who lived alone and were accustomed to regular in-person contact with friends and family, reported higher levels of negative affect and loneliness after using telephonic communication to stay connected with loved ones (Fingerman et al., 2020).

The current issues relating to the COVID-19 pandemic only complicate the issues of ageing in the twenty-first century and further underscore the imperative for more of a focus on seniors' mental health in psychological research.

2.3.Developmental challenges of ageing (Erikson)

Erik Erikson's (1980) psychosocial stage model of lifespan development is well known in psychological literature and offers insight into some developmental challenges that may be pertinent in old age. Following the epigenetic principle, Erikson's (1980) theory submits that human development occurs on a predetermined, globalised trajectory, during which particular psychosocial conflicts requiring resolution arise at different developmental stages, each part forming a fully functioning whole (p. 53). While an extensive discussion on all psychosocial stages is beyond the scope of this dissertation, each stage is listed below; relevant stages are discussed in the upcoming sections (Erikson, 1980; Louw & Louw, 2014):

1. Basic trust versus mistrust (infancy)
2. Autonomy versus shame and doubt (toddlerhood)
3. Initiative versus guilt (early childhood)
4. Industry versus inferiority (middle childhood)

5. Identity versus identity diffusion (adolescence)
6. Intimacy versus isolation (young adulthood)
7. Generativity versus stagnation (middle adulthood)
8. Ego integrity versus despair (late adulthood)

While the broader aim of the study is to explore the psychological well-being of older persons, examined through the lens of Ryff's six-factor model, the last two conflicts are developmentally relevant to the subject at hand. These are *generativity versus stagnation* and *integrity versus despair*. These developmental challenges fit well within the context of the current dissertation: it is accepted in literature a more attainable model to achieve and fits well within Ryff's model, where the pursuit of generativity entails leaving a legacy for the next generation and the pursuit of integrity involves the resolution of one's life, finding a sense of meaning and acceptance and (James & Zarrett, 2006; Ryff, 1989).

2.3.1. Legacy: Generativity versus stagnation

Generativity versus stagnation is named as the development conflict that is experienced in mature adulthood, between the ages of 60-75 (Allen, 2016). Generativity describes the 'need to be needed' (Allen, 2016, p. 162), where mature adults direct their efforts to impart to and empower the next generation (Erikson, 1950, as cited in Slater, 2003). Generativity is also defined as caring for those to come and leaving an imprint of one's life behind, motivated by a need for symbolic immortality and cultural expectations (McAdams & de St. Aubin, 1992; Newton et al., 2020). Hebblethwaite and Norris (2011) submit that generativity could be understood as a life-long process, dynamically developing from interactions between generations. At the other end of the conflict, stagnation is about a person' inability to facilitate this investment into the next generation, which produces significant boredom, self-indulgence and the establishment of a false sense of intimacy (Allen, 2016). The theory hypothesized that

a lack of generativity and a state of stagnation might reflect in a kind of self-absorption – little care for others beyond themselves and their closest loved ones (Newton et al., 2020).

Several theoreticians have expounded on this psychosocial conflict, however, Slater's (2003) and Kotre's (1996) contributions are particularly relevant to the current study.

Slater (2003) extended Erikson's theory by demonstrating how the remaining seven conflicts might manifest at this developmental stage (Slater, 2003). Trust versus mistrust may translate to inclusivity versus exclusivity, demonstrating rigidity or flexibility in beliefs and expectations of others to do the same. This may present as tolerating periods of religious doubt, leading to spiritual growth, renewal and cultivating a sense of trust, without depending on certainty for answers (Slater, 2003). In turn, trust creates a capacity for faith. People can come to terms with past mistakes and seek forgiveness; individuals can atone for and seek forgiveness for past misdeeds, encouraging a sense of coherence between past, present and future (Slater, 2003). Responsibility versus ambivalence originate the initiative versus guilt conflict and may reflect the individual's senses of purpose and the content of their choices (Slater, 2003). A possible link to legacy may be evident. Similarly, industry versus inferiority which manifests as career productivity versus inadequacy. Identity versus identity diffusion may manifest as parenthood versus self-absorption. Intimacy versus isolation may present as being a sense of being needed versus a sense of alienation.

Dr John N. Kotre (1996) also wrote extensively on generativity, as it applies to old age. He defines generativity as "a desire to invest one's substance in forms of life and work that will outlive the self" (Kotre, 1996, p. 10). This description bears a solid resemblance to legacy – an inheritance to the future generations that speaks of the unique and invaluable imprint that the individual has made on the world.

Kotre (1996) describes four subtypes of generativity: biological, parental, technical and cultural. Biological generativity refers to the physiological phenomenon of producing children

through childbirth. On the other hand, parental generativity refers to the loving, caring and affectionate efforts to raise, provide for, and disciplining children to ensure the development of trust, autonomy and initiative. Technical generativity involves the passing on of one's skills to the next generations. Cultural generativity describes transmitting cultural, religious, social or ideological meanings, ideas and interpretations to future generations.

While research investigating the relationship between generativity and legacy lacks, some research seems to confirm the link between the two constructs (Newton et al., 2020). For example, generativity was correlated with a combination of self- and other-focused legacies (Newton & Jones, 2016). Interestingly, this study also found that culture played a role in which kinds of legacies were expressed (self-focused or other-focused), where African American participants were more likely to express other-focused legacies. This may point to the values inherent in cultural norms. Similarly, the authors also observed that religion and spirituality emerged frequently within narratives of other-focused legacies, or a combination of the two.

Literature also demonstrates some examples of generativity and legacy. Generativity may be marked by a positive attitude, such as a sense of humour (Hampes, 1993). It may also be related to a capacity for adaptive meaning-making (James & Zarrett, 2006). As suggested earlier, family is another example of generativity, for example, grandparenting (Hebblethwaite & Norris, 2011). Spending leisure time with grandchildren created a place to pass on important skills and values, share wisdom, and act as role models (Hebblethwaite & Norris, 2011).

McAdams and de St Aubin (1992) suggested that generativity may bring a sense of meaning to life, bearing a close resemblance to Erikson's next psychosocial conflict, integrity versus despair. This is discussed in the next section.

2.3.2. Meaning: Integrity versus despair

Moore (2017) seems to capture the essence of ego-integrity by writing that "the role of elder is like a flowering of the personality and a completion of one's life mission (p. 180)". In

a sense, old age has the potential to become the apex of one's life-arc, witnessing growth and change, gain and loss, suffering and life.

From an Eriksonian perspective, ego integrity is the resolution of the previous seven psychosocial conflicts, as acceptance of one's own life, important people thereof, without regret and fully aware of the responsibility that lies in the hands of each individual (James & Zarrett, 2006; Erikson, 1980). Santor and Zuroff (1994) add that the activities of ego integrity may also include accepting life and experiences, tolerating others and their differences, engaging in spiritual or religious activities, accepting mortality, without death anxiety, and overall satisfaction with life. Seniors face the challenge of establishing a sense of wholeness, a unification and coherence of self in the face of impending mortality, or face a fragmenting, defeated self (Allen, 2016). Conversely, Erikson (1980) describes despair as an awareness of time being too short, a feeling of regret, disgust or bitterness, projecting it away from themselves and onto the surrounding environment.

Ego integrity is also described as 'emotional integration' and refers to self-leadership throughout the life span (Erikson, 1980, p. 105). In his work *Identity and the Life Cycle*, Erikson (1980) poignantly writes,

> Although aware of the relativity of all the various life styles which have given meaning to human striving, the possessor of integrity is ready to defend the dignity of his own life style... For he knows that an individual life is the accidental coincidence of but one life cycle with but one segment of history; and that for him all human integrity stands and falls with the one style of integrity of which he partakes (p. 104).

In this way, Erik accurately captures the essence of integrity: towards the end of life, one must begin to come to terms with how one has chosen to live, irrespective of circumstances that have come their way.

The resolution of the *integrity versus despair* crisis is wisdom, understood to be the ability to reflexively consider the complexity and challenges of life and adapt to circumstances (Allen, 2016; Bauer et al., 2019). Wisdom is an example of adaptation to life experiences, which can be passed down to others as a legacy (Bauer et al., 2019). In this way, wisdom demonstrates a connection between meaning-making and legacy-building.

Interestingly, some research may suggest that older adults may have an enhanced ability to make meaning from their experiences (Pasupathi, 2001, as cited in Bauer & Park, 2010). Furthermore, meaning is often associated with a sense of coherence in life, life purpose and a sense of significance (Martela & Steger, 2016).

Ego integrity may reflect personal growth, and developing a growth-focused identity may be important in old age (Bauer & Park, 2010). Developing a growth-focused identity may involve reflection about one's life and experiences, and in so doing, growth can be used to bring a sense of meaning to the conception of the self (Bauer & Park, 2010). It would appear that generativity, ego integrity and eudaimonic well-being are theoretically linked.

Some literature indicates an association between *ego integrity versus despair* and finding meaning in life, and a sense of coherence (Wiesmann & Hannich, 2011). Antonovsky's (1979) sense of coherence is described as an orientation towards life, comprising of three components: comprehensibility, the degree to which one perceives a sense of order in the world, and can understand problems one faces; manageability, whether one perceives their internal and external resources are adequate to face problems; and meaningfulness, the degree to which a person believes challenges are worth the effort required to overcome (Sagy & Antonovsky, 2000). One study found that ego integrity versus despair mediated the relationship between sense of coherence (Dezutter et al., 2013; Sagy & Antonovsky, 2000).

2.3.3. Successful ageing: A tapestry of well-being, legacy and meaning

Moore (2017) brings together the principles of ego integrity, legacy, well-being and successful ageing coherently and artfully. As a person advances in age, taking on the role of elder may bring optimism to the ageing process and bring a sense of fulfilment in life. In this sense of the word, "elder means that being older is an honour and carries with it a particular role of quiet leadership and teaching (Moore, 2017, p.179)". Elder-ship requires that a person has come to accept their advanced years and grow in confidence about their years of knowledge, experience and wisdom. Having embraced their ageing self, elders can open themselves to cherish young people and share their abundance of wisdom. Elders might also "cultivate [their] power to inspire", that is, use their lives and experiences to breathe into and vitalise the lives of others, giving their lives a newfound sense of purpose and meaning (Moore, 2017, p. 182).

Legacy, meaning and well-being, are constructs closely and intimately woven together. Literature supports this relationship. For one, Erikson's contributions were included in Ryff's model, which suggests that these tasks may contribute to an overall sense of eudaimonic well-being (Ryff, 1989). Some research suggests that ego integrity corresponds with almost all of Ryff's dimensions (James & Zarrett, 2006). Wisdom is also often associated with eudaimonic models of psychological well-being (Flanagan, 2007, as cited in Bauer et al., 2019). Further, van der Kaap-Deeder et al. (2020) identified that ego integrity was positively correlated to acceptance of mortality, and inversely related to death anxiety, while a positive correlation was found between despair and death anxiety.

Legacy may have an interesting connection to meaning-making and psychological well-being (McAdams et al., 2001 as cited in Newton et al., 2020). This literature suggests that articulating one's intended legacy facilitates the meaning-making process of one's life narrative, passes on a kind of wisdom to the next generation and creating a sense of fulfilment and well-being in the process.

2.4.Autobiographical techniques

Storytelling forms part of our universal human heritage, dating back millennia to our earliest ancestors. Storytelling transcends the boundaries of culture, age and class and uniquely connects both past and present. Stories connect people to their experiences in ways relevant to their present and future experience (Bauer et al., 2019). Reflection is a critical element of meaning-making, enabling appropriate and efficacious adaptation to circumstances (King & Hicks, 2009, as cited in Bauer et al., 2019). Kotre's (1996) work underlines the significance of reflective storytelling about one's life experiences as a means to promote a sense of generativity.

A key benefit of reflective remembering lies in the acceptance of both self and other that can be facilitated, work to promote reconciliation and conflict management, and establish meaning, self-worth and connecting the past and the present (Moral et al., 2015). This helps develop aspects of well-being pertaining to Ryff's (1989c) model, namely self-acceptance, personal growth, autonomy, and interpersonal relationships. To be clear, while therapeutic work is not within the scope of this study, the findings of this study nevertheless highlight the relevance of this technique in this context.

