The University of Southern Mississippi

The Aquila Digital Community

Dissertations

Spring 5-2010

Later Life Decision-Making: Experiential Adult Learning and Successful Aging

Shauna Pearce Breland
University of Southern Mississippi

The University of Southern Mississippi

LATER LIFE DECISION-MAKING:

EXPERIENTIAL ADULT LEARNING AND SUCCESSFUL AGING

by

Shauna Breland

Abstract of a Dissertation
Submitted to the Graduate School
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

May 2010

ABSTRACT

LATER LIFE DECISION-MAKING:

EXPERIENTIAL ADULT LEARNING AND SUCCESSFUL AGING

by Shauna Pearce Breland

May 2010

The focus of this study was on how aging adults make critical life

decisions such as those involving health care and health care benefits, living

arrangements for later life, and organizing personal affairs. The participant group

consisted of 8 sexagenarians and 4 septuagenarians who had recently made or

were currently making these critical life decisions.

The study employed both qualitative and quantitative methods. A

qualitative phenomenological approach was used to allow the researcher to

examine the phenomena of decision-making and aging within the context of the

life experiences of the individuals being studied. Each subject participated in a

single in-depth interview, and as the quantitative portion, completed the Life

Satisfaction Index A.

Purposeful sampling enabled the researcher to make sure that the

individuals met the age, mental health, and decision-making criteria. The

information that was gathered was coded into themes and subthemes. The

researcher concluded the following: (1) Older adults use experiential learning to

make decisions. (2) Older adults draw on the experiences of others when making

decisions. (3) The financial situations of older adults significantly affect the

decisions that they make, and (4) the nature of the decision-making changes as

individuals age.

Scoring of the LSIA indicated that 92% of the subjects reported high to very high life satisfaction, scoring in the top quartiles. Because the sample size was small, no other significant findings were discovered through this instrument. It did provide simple descriptive data.

Recommendations for future research include comparison of decision-making in elderly persons with that of younger populations, and further study that looks strictly at the Baby Boomer population more closely.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

Quantitative Results

Summary of the Study
Demographic Considerations
Qualitative Discussion
Quantitative Discussion
Conclusions and Summary
Limitations
Implications
Future Study

LIST OF ILLUSTRATIONS

Figure

LIST OF TABLES

Table

CHAPTER I

INTRODUCTION

Maintaining the ability to make good decisions is critical to aging adults

(Finucane, Slovic, Hibbard, Peters, Mertz, & MacGregor, 2002). Faced with

situations where they must make critical decisions which involve uncertainty and

risk taking, aging adults often find themselves frightened at the thought of making

mistakes or as being seen as incompetent (Dror, Katona, & Mungur, 1998). They

also experience high levels of anxiety when making important decisions and may

become confused by irrelevant information (Dror et al., 1998). The availability of

numerous choices often cause them to avoid making decisions or make them

more likely to be dissatisfied with the decisions they make (Sarangi, Besedeš,

Deck, & Shor, 2009).

Americans aged 65 and over have been identified by the Federal

Interagency Forum on Aging-Related Statistics (2008) as a significant segment of

the American population. This is a fast growing group that will continue to get

larger and more diverse as the baby boomers age. In 2006, there were

approximately 37 million people age 65 and over accounting for 12 percent of the

American population. Increasing dramatically from the years 2011 to 2030, this

segment is expected to make up 20 percent of the United States population. That

is 71.5 million older adults (Federal Interagency Forum on Aging-Related

Statistics [FIFARS], 2008) making decisions.

The baby boomers will be faced with many critical decisions such as,

health care and health care benefits, living arrangements for later life, and

organizing personal affairs (Bureau of the Census, 1996). Making these decisions involves some degree of uncertainty, often including risk taking (Dror, Katona, & Munger, 1998). The ability for older adults to make good decisions is critical; however, with increased age, comes increased concerns about the decline in decision-making abilities and life satisfaction.

The focus of this study is on the decision-making skills of adults as they age and the learning activities and processes that they use in helping them make critical decisions. The important topics for review include decision-making, aging, and experiential adult learning. Through qualitative interviewing and the use of a questionnaire, this research explored the phenomena of decision-making in older adults and identified emerging patterns regarding the phenomena of decision-making and life satisfaction.

<div align="center">Background</div>

People make decisions throughout their lifetime. These decisions can vary from a simple, insignificant problem, such as what to wear, to a very complex and significant problem, such as creating a living will. Decision-making is viewed as a dynamic process that becomes increasingly difficult as the individual is faced with complex choices (Zeleny & Cochrane, 1982). When making decisions, it is our intent to achieve the best possible outcome based on what is perceived as good or bad in relation to the problem at hand (Gabrielson, 2009). This study described the many facets of decision-making, while recognizing that new research has suggested that the decision-making process is eclectic and draws from various theories (Oliveira, 2007).