Some research demonstrates the value of reflective remembering and its connection to a sense of generativity, ego integrity and well-being. For example, a study in the Dominican Republic found that an integrative reminiscence intervention among a sample of older adults found a statistically significant improvement in symptoms of depression, self-esteem, personal integrity, life satisfaction and psychological well-being (Moral et al., 2015). Newton and Jones (2016) explored legacy among a group of middle-aged adults. Qualitative data was collected using a life review technique, and idiographic descriptions of legacies were elicited by asking participants to recall key events in their lives and imagine their futures. While the study also comprised of a quantitative component, the authors added that the qualitative component augmented the data by situating the data into context. This suggests that a qualitative narrative

technique may be helpful to explore the study's constructs. In another example, sharing stories of personal hardship with others was an effective therapeutic technique to facilitate meaning and a sense of legacy among children with severe physical health conditions (Sisk et al., 2012). Other research has used similar methods (Newton et al., 2020). Pinquart and Forstmeier (2012) found that interventions using reminiscence demonstrated notable and immediate effects on depression and other elements of mental health, psychological well-being, ego-integrity and cognitive performance, and many of these indicators were maintained at follow up.

These methods have also been applied to the older adult population. Ehlman and Ligon (2012) used oral history techniques to explore generativity among older adults. Chuang et al. (2018) investigated the effectiveness of a narrative approach in reducing depressive symptoms experienced by Taiwanese over the age of 65 and living in long-term care facilities. Interestingly, the study results found that their methods demonstrated a significant reduction in depressive symptoms for up to three months, increased self-awareness, and decreased emotional distress. Furthermore, the study demonstrated an increase in cognitive function, and participants were able to reflect on their lives and experiences meaningfully. This study underlines the value of a reflective approach to life experiences among older persons, both in promoting well-being, reducing mood disorder symptoms, and promoting sense-making in their review of experiences. From this, it can be deduced that this methods could be appropriate to explore the constructs of interests and the study population. Furthermore, these methods have been applied across several cultural contexts and could be appropriate for the South African context.

2.4.1. Making sense of stories

Fundamentally, interpreting stories necessitates an understanding of the context in which the story is situated, taking into account personal nuances and idiosyncrasies and broader sociocultural norms that may impact how individuals make sense of their experience (Wilson

et al., 2007). This situates the narrative in the correct individual, social, and environmental frame.

The relationship between meaning-making and narratives can be understood is the process of deriving meaning. Hartog et al. (2020) demonstrate this connection, and its implication for quality of life, as narrating assists individuals collate separate experiences into one integrated whole. Hartog et al.'s (2020) adapted theoretical model for understanding narratives includes several components that impact how a person generates meaning. These include life events, an individual's worldview, their ultimate life goals, and their experience of contingency (that is, the degree to which life experiences conflict with clashes with their worldview).

Narrative meaning-making is established by evaluating the event, irrespective of the seriousness or severity of the event (Hartog et al., 2020). Secondly, a sense of agency is required. How individuals may evaluate their roles, as passive or active, may influence the meaning they derive from them (Hartog et al., 2020). Thirdly, one must refer to the scope of the event's meaning, i.e. exploring the implications for existential matters versus situational context or spirituality (Hartog et al., 2020).

Hartog et al. (2020) also derived four modes of narrative integration, referring to the ability to acknowledge contingency and integrate them into a meaningful whole (Ricoeur, 1986 in Hartog et al., 2020). *Denying* refers to disengaging the process of interpretation, or confronting the severity of the situation, while ignoring the existential significance of the event or the contingency. In this way, the meaning-making process is stunted, and the event is conceptualised as separate from the individual's life narrative (Hartog et al., 2020). *Acknowledging* refers to the mode of accurately understanding the contingent nature of the event at hand, realising its significance and implication for the individual's larger life plan (Hartog et al., 2020). People may attempt to make sense of this by asking existential questions

(Hartog et al., 2020). In the third mode, *accepting*, an individual can come to terms with the event, its negative consequences and the change in life trajectory that may result from the event (Hartog et al., 2020). However, the fourth mode, *receiving*, indicates a full embrace of the event and its consequences and the opportunity for growth, learnings and fresh possibility (Hartog et al., 2020). This is in line with other literature, which suggests that creating meaning out of an adverse event does not guarantee complete closure, and often requires a re-evaluation of the meaning that has been established as life progresses (Park, 2010).

Another important consideration is the degree to which a person's implicit values are articulated and observed in their life narratives, establishing a sense of meaningfulness in life (Bauer et al., 2019). Value orientation provides a foundation for understanding meaning, giving meaning to behaviour, and reflecting personal needs (Bauer, 2016; Bauer et al., 2019). These can be identified in common themes which may emerge throughout the narrative (Bauer et al., 2019). Value fulfilment, strongly connected with well-being, is one's subjective sense of whether these value orientations have been adequately satisfied (Bauer, 2016). This sense of value fulfilment is reflected by the six dimensions of Ryff's (1989) model, discussed in earlier sections (Bauer et al., 2019). Fulfilment is often evidenced by how stories are articulated, e.g. through tone (Bauer et al., 2019). Value perspectivity, referring to the complexity and coherence of narratives around value orientation and fulfilment, linked to wisdom (Bauer et al., 2019). Wisdom is key in healthy adaptation to life's challenges (Bauer et al., 2019). Value perspectivity engages a critical, objective and reflective stance of oneself and others in a way that demonstrates both complexity and a sense of coherence of meanings generated (Bauer et al., 2019).

2.5.Geropsychology: Under-researched and under-resourced?

There is evidence to suggest that there is a considerable research gap in the field of geropsychology. At the core of the gap in the mental health care of older adults is a lack of

coverage during training, shortage of availability of mental health professionals, academic training, training on psychological interventions and psychological research with concerning implications for a growing population such as that which is under study (Bodner et al., 2018; Pachana et al., 2010; Strong et al., 2019).

Some international studies suggest that predictors of interest among psychologists and trainees were formal training in the field, experience, or intention to undertake a practical placement in geriatric facilities, where in some cases, practical training may be the only exposure to the field (Chonody et al., 2014; Koder & Helmes, 2008; Pachana et al., 2010). The malady of this lies in the connection between a lack of experience in the field of geriatric mental health care and the assumption that severe psychological symptomology can be considered to be a typical experience of ageing (Laidlaw & Pachana as cited in Bodner et al., 2018). Furthermore, Pachana and colleagues (2010) suggest that interest or enthusiasm for geropsychological work may be predicted by interest by lecturers and other teaching staff. The implications for this are alarming – if faculties' attitudes towards geropsychology strongly influence students, then a lack of interest in among academic staff predicts a lack of interest among students, and the shortage continues amid a growing geriatric population.

The unique challenges associated with the South African context brings further need for consideration. This is discussed in the following section.

2.5.1. Geropsychology in South Africa

Little information is available regarding South African efforts to promote the psychological health care of her older persons. This was echoed by an evaluation of service provision in the Western Cape, where the finding suggested that provision of services were predominantly related to physical health and social support, although there was some evidence for offering a sense of social belonging, providing a sense of purpose through decision-making and working with trauma (Baerecke & Clarke, 2015).

South African seniors may feel somewhat marginalised as a result. One study found a link between the socioeconomic status of older persons and the number of challenges associated with accessing healthcare services, where participants in low-income areas were less responsive to care, felt overlooked, and mistrustful of the healthcare system (Kelly et al., 2019). There also appears to be a degree of inconsistency across the board regarding availability of resources (funding, infrastructure, support staff and capacity), activities and services offered, impeding effective care and well-being (Baerecke & Clarke, 2015).

There also appears to be a paucity of literature exploring the psychological functioning of older persons, or more specifically, well-being, legacy and meaning-making with a narrative focus. The complexities of the South African context provide sufficient explanation to justify a need for research. So too, does the legacy of the apartheid regime, the effects of which can still be seen evident.

However, much like many other countries, education at a tertiary level may focus more on physical healthcare needs than geropsychology (Tanyi & Pelser, 2019). In low to middle-income countries, a lack of adequate health and social support infrastructure, the complications HIV/AIDS epidemic bring to family dynamics and grandparents as de facto caregivers pose additional challenges (Pelser, 2012, as cited in Tanyi & Pelser, 2019). As a response to this deficit, Tanyi and Pelser (2019) calls for greater inclusion of gerontology in South African tertiary education curricula and getting students involved in ageing services organisations through sponsored incentives.

2.6.Theoretical framework: Interpretive Phenomenological Analysis

Smith and Osborn (2015) defined interpretative phenomenological analysis (IPA) as an approach “dedicated to the detailed exploration of personal meaning and lived experience” (p. 25). Distinguishing itself from some other qualitative approaches, the utility of IPA lies in listening to the individual voice of the participant (Larkin et al., 2006). This section provides a

brief overview of IPA and the rationale for its inclusion in the conceptual framework. A more detailed discussion around the methods of data analysis will be provided in later sections.

IPA is grounded in several key theoretical pillars (Smith & Osborn, 2015). IPA is grounded in phenomenology, a detailed study of the individual's lived experiences, perceptions, and perspectives of environmental phenomena (Smith, 2011, 2015; Smith et al., 2009). The researcher plays an active role in the research, as they make sense of the participants' sense-making (Smith & Osborn, 2015). Furthermore, since experience cannot be 'plucked' directly from the participants, researchers are required to adopt an engaged and interpretive role (Smith, 2011, p. 10). In this way, there is no direct way to 'objectively' view the content of the text (Smith & Osborn, 2015; Smith, 2011). On another level, some authors posit that IPA is, in itself, can be considered to be a perspective taken to analyse qualitative data rather than a methodology (Larkin et al., 2006). This active role forms a 'double hermeneutic', the hallmark of the research process. Like a double helix, each narrative is made unique as it is constructed in part by both the participant's perceptions and the researcher's understanding of the participant's perceptions.

Based on the contributions of Ricoeur (1970, as cited in Smith & Osborne, 2015), IPA emphasises a dual interpretive stance of empathically understanding the unique frame of reference while also critically examining the text. IPA also acknowledges the role of symbolic interactionism, understanding that meaning is derived on both personal and broader social levels (Denzin, 1995, as cited in Smith & Osborne, 2015). The context in which participants are located is critical to understanding the text, drawing upon Heidegger's proposal of the person's being-in-the-world' (Eatough & Smith, 2011; Spinelli, 1989, as cited in Eatough & Smith, 2011). IPA considers the person on a holistic level exploring cognitive, linguistic, affective and physical dimensions and the dynamics between those aspects of functioning and offers an understanding of the complexity of these aspects of functioning, for example,

choosing to withhold information and mentalising the feelings states of participants (Smith & Osborn, 2015). IPA's focus on the process of making meaning out of experiences and the consequent perceptions derived emphasise cognitive processes, suggesting a theoretical convergence with the cognitive paradigm, although divergence is evident in terms of the means through with how thought is examined (Smith & Osborn, 2015). Lastly, IPA is underpinned by an idiographic approach to understanding meaning-making, where the research results are dependent on the individual cases as opposed to generalised findings (Pietkiewicz & Smith, 2014).

IPA in the context of the current study

The rationale for using IPA as a conceptual framework is grounded in its value for how individuals construct narratives and create individually derived meanings out of experiences. IPA creates ample room for the individuality of each unique narrative to emerge. This is aligned with the study's aims and objectives, which examines how older persons uniquely derive meaning and a sense of legacy out of their life experience by examining their life narratives.

Several studies have adopted an IPA approach to explore the lived experiences of older adults in a variety of contexts. To name some examples, Aldridge et al. (2019) conducted a study in the United Kingdom, used IPA to explore the experiences of shame among people with early-stage dementia. A Greek study explored the meaning of older women's traditional arts and crafts using IPA (Tzanidaki & Reynolds, 2011). Bramley and Eatough (2005) used IPA in the context of a case study of an older woman with Parkinson's disease. Pol et al. (2016) explored older persons' perspectives of using sensor monitoring to investigate a decline in daily functioning. Perhaps the contextual focus embedded in the IPA framework explains its applicability across a variety of contexts. This further justifies the use of IPA for the current study.

2.7.Conclusion

In this chapter, an argument for the current study in terms of existing theory and literature was presented. Successful ageing and well-being were discussed and a number of challenges that older adults face as they age. Key concepts of legacy and meaning were discussed in terms of existing theory and research on these conflicts, respectively. The use of autobiographical storytelling was discussed and justified for the current context. The gap in geropsychological research was also discussed and applied to the South African context. Lastly, Interpretive phenomenological analysis (IPA) was presented as the study's theoretical framework. In Chapter 3, the methodology for the study is presented in detail.

Chapter 3: Methodology

In chapters 1 and 2, an argument for the current study was presented and discussed. In this chapter, a detailed description of the study's methodology is presented. The research design, setting and sampling approach is discussed. A description of rationale and use of specific data collection instruments is presented and a phase-by-phase description of the data collection processes. Methods of data analysis according to the standards set apart in interpretive phenomenological analysis are given. Lastly, ethical considerations and validity of the study is presented.

3.1.Research Design

The study aimed to explore meaning-making, legacy, and psychological well-being through the lens of autobiographical storytelling. Accordingly, the study adopted a qualitative and phenomenological paradigm using a case study approach.

Qualitative research classically involves a contextualised and idiographic approach to research using methods such as interviews and observations (Bazely, 2013, as cited in Gray, 2018). The approach to research diverges significantly from quantitative research, which may focus on numerical data rather than the interpretation of textual data (Smith, 2015).

Situated within the qualitative paradigm is the phenomenological school of thought (Ashworth, 2015). The father of phenomenology, Edmund Husserl, argued against the theoretical tenets of previously accepted modes of positivist scientific investigation, focusing instead on how people construct and subjectively understand the world (Ashworth, 2015; Gray, 2018). Husserl posited that there is nothing more fundamental than experience, and thus, understanding this should be the starting point of scientific investigation (Ashworth, 2015). Husserl's (1980) own words,

> Phenomenology in our sense is the science of "origins," of the "mothers" of all cognition; and it is the maternal-ground of all philosophical method: to this ground and to the work in it, everything leads back (p. 69)."

In this school of thought, experience is described as a collective of dynamically related meanings embedded within one's personal world (Husserl, 1936,1970, as cited in Ashworth, 2015). Given that a key objective of the study was to explore participants' meaning-making strategies, and expressions of legacy, a qualitative, phenomenological paradigm was most compatible with this objective.

A case study approach was also appropriate for the current study. Case study research allows researchers to understand various social phenomena, exploring several themes (Gray, 2018; Tight, 2010). Thus, a small number of participants were selected for the study. This is consistent with an IPA research design: the IPA methodology usually entails detailed analyses to elicit thick descriptions of participants' experiences (Smith & Osborn, 2015).

3.2.Setting

The study took place in KwaZulu-Natal, South Africa, at a community group from a local church. All participants were over the age of 60.

3.3.Sampling approach

3.3.1. Sampling strategies

Purposive sampling was the primary method of acquiring participants, apt for qualitative research (Neuman, 2014). Neuman (2014) also submits that researchers employing purposive sampling strategies use their judgment to determine the appropriateness of a candidate for participation. Inclusion criteria for participation, based on the topic of study, the potentially sensitive nature of the content that may be divulged, required that participants:

(a) were over the age of 60;

(b) were of reasonable physical health and;

(c) were of reasonable mental health.

In 2020, part of the research design had to be reformulated to meet the challenges presented with the COVID-19 crisis. Data collection strategies were adjusted; a decision was made to replace in-person contact with online video-conferencing platforms. Access to a laptop or tablet and an ability to comfortably use a video-conferencing platform created an additional criterion for selection. These limitations created the need to include a convenience sampling approach based on the availability of participants who could engage online (Neuman, 2014) adequately. Thus, in addition to requirements on physical and mental health, eligible participants would need to have access to and adequately use video-conferencing technologies.

3.3.2. Sample

The study was made up of five participants, three of whom identified as female and two identified as male. Two participants identified within the 65-69 age bracket, two within the 75-79 age bracket and one participant who fell within the 85+ age category. All participants identified as white and as Christians. All participants were also living independently, and the sample was made up of two married couples and a fifth divorcé. Refer to Table 3.1. below for a summary of demographic information.

Table 3.1. Summary of demographic data

	N	%
Gender		
Male	2	40%
Female	3	60%
Age bracket		
65-69	2	40%
75-79	2	40%
85+	1	20%
Population group		
White	5	100%
Living arrangement		
Independent living	5	100%
Religious affiliation		
Christian	5	100%

3.4.Data collection instruments

3.4.1. Biographical questionnaire

Participants were asked to complete a questionnaire to collect some personal information, including contact details, emergency contact, and demographic details. The second part of the questionnaire collected information about participants' health and well-being to determine if they were eligible for participation. The questions were around physical and mental health, inquiring about recent admissions to medical or psychiatric facilities, and physical- or mental health-related symptoms. Participants were also informed of the voluntariness of questions relating to health and well-being, and the rationale for requesting this information. Participants were asked to rate levels of emotional well-being and the degree to which any reported symptoms interfered with living. The data collected was not used to inform any diagnoses about participants. Lastly, information assessing participants' access and competence with video conferencing technologies was collected. Key demographic data was collated into a single sheet (Appendix 3).

3.4.2. Semi-structured interviews

In line with traditional IPA methods, semi-structured interviews were used to collect the qualitative data from participants (Smith, 2011). Semi-structured interviews, which are suitable for phenomenological studies, assume a more flexible approach to interviewing, where the interviewer may identify a range of topics or themes that may be covered within the interview but is guided by the content that arises organically, exploring different avenues should they emerge (Gray, 2018).

The focus of the first interview was to explore participants' general conception of their lives, explore successes and regrets, complete the Life Grid and discuss legacy. The focus of the second interview was to continue the conversation and use photographs or memorabilia as a talking point. The use of memorabilia became an issue in the second interview. Some

participants expressed reluctance at finding photographs or sending them through, so participants were encouraged to pick out a photograph, describe it during the interviews and then continue with the discussion. Participants who were unable to find photographs or memorabilia were asked instead to reflect on key moments that stuck out in their memories.

3.4.3. Life Grid

The Life Grid (LG) was used as a tool during the interviews to help facilitate discussion. Wilson et al. (2007) describe the LG as "a visual temporal framework" (p. 136) through which life narratives can be explored through the course of the interview. The LG was first used for purposes of retrospective health research among older adults (Ballal et al., 2021; Blane, 1996).

The use of the LG lies in its utility in eliciting respondents' narratives about self, other and events in such a manner that empowers respondents to independently select events for discussion with the researcher, as opposed to a potentially, almost voyeuristic invasion of the respondents' life stories by the researcher (Parry et al., 1999). The LG has also been found to reduce some of the tension or distress surrounding painful memories or traumatic events by concentrating on the physical page as the focal point of discussion instead of direct, constant eye contact (Parry et al., 1999; Wilson et al., 2007). The life-grid has also been applied in a South African context to explore substance use among adolescents (Groenewald & Bhana, 2015). Some literature suggests that the life grid can help elicit accurate retrospective data over more than 50 years (Berney & Blane, 1997).

In the context of the proposed study, the LG was constructed by filling in a table on Microsoft Word and was Screen Shared via Zoom for participants to view. Along the y-axis ran several headings categorizing stages of development, e.g., birth and childhood, adolescence, early adulthood, middle adulthood, and older adulthood. On the x-axis was a heading of Life Events, where respondents identified specific events to be explored and discussed.

3.5.Data collection and analysis

3.5.1. Phase 1: Contact, evaluation and informed consent

The World Health's Organisation declaration of the SARS-COV-2 problem as a global pandemic and the subsequent declaration of a national state of disaster by the South African government created several obstacles. Contact with the participants was transformed to online and telephonic-based communication to conform to social distancing prescriptions. The process of contact was as follows:

1. Contact was made with the pastoral leader to make introductory communication.
2. Initial telephonic contact was made with potential participants to provide them with information about the study, obtain permission to send them documents for review and inform them of their rights should they wish to participate.
3. A narrated PowerPoint presentation was sent electronically to each potential participant. This provided more information in a video and an audio format.
4. Participants were emailed electronic versions of documents for informed consent and collection of personal data.
5. Participants confirmed participation once they returned the electronic versions of the documents that were sent to them.

3.5.2. Phase 2: Screening and orientation to the study

The biographical questionnaire was developed and administered to assess participants' eligibility for participation. Refer to section 3.4.1. for a detailed description of the instrument, or see Appendix 2.

Once participation was confirmed, brief orientation meetings with participants were arranged on Zoom where the outline of the study was presented, and participants were briefed further. Two different orientation meetings were held to cater for participants availability. Participants were guided through the process of the study and what to expect from the study.

Participants were also reminded of the voluntariness of consent. The opportunity was also taken to help participants become familiar with the Zoom software. Arrangements for individual interviews were finalised after informed consent was received.

3.5.3. Phase 3: Interview phase

The interview phase consisted of two individual interviews that lasted approximately 45-60 minutes, totalling ten interviews across the group. Interviews were conducted in English. Interviews were semi-structured, meaning that while the interview schedule guided questions, the interview content prompted other questions to clarify, elaborate or elaborate on the topics under discussion. Interviews were conducted on Zoom, except in one case where the interview was conducted mainly via telephone due to technical difficulties and poor signal.

The first interview consisted of a discussion around important life events across the life span, moments of success or regret, views of the self, and expressions of legacy (see Appendix 3). The Life Grid was visible to participants during both interviews, who were also able to see live additions to the document. Field notes were also taken during after the interviews. The second interview requested that participants come prepared with memorabilia or special photographs to stimulate discussion about meaning and legacy. Discussions centred around the significance of the memories, photographs or memorabilia discussed, how these related to meaning and legacy and how the individual processed the events.

3.6.Data analysis

Audio recordings were replayed after the first interviews to elicit broad themes and ideas in participants' stories. Notes were made, which helped to inform theme development later on. Audio recordings were transcribed verbatim, and transcripts were re-read to become familiar with the content.

The previous chapter indicated that Interpretive Phenomenological Analysis comprised the theoretical framework. Recommended data analysis practices for IPA suggest a two-phase

analysis process: first, framing the text from a phenomenological point of view, producing an integrated, objective and third-person description of the text, informed by relevant psychological constructs; second, adopting a more interpretative stance by connecting the text to the broader sociocultural context, or within the context of the theoretical perspective under study (Larkin et al., 2006; Smith et al., 2009; Smith & Osborn, 2015).

Initial notes were made on one margin, noting all important points that emerged during the interview. After initial codes had been made for the full interview, the initial notes were transformed into more concise phrases to highlight the essence of the content, bringing a higher degree of abstract interpretation (Smith & Osborn, 2015). These phrases were listed on the opposite margin of the document. The process was repeated throughout the whole document and for all interviews.

For each interview, this second list of phrases formed the initial emergent themes. These themes were listed in a single Microsoft Word document, printed, cut up, and sorted into broader theme clusters to help draw out patterns in the data. Theme clusters were condensed into broader theme groups and checked against the initial data to ensure accuracy of interpretation. These processes were repeated for all ten interviews. After all of the interviews were analysed, themes across all interviews were consolidated into global thematic categories, drawing out the common threads throughout the participants' accounts. Lastly, results were written up presented in a narrative format.

3.7.Ethical considerations

A proposal for this study was submitted to the University of KwaZulu-Natal's Human Sciences Research Ethics Committee (HSSREC) for review. Approval was granted in September 2020 (reference number: HSSREC/00000845/2019). Gatekeeper permission was received from the lead pastor of the church.

Identifying older adults as a population especially vulnerable to COVID-19 raised the imperative to adhere to social distancing procedures. Furthermore, while the rest of the world quickly adapted to online technologies to replace in-person contact, extra consideration needed to be made not only for access to online technologies and equipment but also for confidence to use these adequately. All virtual communication, emails and text-based communications, PowerPoint presentations, and PDF documents were meticulously considered and revised to be as clear and easy to understand while being mindful of participants age, and competence using these tools. These efforts were made to protect their dignity, and show respect for their age, station and culture without a tone that may convey a sense of being infantilized.

Informed consent was obtained, and ethical principles were adhered to. Participants were regularly informed of their rights to withdraw and refrain from discussing particular topics. As already discussed, a screening instrument was developed to determine if participants met the inclusion criteria (Appendix 2). The screening measure requested information regarding participants' general health and well-being, disabilities that may impair engagement (e.g., vision/hearing impairment), and access and comfort using online teleconferencing platforms. These screening forms were not used to diagnose any health conditions but assisted in avoiding harm as far as possible. No participants were excluded from the study based on inclusion criteria.

Participants were informed of resources they would have access to should they find themselves in emotional distress due to the study. Participants were also offered compensation for data used during the study. However, all participants declined compensation.

As indicated previously, participants were called for a brief follow-up after the interviews had been processed. General findings were discussed, and participants were informed about how their stories were used in the write-up. All participants gave additional

verbal consent to use quotations. In this call, participants were asked questions such as any positive or negative feedback about the study and its processes.

Access to the personal data and recordings were restricted to the research team and the research supervisor. The supervisor had access to the relevant files through a secured shared folder. All copies of the data were password protected.

3.8.Validity of the study

Qualitative research has been historically criticized for lacking robustness (Gray, 2018). Attempts were made to ensure that the research design and methods were as robust as possible to protect the study's validity.