Three perspectives of decision-making have been researched including normative, prescriptive, and descriptive. Each perspective has a way of viewing decision-making that is important for decision research. The normative perspective provides a specific set of guidelines for making decisions, while prescriptive theory tells which normative model should be used. Although there is much research on the normative perspective, the prescriptive model is so closely related to the normative model that little distinction is made in the available research. The descriptive model differs from the others by exploring how decisions are actually made (Oliveira, 2007).

In order to understand the changes in decision-making that occur as people age, we must first understand aging. As people age, they experience many changes including physical, psychological, and sociological changes (Birren, 1959). Stage theories of adult development describe the changes that individuals experience from birth through adulthood. Erikson described eight stages of development with each stage building on the other. Levinson expanded Erikson's theory to include times of stability and transition in adulthood. He called his stages eras and suggested that these eras overlapped and required changes in life to move from one era to the next (Levinson, 1978, 1986; Levinson & Levinson, 1996). As people age they experience transitional periods that disturb the periods of stability. At those transition periods, they must then make decisions that bridge the overlapping eras (Levinson, 1978).

According to Mata et al. (2007), limited information exists regarding aging and decision-making. Most studies have focused on demonstrating age

differences in various tasks instead of looking at the specific mechanism underlying the differences. Studies on risk taking behaviors in decision-making in aging adults have examined individuals in lab settings, but few, if any studies have been conducted in real life situations (Dror et al., 1998). These studies have also shown that aging adults may fear making decisions for various reasons (Dror et al., 1998). This study focuses on decision-making in aging to provide further information in the growing area of aging adult research.

Rationale

There is an abundance of literature and research regarding decision-making (Hastie & Dawes, 2001; Janis & Mann, 1977; King & Kitchener, 1994). One the most studied areas is organizational decision-making (Keegan, 1984; Kepner & Tregoe, 1981; Schein,1992). A limited number of studies have focused on the decision-making of aging adults and on the impact it has on life satisfaction.

Baby Boomers are fast approaching later life, when they will be faced with many critical decisions such as health care and health care benefits, living arrangements for later life, and organizing personal affairs. Making these decisions involves some degree of uncertainty, often causing one to gamble on the outcome (Dror et al., 1998). It is important for this large segment of the population to be able to make appropriate, informed decisions. Their ability to make good decisions is crucial. For educators, financial planners, and health care professionals to help older adults make good decisions, we first need to

increase our understanding of how they make decisions and the influences that they rely on to make these decisions.

Statement of the Problem

The aim of this study is to determine how aging adults make critical life decisions such as health care and health care benefits, living arrangements for later life, and organizing personal affairs and how being able to make good decisions can increase life satisfaction for these aging adults.

Purpose of the Study

This research focused on older adult life decision-making in order to gain insight into the relationship between learning and decision-making, how they perceive that the processes change as individuals reach the later life stage, and the factors that impede or facilitate decision-making in later life and affect life satisfaction. The study will contribute to understanding how older adults make critical decisions and provide adult educators with information for developing tools that will assist older adults in making wise choices that will lead to increased life satisfaction. Also, classical decision-making theory has limited applicability to real world decision-making. This study provided valuable information pertaining to real world decisions.

The sample for this study did not come from the Baby Boomer generation, but instead from individuals who are currently age 60 to 80 years old. This was because that generation has already experienced or is currently experiencing the types of health care and other later life decisions that this study describes. The justification for using such a wide age range is because just like the Baby

Boomers, the subjects' ages span a 20-year period. Studying their decision-making patterns will help prepare the adult education sector, as well as medical professionals, financial planners, and others to handle the influx of older adults as the Baby Boomers move into older adulthood.

The purpose of this research was to determine how older adults approached decisions and what external variables affected their decision-making. The underlying goal was to construct a foundation upon which older adults can learn to make better decisions. Questions of interest were:

1. What is the nature of critical decision-making in older adults?

2. What is the relationship between reflective thinking and experiential learning in helping older adults make critical decisions?

3. What are the effects of external sources on decision-making in older adults?

4. Is there a difference in how older adults who are involved in group activities make decisions compared to those who are not in group activities?