Literature argues that reflexivity is a prerequisite to promote validity in qualitative research. The field notes helped to develop ideas around central themes in the data. Further, screening measures used to assess participants' eligibility for the study also provided another source of information regarding their health and well-being. Although this was a subjective rating and did not have any validated psychometric properties, it corroborated qualitative findings regarding the participants' well-being. Furthermore, thematic analysis methods require a constant reflection on the researcher's interpretation of the participants' narratives. Thus, these reflective efforts were made to ensure that the conclusions drawn from the study reflected an accurate picture of the data presented by the participants.

Member checking was an important part of the validity process. Once the data had been analysed and processed, participants were contacted individually via telephone, and a broad overview of results was discussed, including themes and subthemes. Participants were also given an overview of how their information was used. For example, personal details were removed and how life events were described in vague, non-specific terms to protect their identity. Participants were informed of how their stories were used in the write-up, verbal consent was given to use the specific quotes presented in the final write up. All participants

stated that they were satisfied with the way in which their stories were used, and some volunteered that their stories had been presented in the way they had intended.

3.9.Conclusion

In conclusion, Chapter 3 covered the methodological aspects of the study—specifically, research design, sampling, ethical considerations, data collection and data analysis. Unexpected problems or changes that arose during the research discussed. In the fourth chapter, general findings and specific theme groups elicited from the interviews are discussed.

Chapter 4: Findings

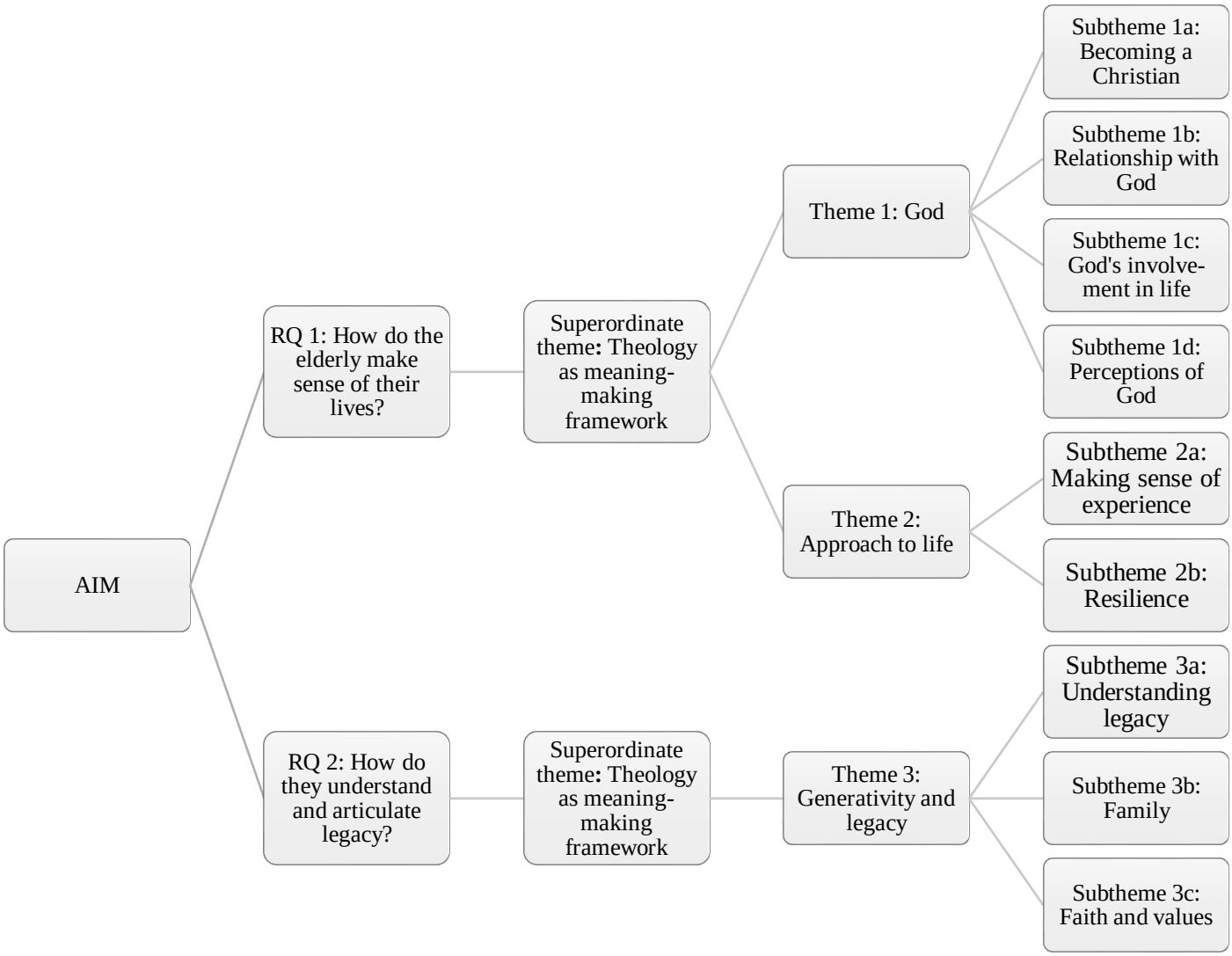
This study aimed to explore psychological wellbeing among older adults, how they make meaning out of their experiences and how they are articulate and understand a sense of legacy. The results of the study suggest that autobiographical narrative interviews were a useful tool to this end. This chapter outlines and unpacks the findings of the study concerning the research questions listed in Chapter

1. How do the elderly make sense of their lives?
2. How do they understand and articulate legacy?

Data were derived from the content of the interviews, the Life Grid, observations made during interviews and field notes. Although some questions directly addressed the constructs of the study, the experiences described by each individual was analysed to further explore the constructs in detail.

The analysis of each of the five interviews yielded some interesting findings. While, on a descriptive level, the content of participants' life narratives were different, yet the major themes relating to making meaning, articulating legacy and psychological well-being were largely similar, with little variation, albeit with varying expressions (see Appendix 6). Perhaps unsurprisingly, with all participants members of the same faith, and at that, the same

Diagram 4. 1. Theme groupings



church, participants' worldviews appeared virtually identical, and theological views formed both a dominant aspect of life, and were central to how the participants related to the constructs of the study. Indeed, these theological views underpinned meaning-making processes, psychological well-being and legacy.

Overall, all participants appeared to feel satisfied and fulfilled with their lives and were able to describe both positive and negative experiences. Based on the information provided by

the biographical questionnaire, it would appear that the participants reported good levels of subjective well-being. Although some participants disclosed deep personal hurts, emotional traumas and losses, they seemed to have processed and adapted to these experiences while maintaining a sense of self and without losing hope for the future. Furthermore, they seemed to demonstrate a strong sense of self that seemed to be related to their religious beliefs, which appeared to underpin their identities and their stance towards experience. It could be suggested that their religious beliefs have provided a helpful framework for making sense of experiences. Furthermore, across the board, a sense of legacy was described in terms of passing on values and beliefs to children and grandchildren, doing spiritual work, e.g., vocational or informal ministry, or passing on wisdom to the next generation.

Common memories that emerged were memories of their childhoods and early life, getting married, building a family, coming to faith and building their careers and vocations. Spiritual matters occupied a significant proportion of the interviews. Descriptions of later years showed a heavy emphasis on remaining connected to adult children and grandchildren for most.

Based on the analysis of the data, one super-ordinate theme emerged across all accounts, namely, *Theology as meaning-making framework.* Throughout the data, this theme seemed to underpin not just participants' meaning-making structures but also their orientation to life, difficult experiences, challenges associated with ageing, legacy and well-being. In this way, this superordinate theme answered both research questions. Eleven subthemes were noted, where eight applied to the first research question ("How do the elderly make sense of their lives?") and the remaining three applied to the second research question ("How do they understand and articulate legacy?"). All themes and subthemes are discussed in the sections to follow, and evidence from participants' accounts is given.

4.1.Superordinate theme: Theology as a meaning-making framework

Theology predominated all participants' narratives and seemed to uphold their understanding of life experiences, identities, and legacies. This theme underpinned three broader theme categories: *God, Approach to life,* and *Generativity and legacy*, and these groups could be expanded into eleven sub-themes:

- God: Becoming a Christian; Relationship with God; God's involvement in life; Perceptions of God
- Approach to life: Making sense of experience; Resilience
- Generativity and legacy: Understanding legacy; Family; Faith and values

Each of these themes and subthemes provides a thick description of God's role and their theology played in their lives. Each narrative was saturated with anecdotes about moments of salvation, awe and gratitude at God's provision or healing, and how their beliefs and fellowship with other Christians helped shape their approach to life and the challenges they faced. In this way, these superordinate theme answered both research questions in and of itself.

4.2. Making sense of life

Two theme groups were relevant to this research question: *God,* and *Approach to life*. Both theme groups are presented here accordingly.

4.2.1. God (Becoming a Christian; Relationship with God; God's involvement in life; Perceptions of God)

Concerning God and their interactions with Him, moments of conversion to faith, spiritual awakening or spiritual revival appeared to be among the most significant events of participants' lives, along with the likes of marriage, or having children. This event linked very closely to having a meaningful and personal relationship with God, another sub-theme. For most participants (n=3), these moments came as answers to existential or spiritual crises. This is exemplified in the extracts below:

> I remember calling out for the Lord and asking him to show me… just to direct me you know? Cause I wasn't sure of salvation, I wasn't sure what it was to me to be saved, I didn't know what it was to be born again. But uh this yearning and this longing kind of ignited and it was sh—shortly after that I met somebody at work who uh started sharing his testimony about how he came to know God and how his life had changed completely and to cut a long story short, I was sitting in his office, sitting opposite him and while he was telling me all this I just broke down completely and I, and I just um I… it was just like a moment. God broke in and he started to pray for me, and I was bawling my eyes out (Participant 5).

Another participant described feeling burned out, working in the ministry and calling out to God saying, "'I'm working myself to the bone and I've got no enthusiasm left anymore. Please Lord. Help me. I am dry,' And there in my study, God baptized me in the Holy Spirit... after that I was a different person (Participant 2)."

The sense of meaning associated with these experiences appeared to bring an important sense of purpose and direction to their lives, with several participants (n=4) describing an experience of being called, for example, into full-time ministry or perceiving a revelation of guidance or directive from God concerning specific life circumstances. This was demonstrated in when one participant described a painful transition out of a church denomination and into another: "I just knew that I was in the will of God and I knew I'd done the right thing by leaving the church... I knew the Holy Spirit had guided me in that decision to leave the church (Participant 2)." This ability to orient experiences around the will and the plans of God also appeared to provide a framework around which participants could make sense of experiences. In discussing how this played out in another participant's experiences, she commented, "I always felt that all things in one's life work together for good to them that love God and are

called according to his purpose you know. So I thought, no, God's going to bring some good out of this (Participant 3)."

For others, their relationship with God was a driving force in emotional healing. One participant describes overcoming a betrayal: "[God] gave me so many words [read: revelations] through people and how he gave words on my own that... that brought me through and took me through that time and where it was a very dark tunnel, a black tunnel... (Participant 1)" In her own journey of emotional healing, another remarked, "...outside of Jesus I wouldn't be where I am today (Participant 4)."

Perceptions of God were also important for how participants made meaning out of their experiences. Participants described God as a provider when he met their needs in difficult circumstances, healer when he helped bring emotional healing, and loving when describing his companionship. One participant reported experiencing some financial difficulties throughout his lifetime: "[Those] are the kind of memories that still come to me, how poor we were at that time you know? But um, uh, God—God's kept on supplying all our needs, up until this day (Participant 2)." Another participant described his experience of planting a church:

> We were launching into something we'd never done before and I had no experience, had nothing you know? Um but ja. God just began to add people and ja it was a very… it was a crazy time but it was very exciting, Hannah, so, very significant time for us we… just launching the church, getting going and um… finding um… that um… ja we were able t—we had to completely trust God um you know (Participant 5)?

All five participants emphasized the significance of prayer in affecting change in their lives or that of their loved ones, relating to how they viewed God as a provider, healer or counsellor.

It appeared that for the majority of participants, theological views also influenced how participants were able to make sense of death, arguably a significantly anxiety-provoking subject during old age. The oldest participant described his views as follows:

> Death for me now is a wonderful thing. I just think of Paul who said, "To live is great, but to die is gain." ... I enjoy being alive and so on, but I know that when I die, I go to be with God in no pain and no tears (Participant 2).

Another shared similar views: "Well I'm very glad to be a Christian because um it really helps one to cope with situations and you have a better outlook on life and... you don't have a fear of dying if you know what I mean (Participant 3)."

The discussion above illustrates that for these participants, spiritual beliefs were more than a weekly ritual, but extended into how they came to terms with past hurts and struggles, feeling a sense of purpose in life, and felt a sense of meaning and hope that there may be better things to come. In a very real, lived out sense, these beliefs acted as an anchor, grounding participants to something that made sense, even when their circumstances did not.

4.2.2. Approach to life (Making sense of experience; Resilience; Spiritual practices)

On the other hand, theology also shaped participants' attitudes and approach to life altogether, transforming interactions with others, resolving relational ruptures and betrayals, and remaining optimistic despite very difficult circumstances.

All participants exhibited a sense of resilience in how they were able to overcome difficult circumstances. All participants were comfortable discussing topics such as loss of loved ones, betrayal, emotional trauma and adversity, and the manner in which these were discussed suggested that participants had been able to come to terms with the experience. After the passing of her mother at a young age, Participant 1 demonstrated a sense of resilience, able to overcome with the help of her older siblings, remarking, "So that was a sad time, uh in my

life but I was young and it's amazing how one gets through it..." This was also demonstrated in participants' choices to pursue a meaningful life after hardship.

All participants gave real descriptions of emotional pain. For example, Participant 1 described an experience of betrayal as "it felt like someone had taken a hot dagger, a knife and stuck it in my heart and actually turned it around… it's unbelievable." Similarly, another remarked, "that it felt like a knife that had been pushed inside of me and then turned around and it opened a well of grief that was so deep that I could not stop crying (Participant 4)."

Tied in with this was a strong theme of forgiveness that emerged throughout all five accounts, demonstrating how participants were able to navigate through betrayal, emotional trauma, heartbreak and disappointment. One participant described a betrayal from a trusted friend and his process of forgiveness:

> That was quite a very difficult time for me. [Perhaps] the most difficult time of the lot was to have somebody do that to me. I just kinda felt I'd been stabbed in the back and uh God then again told me, "Look, you've just got to forgive. You've got to trust me and not… you've got to forgive those who abuse you and use you," and so on, and uh that was very difficult to forgive but I did and uh again, because we had to start again [indistinguishable] and uh God blessed us from that moment (Participant 2).

Participant 4 recognized that forgiveness was also central to healing a deep sense of shame:

> "I realized there was a lot I needed to forgive. You know, a lot of hurtful things... that was a watershed moment for me in terms of healing because I then actually—and I think I began to slowly realise how much shame I dealt with."

This demonstrates a remarkable resilience to let go, releasing resentment and courageously pursue a hopeful future in light of profound emotional pain. Most participants also emphasised reconciliation (n=3). Describing her process of making peace after infidelity,

Participant 1 described building a relationship with her ex-husband's new wife and celebrating her coming to faith, "The people were amazed that the previous Mrs [surname] and the present Mrs [surname] could be—were together..." Participant 5 likewise describes apologising and making peace with his son after much conflict: "And uh so he accepted that you know, and he said, "No Dad, it's all good," and I think he understood my heart and uh I think that was the first towards a kind of reconciliation." This seemed to bring resolution to pain setting participants on the path to wellness.

Despite their circumstances, all participants seemed to maintain an overall positive attitude towards their lives and experiences (n=5). Two participants described their live as "satisfied, fulfilling" and "very blessed" (Participants 2 and 3 respectively). Gratitude was also emphasised throughout all participants' accounts.

Several common threads emerged as being particularly significant or meaningful about participants' lives. Having a sense of purpose, a calling over their lives from God and being active within their communities of faith were particularly important and echoed the perceived importance of religious beliefs prominent throughout narratives. Participant 2 described how a calling for ministry was fulfilled during lockdown, where he and his wife encouraged members of the community who had unexpectedly lost spouses to COVID-19. He stated, "And uh [wife] and I just found an opportunity to just to minister to other people who did not have the faith that we had. And just to encourage them and comfort them um at this time." Interestingly, one participant, who submitted her career aspirations for the sake of her husband and family, described her life as not "particularly important". However, she seemed to associate a sense of purpose with prayerful intercession on behalf of others and keeping connected to family.

Being able to minister to and assist others in need was also highlighted as meaningful. Participant 4 describes helping others by sharing her spiritual journey with them:

> As much as I was on a journey, I would share up to the point that I knew. Because you can only share as far as you've come on a journey you know. And so I was able to actually often share with people quite effectively actually inspite of the fact that I wasn't completely whole yet.

Likewise, Participant 1 described, ministering to women who have also experienced infidelity: "It's amazing that how God uses you… whatever situation you're in… God will use you, if you're willing to be able to help others who are going through that because you understand." The language from these two extracts demonstrates the prominence and the significance of religious beliefs in the participants' meaning-making frameworks and how this meaning may help to benefit others experiencing similar things.

4.3. Understanding and articulating legacy (Understanding legacy; Family; Faith and values)

Earlier sections indicated that theological views underpinned all the constructs of the study. This was especially true of the ways in which the participants understood and expressed legacy. Legacy and generativity were understood in terms of spiritual calling, their family, and passing on beliefs and values.

From the outset, it appears that participants have a clear understanding of the concept of legacy and how it could be achieved. It also appears that this construct manifested in a number of different ways. In one example, a number of participants (n=3) expressed being "called" to full-time ministry, and their work ministering to others in their spiritual communities created a sense of fulfilment. One participant described how he understands that legacy has more to do with the people he can minister to more than the buildings he erects: "And the influence you've had on people for good you know? How God has worked through you and used you and y—it's all been God you know? We've not even—it's not of us, it's for God, used us at that moment." He continued to say, "I've put up a lot of buildings in South

Africa, and uh I realized now, well the buildings are just uh… shelter, to keep the church dry. The church is people, not buildings, you know? (Participant 2)"

Legacy was also thought to be God-given, more than a product of action. Participants across the board emphasized the imperative they felt to impart something of their spiritual beliefs and values onto their children and grandchildren. Participant 3 commented, "I'd just trust that I set a good example for my ch-children you know and follow the Lord and um, and being Christian." Similar sentiments were echoed by other participants (n=5).

Family was also considered to be an important part of legacy. The role of grandparents in building special relationships and memories with grandchildren was highlighted by all participants (n=5). This was demonstrated by their proud descriptions of their families and their involvement in their lives. Participant 3 described her deep affection for her family, "When you have grandchildren, you think you can't love them more than your children and but when they come your heart just grows and grows to accommodate them all [laughs]." Participant 1 likewise describes,

> My really, really best time is when my son, and his wife and children and my daughter and her husband and children and me and yes, including their dad, even although we're divorced. It's when we can all be together as a family. That's so, so special because it doesn't happen that often.

One participant described his value for connecting with grandchildren: "We try and get some quality time with our children—uh our grandchildren particularly now as they're growing up (Participant 5)." Most participants seemed to view these relationships as meaningful, viewing these as an achievement in many ways. One participant described a special connection with her grandfather, who always made her feel individually special as a child despite living in another country. These experiences helped shape her approach to her relationships with her own grandchildren:

> Um… just really spelled out for me and it kind of—at-at the back of my mind I always thought that's how I wanted to raise my grandchildren, um the interaction I want with my grandchildren is building special memories. They're obviously quite different to what my granddad built with us because of distance. He had to do what he could do and so ja we done over the years, we've always built… tried to build special memories (Participant 4).

Most participants (n=4) also commented on the importance, and the uniqueness of the grandparenting role in broader family dynamics, supporting parents, doling out affection to grandchildren and creating happy memories. One participant described how she views her role as a grandmother within her own family:

> Parents are obviously trying to earn enough money to take care of the family, there's all those day to day responsibilities which grandparents don't have. They do generally have a little bit more time that when they're with the grandchildren (Participant 4).

All participants emphasized the importance of transmitting spiritual and moral values to their children and grandchildren. Participants (n=4) also derived a great deal of meaning and fulfilment seeing their children following in their spiritual footsteps.

Another aspect of legacy or generativity that emerged during the interviews was the concept of wisdom. One participant shared her views on wisdom:

> You see I think also we earn our grey hairs, which why I have to have my hair coloured again. It's very showing too but… but I think, yes wisdom comes from God. Definitely does. He says, wisdom, discernment is from God. But it's also life experiences that give you wisdom. 'Cause you definitely learn or you should learn lessons over the years. And experiences—it's life experiences that even my fort—my son is going to be forty-five in a week's time. My forty-five-year-old son cannot, and even when I've tried to talk to him. And then I've had to say, well how—you know, I've talked to the Lord and

say, “How can I expect a forty-four—forty-five year old man, my son to understand because he’s not my age. He will understand one day when he’s my age.

All participants (n=5) also expressed this through ministering to others, sharing their journeys, and helping others learn from participants’ own experiences. During the interviews, some participants spontaneously offered wisdom based on their own experiences. For example: “One thing I would encourage parents and especially parents of even young children… is to pray um for their children’s spouses one day (Participant 1)”, and “... In marriages I think you’ve got to have two things really: one is a sense of humour and the other is a forgiving spirit (Participant 3).” In this way, it seemed that the interviews acted as a vehicle for participants to articulate and impart wisdom, including telling their life stories or spiritual testimonies (n=4).

4.4. Conclusion

This chapter provided a detailed description of several super-ordinate themes that emerged during the data analysis stage. The data yielded interesting findings, particularly around the importance of religious beliefs in providing a framework for sense-making, well-being and a sense of generativity or legacy. From the outset, it would appear that the data presents findings that provide answers to the research questions about understanding how older adults make sense of their lives and experiences, articulate a sense of legacy, and how these may impact psychological well-being. Chapter 5 provides a discussion of these findings in relation to the extant literature.

Chapter 5: Discussion

There appears to be a paucity of literature studying the psychological well-being of older adults in South Africa. This study aimed to investigate how older adults made meaning out of their experiences, understood and articulated a sense of legacy for their lives and how these processes may have impacted psychological well-being. These constructs were explored using autobiographical narrative interviews, where participants were asked to discuss life

experiences concerning the constructs of the study. Unexpectedly, the findings suggested that participants could make sense of experiences and articulate a sense of legacy based on their theology or religious beliefs. The findings also suggested that spiritual engagement might provide a sense of well-being. This seemed to answer both research questions as participants' theologies informed how they made sense of life (RQ1), and how they understood and articulated legacy (RQ2).

5.1.Theology and making sense of life

Regarding the first research question, core theme clusters were about God and participants' specific approach to life. Across the board, moments when participants became Christians, their relationships with God and His involvement in their lives dominant in their narratives. This indicates the importance of their beliefs in providing a sense of identity, orientation to experience. Their beliefs also gave them a map for navigating painful circumstances, presenting a sense of meaning and purpose in life, coming to terms with their regrets, and fulfilling some relational needs. This finding converges with literature which suggests that religious or spiritual engagement is related to a sense of ego-integration (Santor & Zuroff, 1994).

5.1.1. God

An unexpected finding was the degree to which God emerged as a significant character in their life stories. Descriptions were made about God as providing guidance and specific revelations, being a source of healing and strength and providing for needs, which also appeared to have a positive impact on well-being. This is consistent with existing literature.

Attachment theory is a useful theoretical perspective to help explain the importance of relationships with God in participants' lives. In attachment literature, attachment security has implications for a person's sense of self, their relation to others and their stance towards experiences (Bretherton, 2005; Wallin, 2007). For example, a recent Pakistani study found that

conceptions of God as one who responds to needs, helps, heals and provides brought about a resolution to struggles, a sense of comfort, a confirmation of belief system, growth and acceptance (Khan & Aslam, 2020). This would suggest that interpretations of God as a relational being who engages with life experiences may help people make sense of difficult circumstances.

According to Kimball et al. (2013), a relationship with God may constitute a corrective attachment experience, whereby securely attached relational experiences with God may produce changes to the internal working model, shifting how they understand themselves, relate to others and engage with experience. This could explain why, for example, most participants reported enduring transformation in connection with their relationships with God, both to their sense of self and how they related to others. Similarly, Kimball et al. (2013) found that in a sample of Christian college graduates, individuals with both a secure and an insecure attachment history seemed to view God as a secure base. This relational experience reflected a felt sense of security, lower levels of anxiety and guilt, increased levels of problem-solving and a sense of hope. These features were also evident in the findings of the study.

5.1.2. Approach to life

Theological beliefs also shaped orientation to life, how they made sense of experiences and overcame hardship, traumas, and conflict. Their religious beliefs encouraged forgiveness, a sense of personal responsibility, and a drive to improve themselves. Based on the findings, it would also appear that the participants demonstrated a robust and coherent sense of self. While this connected to religious beliefs, it is also suggestive of ego integrity (Allen, 2016). In this sense, beliefs and participants' identities were an anchor which helped them stay grounded. Most participants had a strong sense of life purpose and a sense of significance, which may be related to well-being (Antonovsky, 1979; Martela & Steger, 2016; Sagy & Antonovsky, 2000). This may suggest positive evidence for well-being in the current findings.

Making sense of experience

It was also clear that participants' theology also shaped their stance towards their experience, giving them a framework for making meaning. Participants were able to generate an integrated account of their lives, presenting both positive and negative experiences. As George and Park (2013) write, "Religion and spirituality offer comprehensive frameworks to understand and comprehend one's existence and thus provide meaning (p. 371)."

This relationship between meaning-making and religion has been identified elsewhere. For Malaysian cancer patients, cultural beliefs significantly influenced meaning-making systems (Ahmadi et al., 2019). A longitudinal study by Cowlishaw et al. (2013) investigating older adults' spirituality and life satisfaction found that not only is spirituality likely to have a substantial impact on how older adults can understand and make sense of experiences, but also that their overall outlook on these experiences may be more optimistic. This pattern was also noted in the current findings.

Furthermore, a South African study suggested that meaning in life may mediate the relationship between spirituality and well-being (Khumalo et al., 2014). In the context of trauma, van Uden and Zondag (2016) submit that religious beliefs create a sense of order in the chaos that follows trauma, as it embodies a 'search for significance' (p. 3). This could explain how participants were able to overcome and thrive despite their hardships.

Overall, participants seemed to consider their lives meaningful, and narratives were consistent with the narrative meaning processes submitted by Hartog et al. (2020), outlined in Chapter 2. For one, the prominence of religious and spiritual beliefs provides a clear example of participants' worldview, which directly frames perspective and experience. Participants also demonstrated a clear sense of agency, acknowledgement of hardship, acceptance, growth and fulfilment of ultimate life goals, items consistent with a meaningful narrative (Hartog et al., 2020). Narrative meaning-making also appeared to be evident, as participants largely evaluated

their lives as positive, embedded within a narrative depicting the active role that they assumed in their lives and experiences (Hartog et al., 2020). Furthermore, participants also seemed to have successfully integrated their life experiences into their broader life narrative, which is also marked as an important component of Hartog et al.'s (2020) theoretical model.

Resilience

Across the board, participants demonstrated an ability to navigate through the pain of adversity, betrayal and emotional trauma towards releasing resentment, letting go and forgiving. This seemed to be tied to religious beliefs. From a theoretical perspective, this indicates a sense of self-acceptance, ego integrity, and a sense of coherence (Ryff, 1989; Wiesmann & Hannich, 2011). Findings also suggest a positive association between engagement in religious or spiritual activities and trait resilience (Manning & Miles, 2018).

Interestingly, participants demonstrated an openness to discuss painful experiences in a way that suggests a degree of openness and honesty with themselves, without avoiding or distorting the depth of their pain. Religious beliefs seemed to shape how they approached these situations (Allen, 2016). This may also demonstrate psychological flexibility, and some findings suggest that psychological flexibility, self-compassion and well-being may be connected (Marshall & Brockman; Nilsson et al., 2010; Sagy & Antonovsky, 2000). Similarly, participants were open about their personal growth experiences and demonstrated a sense of personal responsibility for their shortcomings. Some literature suggests that ego integrity, growth and eudaimonic resilience might be related (Bauer & Park, 2010).

The study findings found that some participants could come to terms with death and ageing in an adaptive way that did not produce significant anxiety. These findings could be explained by theological views of death relating to eternal life, union with God after death, removal of pain and suffering and a lack of fear around death. This supports the findings of a small study, which found that religiously spiritual participants demonstrated a favourable or

neutral attitude towards death. In contrast, non-religiously spiritual participants demonstrated an unfavourable or neutral attitude towards death (Cicirelli, 2011). On the other hand, other research found no clinically meaningful relationship between religion and death anxiety (Falkenhain & Handal, 2003).

Spiritual practices

As discussed in the previous chapter, it appeared that for these participants, theology and spiritual engagement appeared to be more than a weekly service or complying with rituals and traditions. Their beliefs had an impact on every aspect of their lives and influenced how participants made choices. Interestingly, one recent study found that the way in which Christians in Finland were able to 'practice what they preach', i.e., living out and actualizing beliefs and practices, had a greater impact on subjective well-being than simply having these beliefs and practices (Hannikainen, 2021). This finding, therefore, suggests a possible link between 'lived out' religious beliefs and values and well-being.

Forgiveness and reconciliation were also prominent findings in the current study, particularly connecting with spiritual beliefs and possibly explaining apparent adaption to life's circumstances. This is consistent with data highlighting the effectiveness of forgiveness therapy in promoting psychological well-being (Akhtar & Barlow, 2018; Hermaen & Bhutto, 2020; Toussaint & Friedman, 2009; Weinberg et al., 2017).

5.2.Theology and legacy

Expressions of legacy were articulated in terms of religious beliefs and engagement in spiritual activity and involvement with their families, i.e., passing on wisdom, spiritual beliefs and values, and building relationships and memories. In many ways, it would appear that these indicate a sense of generativity felt by participants.

Understanding legacy

Participants seemed to fulfil most of Kotre's (1996) four subcategories of generativity (i.e., biological, parental, technical and cultural), through childbearing and parenting, passing on wisdom learned, and transmitting cultural and religious beliefs to their children and others.

Grandparenting may be a specific manifestation of this (Schoklitsch & Baumann, 2012; Thiele & Whelan, 2008). Hebblethwaite and Norris (2011) explored the relationships between grandparents and grandchildren in a qualitative study. The study found that connection with grandchildren tended to express generativity, particularly in mentoring grandchildren and articulating a sense of legacy. The researchers also found that spending time with family created an opportunity for grandchildren to receive the wisdom of grandparents, thus being a witness to the development of their legacy and opening themselves up to developing their own. This could explain how one participant derived such meaning from her own grandfather and used these experiences to inform her own grandparenting style. The findings from the current study support this idea, where interactions with participants' own parents and grandparents helped shape how they engage with their grandchildren.

Generativity in life directs one's activities towards making life mean something significant, particularly refocusing one's energies on giving outside of oneself (Allen, 2016). Imbued within this construct is a sense of purpose in life, bearing a solid link to ego integrity. For most participants, feeling a sense of purpose in life, for example, a calling over their lives and being active in their communities of faith, was esteemed as something of special significance. Helping others through similar struggles also brought a sense of meaning. According to Ryff (2018), a sense of purpose in life is related to both a sense of meaning in life and psychological well-being. Literature reflects this correlation. Schaefer et al. (2013) found that purpose in life may provide a sense of protection from adverse events and promote

resilience. A sense of purpose makes life meaningful and is considered a 'cornerstone' of well-being (George & Park, 2013; Heintzelman & King, 2014, p. 561).

Faith and values

Generativity and meaning are closely linked, and thus religious beliefs bear a strong influence on generativity and legacy as well (Newton & Jones, 2016). For example, participants' moments of salvation, receiving God's forgiveness for sins, and engaging in a relationship with Him appears to fulfil Slater's (2003) inclusivity versus exclusivity conflict, and extension of generativity. Another aspect of generativity relating to faith was sharing one's story with others, or wisdom as a manifestation of generativity. This was a prominent finding in the study. According to Christian traditions, sharing one's testimony with others tells the story of how God impacted their lives (Jacobs, 2008).

This may relate to a person's sense of values. In a study exploring the psychological well-being of clergy, researchers found that the congruence between ministry work and personal values indicated pointed to higher levels of flourishing and lower levels of burnout (Rosales et al., 2021). This may explain why participants' engagement with spiritual and religious activities seemed to be so meaningful.

An interesting observation in the current study was how, in sharing the stories of their life experiences, participants spontaneously offered advice or wisdom to the researcher based on their past experiences. It could be suggested that the interviews acted as a vehicle through which legacy could be expressed. This may lend support to Kotre's (1996) claim that autobiographical narrative reflection might promote a sense of legacy. Another study that investigated autobiographical narrative interventions among older adults found that the interventions under investigation were a powerful way to transmit legacy (Shivhare et al., 2020).

Family

Through all accounts, pride in children, grandchildren, and other family members and the degree to which participants are involved in their families' lives emerged as a strong theme. This may also have positive implications for psychological well-being. A recent study found that family support was negatively associated with levels of depression, but positively associated with a sense of meaning in life in a sample of older people (Cohen & Mannarino, 2019). This would suggest that directly engaging with their family provides a source of meaning for older adults and serves as a protective factor against emotional problems. Interestingly, participants reflected on their own experiences of family growing up as a reference for how they engage with their children and grandchildren.

Social positioning, discussed in Chapter 2, is an interesting consideration for this discussion. Social positioning examines how older people and their social roles are situated in the wider context of society (Madhavan et al., 2017). However, it may be useful to broaden the scope of "productivity" to include caring for others, offering emotional and instrumental support (Madhavan et al., 2017). This was exemplified in the current findings where participants seemed to derive a sense of meaning from their roles within their families and communities, for example, passing on wisdom, and imparting faith and values, and providing emotional and spiritual support. In fact, some participants described this as a responsibility and seemed to give them a sense of purpose. In a study exploring areas of influence of elders in an indigenous Australian community, caring for children and adolescents, passing down knowledge and facilitating intergenerational connectedness were among important roles identified for older persons (Busija et al., 2018). This echoes clearly in the present, where social restrictions on contact with families during COVID-19 may have negative consequences on the psychological well-being of older people (Kemp, 2020; Sheffler et al., 2020).

5.3.Successful ageing and well-being

Overall, participants appeared to experience positive levels of well-being and appear to have aged well. While assessing levels of well-being or successful ageing was not an objective of the study, such an observation could be deduced if comparing the findings to literature and examining indicators of well-being.

Reichstadt and colleagues (2010) found that self-acceptance, self-growth, and adaptive adjustment were associated with successful ageing. The authors also found that these themes linked with a sense of wisdom, giving to others, and cultivating a sense of generativity. These were cited as important to successful ageing, wisdom, generativity and ego-integrity (Reichstadt et al., 2010). A sense of well-being seemed to be strongly associated with theology, much like the other constructs under study. Boppana and Gross (2019) identified a positive correlation between religiosity and eudaimonic well-being in a sample of LGBT Christians.

All participants seemed to demonstrate a sense of autonomy during the course of their lives, and all reported living independently. They also appeared to have reached some sort of self-actualisation, and regulation of behaviour was evident throughout all accounts. Hatcher and colleagues (2019) draw together several factors in Ryff's (1989) model and suggested that autonomy in old age can be maintained by learning from the past, assuming a sense of responsibility for life choices, and making one's own decisions. This draws out other patterns observed in the findings.

From a religious perspective, all five participants emphasized the significance of prayer in affecting change in their lives or that of their loved ones, suggesting that this was a means to environmental mastery. Participants across the spectrum also seemed to value care for others, either in ministry or caring for children and grandchildren. A sense of personal responsibility was also prominent. Quality of life may also be indicated by a sense of resilience and mastery, according to Emlet and colleagues (2017).

In terms of personal growth, all participants appeared to fulfill this dimension to a greater or lesser degree. This was expressed through acknowledging mistakes and personal flaws, efforts to remediate these, and renewal and refinement of spiritual and personal beliefs. Participants described building deep and meaningful connections with family and friends (positive relationships with others). For some, this seemed to be a coping strategy and a way to adjust to life's challenges. Participants emphasized intentionally building relationships with children and grandchildren or reconciling where division or conflict has occurred. Throughout all accounts there was a strong emphasis on participants relationships with God, who became for some a source of healing, and an attachment figure. Furthermore, social emotional support from family is associated with higher levels of well-being (Desiningrum (2010).

A sense of purpose was strongly connected to spiritual beliefs, for example, offering encouragement to others experiencing similar struggles, offering prayerful intercession, working in ministry, a sense of purpose, or planting churches. Building relationships with children and grandchildren also provided a strong sense of purpose among all participants.

For the most part, participants also demonstrated a sense of self-awareness and reflective capacity in being willing and able to reflect on life experiences for the interviews. Participants were able to identify and come to terms with their mistakes and reconcile where needed. This would suggest that participants may have an integrated sense of self.

Interestingly, recent research has provided support for the positive relationship between Ryff's (1989) eudaimonic model and levels of spirituality and optimism. These findings may also be confirmed by an inverse relationship between spiritual health and reported levels of depression (Amirmohamadi et al., 2017). This would suggest support for the strong influence of participants' spiritual lives on their apparent well-being.

In terms of personal growth, the current study supports literature that suggests that personal growth experiences can bring a sense of meaning in life, or where growth experiences might have existed in the past, but remain relevant to the present (Bauer & Park, 2010).

Gratitude also emerged as a significant theme among all accounts and may have contributed to a sense of fulfilment, satisfaction with life, and possibly well-being. Wood, Joseph and Maltby (2009) found that gratitude is correlated with personal growth, positive relationships, self-acceptance, environmental mastery and purpose in life. This could also be reflected in the findings of the current study. Even when exploring psychological well-being across its various eudaimonic or hedonic indicators, gratitude may be moderately correlated with well-being, according to one meta-analytic review (Portocarrero et al., 2020).

In summary, it would appear that the findings of the current study can be corroborated and provide support for pre-existing literature. Religious beliefs, theological views and engagement with spiritual practices could indeed play an important role in meaning-making processes and psychological well-being. Legacy, oriented around spiritual beliefs and family could also contribute to a sense of meaning in life and thus well-being.

5.4.Strengths, limitations and recommendations

This study provided a comprehensive exploration on the meaning-making structures and expressions of legacy among some white South African Christian elders. However, a key limitation of the study firstly lies in its small, homogenous sample size, although efforts were made to make the sample more diverse. While the homogeneity of the sample provided a comprehensive analysis into the effects of Christian beliefs and values on participants' lives, the study would have benefited from a more culturally diverse sample. Given the sociopolitical history of South Africa and our rich cultural heritage, future studies would do well to explore the psychological well-being of older adults of other cultural and racial backgrounds. Regardless, little South African research has focused on this topic.

The constraints of the COVID-19 pandemic also created an opportunity to explore these constructs using a virtual format to determine the feasibility of these methods for the study population. Although conducting online interviews was non-negotiable during the COVID-19 pandemic, problems with signal, losing important segments of conversation over Zoom, and a restricted ability to monitor participants' non-verbal cues posed as obstacles. Furthermore, the Life Grid was intended to facilitate rapport by completing it collaboratively and using it as a talking point. However, the application became almost redundant, as participants used their cell phones for the interview, making it difficult to read on a small screen. Furthermore, only the researcher could complete the Life Grid, so the participant was minimally involved. The use of the Life Grid was clumsy and proved to be somewhat distracting during the interview. Future studies would therefore find more benefit from in-person interviews.

Given the current study's qualitative research design, a quantitative quasi-experimental component would also add value to the study to empirically evaluate the effectiveness of this kind of intervention on psychological well-being.

The findings from the study could be extended for future research. While findings cannot be generalised to the whole population due to the small, homogenous nature of the sample, the insights gained from the findings suggest that religious beliefs could be an important part of meaning-making structures and expressions of legacy. Therefore, with more investigation and evaluation across a more diverse sample, the findings might be used to help inform psychosocial interventions for elders in South Africa. On a practical level, such an intervention could be applied within other church or religious ministries, community groups, retirement facilities, or formal counselling processes. During feedback, some participants expressed enthusiasm for such initiatives.

5.5.Conclusion

In conclusion, this study has attempted to contribute to the body of knowledge around the psychological well-being of older adults in South Africa by exploring how older people make sense of experience, integrate their life experiences, and cultivate a sense of legacy for themselves. This is an area of study that appears to be under-researched in South Africa. In this study, autobiographical narrative semi-structured interviews appeared to be an effective strategy in exploring these constructs.

These constructs were operationalised by exploring Erikson's conflict of ego-integrity versus despair (meaning), generativity versus stagnation (legacy), and Ryff's six-factor model of eudaimonic well-being to conceptualise the various aspects of psychological well-being.

The research findings demonstrated a strong emphasis on religious systems as meaning-making frameworks, which also appeared to impact a sense of generativity and well-being. Family also emerged as a strong theme throughout all five accounts. Lastly, expressions of the six factors of eudaimonic well-being are evident to the participants' accounts. In conclusion, the present study has contributed to the body of knowledge in this area, and has explored the relationships between psychological well-being, making sense of experiences and a sense of legacy. Further research could explore this relationship quantitatively and determine the effectiveness of such an intervention on promoting psychological well-being.

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APPENDIX 1: Informed Consent

UNIVERSITY OF KWAZULU-NATAL ™
INYUVESI YAKWAZULU-NATALI

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

INFORMED CONSENT

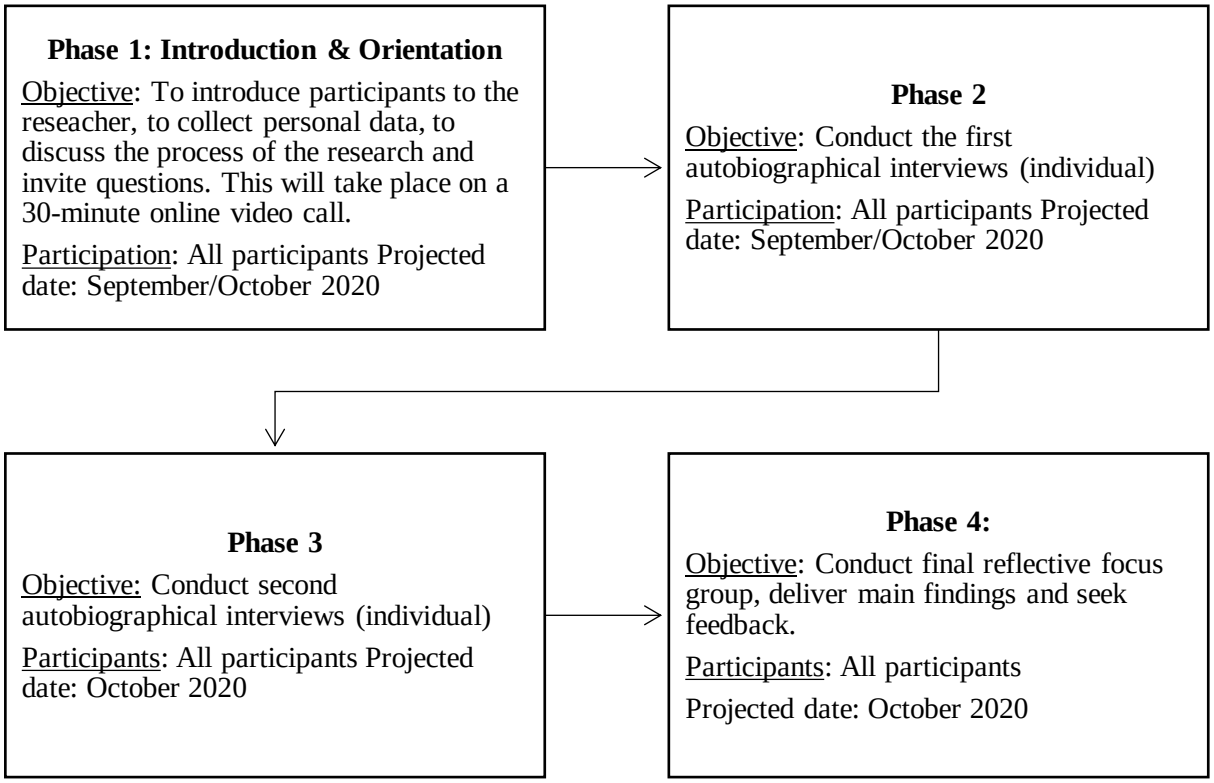
Good day Sir/Madam Date: 7 September 2020

My name is Hannah Elsner, a researcher from the School of Applied Psychology at the University of KwaZulu-Natal (Howard College). I am currently studying a Master of Social Science (Counselling Psychology) to register as a counselling psychologist. As of 2020, I am registered with the Health Professions Council of South Africa as an Intern Counselling Psychologist, meaning that I can fulfil my duties as a psychologist under the supervision of experienced supervisory psychologists.

You are being invited to consider participating in a study that involves research exploring the psychological wellbeing of older adults. The aim and purpose of this research are to explore an autobiographical, narrative approach to wellbeing, with a particular focus on how making meaning and establishing legacy may be important dimensions of wellbeing.

The study is expected to enroll a maximum of 10 participants in total. Due to the COVID-19 crisis, the study will be conducted online using a video-conferencing platform that is compliant with HIPAA standards as well as the Health Professions Council of South Africa, e.g. Doxy.me, Microsoft Teams or Zoom. A link will be emailed to you. The duration of your participation if you choose to enroll and remain in the study is expected to be is approximately 1-2 months. The study is funded by the researcher and the University. The research will involve

the following activities over four phases, illustrated for your convenience in the diagram on the next page.



The study will consist of an introductory phase to orientate participants and collect important personal information which involves a 30-minute video call with all participants to orientate them to the study. Each participant will participate in two (2) individual interviews with the researcher to tell their life stories using a Life Grid, for the purposes of exploring psychological wellbeing, how participants make meaning of their lives, and establish a sense of legacy. These interviews will be conducted 1-2 weeks apart at a time arranged with the research that is convenient to the participant. A final focus group at the end of the study, with all participants will occur online, for the purposes of reflecting and discussing some general themes relating to the study (without disclosing personal details disclosed during individual interviews) and participants will be given an opportunity to provide feedback.

Finalised dates will be communicated with you in due course. However as an estimate, please note the following:

- The second autobiographical interview will take place 1-2 weeks after the first interview.
- The final reflective focus group will take place 1-2 weeks after the second interview.

As the study explores how participants make meaning out of their lives and establish a sense of legacy, there is a risk that the study might trigger painful and/or distressing memories or some psychological discomfort. We hope that the study will create a warm, safe and confidential context in which you can reflect on your experiences.

We hope that the knowledge learned in this study can help expand knowledge about older adults wellbeing in the South African context. To date, there is little information available in this regard. However, should you wish to pursue other alternatives, feel free to consult the services of a counsellor or a psychologist.

In the case that the study has caused you some psychological distress or brought up painful memories, you will be provided with the contact details of the South African Depression and Anxiety Group (SADAG), a local organization which will have counsellors available to you.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number HSSREC/00000845/2019).

In the event of any problems or concerns/questions you may contact the researcher at or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

Hannah Elsner (researcher)
Contact number: 072 733 9972
Email address: hannah.elsner@gmail.com

Dr. Ruwayda Petrus (research supervisor)
Contact number: 031 260 1778
Email address: petrus@ukzn.co.za

Please note that your participation in this study is entirely voluntary and you are free to withdraw from the study at any time. Refusal or withdrawal will **not** incur penalty whatsoever. Should you wish to withdraw from the study, please do not hesitate to contact the researcher. Participants under significant duress during the study are free to withdraw from further participation.

No costs will be incurred to you during the course of the study. Given that the interviews will take place over video-conference, you will be provided with money to reimburse data costs incurred by the interviews.

Should you choose to participate, the information you contribute to the study will remain strictly confidential and anonymous. Your personal and clinical data will be securely protected, will only be seen by the research team. Your identity will not be attached to findings, including in any publications that might emerge from the study. The safety of your information is a priority, and every effort will be made to protect your information. However, according to Chapter 3, Section 27 of the Health Professions Act 56 of 1974, there are several exceptions to confidentiality, by which the researcher is legally obligated to break confidentiality if:

a. Required to provide information by court order, or other legal imperative
b. In the case of the abuse of children and vulnerable adults
c. The researcher has reason to believe that a participant could bring harm to themselves
d. The researcher has reason to believe that a participant could bring harm to other people

In the event that one of these conditions have been met, the researcher will inform the participant about the information that will be disclosed and the corresponding appropriate procedures, in the best interests of the participant, and others.

CONSENT

I, _____ [please insert name] have been informed about the study entitled *Ageing: a case study of autobiographical narration to promote meaning-making, legacy and psychological wellbeing among a sample of South African older adults* by Hannah Elsner, an intern psychologist and researcher at the University of KwaZulu-Natal.

- I understand the purpose and procedures of the study.
- I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.
- I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

- I have been informed about any available treatment if any injury occurs to me as a result of study-related procedures.
- If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at

  Contact number: 072 733 9972

  Email address: hannah.elsner@gmail.com
- If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Additional consent

I hereby provide consent to:

1. **Audio/video**-record my **interview/focus** group discussion YES/NO
2. Display **name/face** during focus group discussion YES/NO

Comments:

_____

_____

Please confirm consent in the spaces below.

Participant:

_____	_____	_____
Participant name & surname	**Participant signature**	**Date**

☐ **In the absence of an electronic or written signature, by marking a tick next to this statement, this statement can be treated as informed consent.**

Witness:

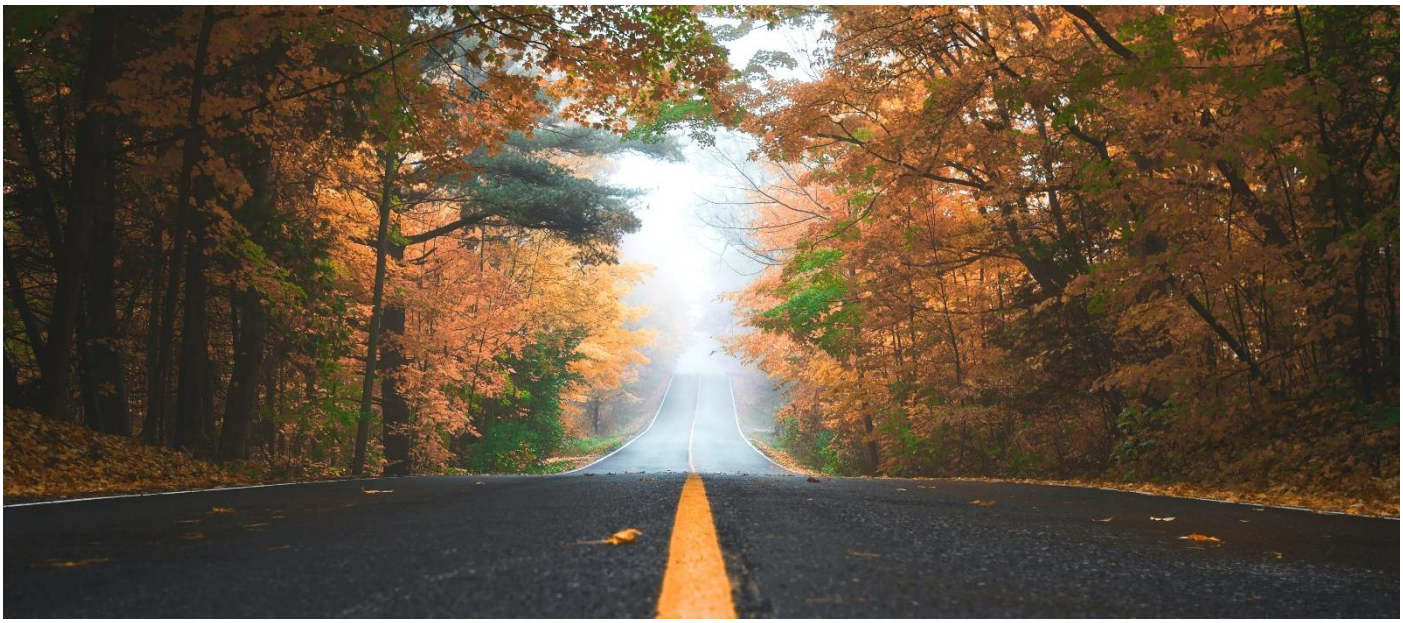
_____	_____	_____
Witness name & surname	**Witness signature**	**Date**

☐ **In the absence of an electronic or written signature, by marking a tick next to this statement, this statement can be used to act informed consent.**

References: Government publications

South Africa. Health Professions Act 56, 1974.

APPENDIX 2: Biographical information document



Source: Patrick Tomasso via Unsplash

Biographical information

Dear Prospective Participant,

Thank you for your interest in participating in this study. My name is Hannah Elsner, the primary researcher for this study. The purpose of this form is to collect important personal and demographic information about you, for research and administration purposes only.

Don't forget:

1. Your information will remain confidential and will only be accessed by the research team.
2. Any research findings disseminated in the final thesis, or articles generated thereof, will not reflect any personally identifying information.
3. Should you wish to be sent a copy of the final dissertation after its completion, please do not hesitate to contact me.

I ask for this information to help inform understanding around the research findings in relation to certain demographic data. Although your information will be kept confidential, your personal details are requested in the event that any emergency intervention is required, e.g. emotional distress or suicidal. Collection of this information is protocol in any psychological practice. To this end, your health and wellbeing is the priority of the study and all the appropriate

steps will be taken to ensure this. Finally, for your benefit, and the validity of the study, please ensure the information you provide is as accurate and honest as possible.

Thank you once again for your engagement, and I look forward to working with you.

Contact details:

Hannah Elsner (researcher)

Contact number: 072 733 9972
Email address: hannah.elsner@gmail.com

Dr. Ruwayda Petrus (research supervisor)

Contact number: 031 260 1778
Email address: petrus@ukzn.ac.za

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Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Please turn over to complete intake form.

Contact information

First name: ..... Surname:
.....

What would you prefer to be called during individual interviews with the researcher? (e.g. by first name, Mr/Mrs [Surname], something else)

.....
.....

Preferred email address:
.....

Cell phone number:
.....

Home telephone number:
.....

How would you prefer to be contacted? **Email | Cell phone | Home tel.**

Details of emergency contact (this should be someone who lives with you, or in the near vicinity):

Name:
.....

Relationship:
.....

Number:
.....

Physical address (in case of emergencies):

.....
.....

.....
.....

.....
.....

Personal details

Date of birth: ..... Gender: **Male | Female | Other**

Population demographic: **Asian | Black | Coloured | Indian | White | Other**

Religious affiliation: .....

Health and Wellbeing

Why ask about emotional health?

The purpose of the study is to explore participants' life stories which may bring up some emotions as participants reflect on experience. Therefore, the purpose of the screening is to minimise as far as possible, any risk for harm or emotional distress.

Although it is strongly recommended that you complete the questions below, and doing so will be in your best interests, you are not obliged to answer these questions. Remember, all information will be kept confidential. Additionally, the information you provide will not constitute a formal diagnosis. The purpose of the screening is for the researcher to minimise any risk of harm coming to any participants.

At any stage during the study (e.g. screening, or during the interviews), should there be any evidence that participants are in any kind of emotional distress, participants will be referred to appropriate support or counselling structures.

1. In the last month, have you been admitted into a medical/psychiatric facility for any health/psychiatric concerns? **YES | NO**

2. On a scale of 1-10, please rate your levels of emotional wellbeing in the last two weeks (where wellbeing refers to feelings of happiness, wellness or a sense of fulfilment in life).

Poor 1 2 3 4 5 6 7 8 9 10 **Excellent**

3. In the last two weeks, have you had any of the following symptoms?
   - ☐ Intense feelings of sadness, irritability or anger
   - ☐ Intense mood swings
   - ☐ Loss of pleasure in most daily activities for most of the time
   - ☐ Feeling restless or slowed down
   - ☐ Fatigue or loss of energy
   - ☐ Feeling worthless or excessively guilty
   - ☐ Problems with concentration or difficulty making decisions
   - ☐ Frequent thoughts of death (excluding fears of dying), suicidal thoughts and/or attempts
   - ☐ Flashbacks, and/or memories of traumatic events and/or efforts to avoid reminders
   - ☐ Intense feelings of stress, anxiety or panic
   - ☐ Feeling that the world around you is not real, or that you are attached from your body
   - ☐ Fears of going crazy or losing control
   - ☐ Fears of dying

4. In the last two weeks, have you had any of the following physical symptoms? (Please tick symptoms that are **not** related to any known medical condition)
   - ☐ Heart palpitations or racing heart
   - ☐ Sweating

- ☐ Trembling or shaking
- ☐ Significant changes to appetite or weight
- ☐ Sleeping problems (too little, too much sleep or disrupted sleep)
- ☐ Chest pains/discomfort
- ☐ Neck pains
- ☐ Headaches
- ☐ Nausea or abdominal problems
- ☐ Dizziness or feeling faint
- ☐ Numbness or tingling sensations

5. On a scale of 1-10, how would you rate how much these symptoms have interfered with your life?

None 1 2 3 4 5 6 7 8 9 10 **Extremely**

<u>Access</u>

1. Do you have access to any of the following devices to participate in the study? (Please tick all that apply)
   - ☐ Laptop or computer (must have a working microphone and webcam)
   - ☐ Tablet (e.g. iPad, Lenovo, Samsung etc.)

2. How would you access the internet for the interviews? (Please tick all that apply).
   - ☐ Wifi
   - ☐ Via cell phone hotspot
   - ☐ I don’t have access to the internet

3. Please identify the provider that provides you with internet access.

- ☐ Cell C
- ☐ MTN
- ☐ Telkom
- ☐ Vodacom
- ☐ Afrihost
- ☐ Other (please specify): .....

4. On a scale of 1-10, how confident do you feel operating these devices for an online video call, e.g. Zoom?

Not at all 1 2 3 4 5 6 7 8 9 10 **Very**

5. Do you have any disabilities or impairments that may make an online interview difficult or challenging?
   - ☐ Hearing impairment
   - ☐ Sight impairment
   - ☐ Other: .....

END

Thank you for your time.

The researcher will correspond you regarding the details of the next step.

APPENDIX 3: Biographical data (collated)

BIOGRAPHICAL DATA

Instructions: This form serves to collect basic demographic information about you for the purposes of your research. Please mark the appropriate option by circling around the answer that best describes you. Each answer has been assigned a specific number. Please circle only the corresponding number and not the category coloured in grey.

Gender:

Male	Female
1	2

Age:

65-69	70-74	75-79	80-84	85+
1	2	3	4	5

Marital status:

Single	Married	Divorced	Widowed	Remarried
1	2	3	4	5

Race:

Black	Coloured	Indian	White	Other
1	2	3	4	5

Occupational status:

Working	Unemployed	Recently retired	Retired for 10+ years
1	2	3	4

Living arrangement:

Independent living	Living with adult children/relatives	Residential facility	Frail care
1	2	3	4

APPENDIX 4: Interview Schedule

Interview: Discussion on life stories, evaluation of lives, meaning, and legacy

- When you look back on your life, what thoughts come to your mind?
    - What do you think of?
    - Do you remember any particular moments of success?
    - Do you remember any particular moments of regret? Could you tell me the stories of those things?
    - How do you feel about yourself in relation to those stories?
- If you could describe the story of your life in a metaphor, what would you pick?
- Use Life Grid to map out specific events over the individual's life
- What do you understand about building a legacy?
- Is this something that is important to you?
- Do you feel you have something to give to the world? Why or why not?

Interview 2:

- Participants to bring memorabilia or any items that are meaningful, or demonstrate legacy
    - Discuss the memorabilia and their significance
    - Why did you did bring these specific items?
    - How are the items related to making meaning and legacy?
    - How do you process these events? Are any of these events unresolved?

APPENDIX 5: Life Grid

LIFE GRID Date: …….. Participant number: ……..

	LIFE EVENTS					
LIFESPAN	**Birth & Childhood**					
	Adolescence					
	Early Adulthood					
	Middle Adulthood					
	Older adulthood					

APPENDIX 6: Table of theme groupings

Theme	N
Theology as meaning-making framework	
RQ 1: Making sense of life	
God	
Becoming a Christian	n=5
Relationship with God	n=5
Importance of prayer	n=5
God's involvement in life	n=5
Answers to spiritual crises	n=3
God's plans and purposes	n=4
Perceptions of God	
God as healer	n=3
God as provider	n=5
Approach to life	
Making sense of experience	n=5
Theology as meaning	n=5
Making sense of ageing and death	n=5
Resilience	n=5
Overcome loss, emotional trauma, hardship	n=5
Expression of emotional pain	n=5
Forgiveness and reconciliation	n=5
Positive attitude	n=5
Taking ownership and responsibility	n=3
RQ 2: Understanding and articulating legacy	
Generativity and legacy	
Understanding legacy	n=5
Family	n=5
Faith and values	n=5
Helping others	n=5
Being used as God's vessel	n=4

APPENDIX 7: Feedback

Participant:

Date:

Agenda:

1. Discuss general themes, results, quotes.
2. Descriptions were kept as general as possible.
3. Results may be subject to change and adjustment (pending review from supervisor).
4. If you have objections, let me know.
5. Feedback from participants:
    - Applicability for future interventions
    - Other feedback

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ORIGINALITY REPORT

2%	1%	1%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	"The Ecology of Purposeful Living Across the Lifespan", Springer Science and Business Media LLC, 2020 Publication	<1%
2	covid19dataportal.es Internet Source	<1%
3	Submitted to Walden University Student Paper	<1%
4	ir.uiowa.edu Internet Source	<1%
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9	"Handbook of Eudaimonic Well-Being", Springer Science and Business Media LLC, 2016 Publication	<1 %
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