5. How has the aging process affected decision-making for this group of older adults?

<div align="center">Significance of the Study</div>

Decision-making is something in which all humans participate. Hastie and Dawes (2001) suggested that the study of decision-making can provide important information that can be used to improve decision quality and thus everyday life. Because decision-making is a process that individuals will always face, it is

important that adult educators be prepared to assist as guides when necessary. The Baby Boomer generation encompasses individuals that are 45 to 63 years old. They make up a significant portion of the population and will have a great impact on society for years to come. This study could provide valuable information on the social and economic impact of decision-making of the baby boomer generation and the implications for adult educators.

<div align="center">Definition of Terms</div>

For the purposes of this study, the following definitions were employed:

Aging

Aging referred to the biological, psychological, and social changes a person incurs over time (Birren, 1959). Age can be measured in the number of years a person has lived. Rowe and Kahn (1998) stated that aging occurs as a function of the additional years since birth.

Critical Decision

Critical decisions were defined by four characteristics:

- The decision has some impact on the future of the individual.
- The decision impacts the lives of others.
- The decision is important to the individual.
- The decision requires time to reach (Miller, 1981).

Decision

A decision is always a choice between different ways of getting a certain thing done or an end accomplished (Kepner & Tregoe, 1965). Decisions exist only when someone has one or more courses of action to choose from in addition to

the one being pursued. A decision is an action that requires a commitment of resources (Miller & Starr, 1967).

Decision-Making

For this study, decision-making is a cognitive process that people used to make a choice between various ways of getting something done or an end accomplished (Kepner & Tregoe, 1965).

Good Decision

This is a description of decisions that was based on relevant consequences of the different options, an accurate assessment of the world and these consequences, and a decision rule that allows for trade-offs (Finucane, Mertz, Slovic, & Schmidt, 2005). A good decision is not synonymous with a good outcome (Miller & Starr, 1967). A good outcome is an outcome that makes one satisfied.

Life Satisfaction

A state distinguished by the degree of emotional fulfillment with a person's life situation. Life satisfaction can be measured through the Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961).

Poor Decision

The most important thing to remember about a poor decision is that it could have been avoided by making another choice. A poor decision does not necessarily mean a poor outcome (Hoffberg & Korver, 2003). A poor decision does not meet the overall goal of the decision-maker.

Septuagenarian

This is an adjective that defines a person who is in his or her 70s.

Sexagenarian

This is an adjective that defines a person who is in his or her 60s.

Successful Aging

The concept of successful aging is characterized by a low risk of disease and disease-related disabilities, a high mental and physical function, and active engagement with life (Rowe & Kahn, 1998).

<div align="center">Assumptions and Limitations</div>

This study is based on the assumption that all human beings make decisions and understand the influences that impact their decisions. The Baby Boomer generation will soon move into older age. Studies have shown that the baby boomer population and the decisions that they make will have a significant impact on the services that are provided to older adults. By studying people who are already making these decisions, we can find out possible expectations for future generations.

This generates another assumption, which is, the results from this study of the current generation of older adults would be transferable to the expected behavior of Baby Boomers. The goal of this study is to discover information that would lead to a strong foundation for assisting older adults in making better decisions. This cannot be accomplished through simply reflecting on previous experiences; older adults must incorporate new learning experiences and use critical thinking skills to reduce poor choices and increase good ones.

Limitations in this study are reflected by the population from which the data will be collected, that of older adults who have made critical decisions. Decisions regarding health care are made at every age; however, the decisions regarding health care supplemental insurance in older age are more difficult because of the additional variables that often play a role in the decision such as financial situations and age-related health problems. A concern was that finding individuals who have already made decisions regarding health benefits, advance care directives, later life living arrangements, and end of life preparation may pose some challenges for the researcher. Purposeful sampling helped to address this limitation.

Another limitation of this study may be due to the the methodology that is being employed. Creswell (1998) identified a challenge for phenomenological studies as difficulty bracketing personal experiences by the researcher. In bracketing, the researcher must identify his or her preconceived notions regard the phenomena being studied. Because the researcher has not reached the age range of participants, the preconceived notions of the researcher may have been difficult to identify.

Organization of the Study

This study is reported in five chapters. Chapter I provides an introduction and a summary of the proposed research. Chapter II introduces a review of the relevant literature in the areas of decision-making, aging, and decision-making in older adults. Chapter III describes the phenomenological methodology that was used including data collection processes, research design, and data analysis

procedures. Chapters IV and V provide results and conclusions regarding the study and recommendations for further research.

CHAPTER II

REVIEW OF LITERATURE

Introduction

This study explored adult learning activities and processes that individuals experience when they make important decisions of later adulthood, such as decisions regarding health care and health care benefits, making living arrangements for later life, and organizing personal affairs such as estate planning, living wills, and end-of-life choices. Decision-making in later life is significant because people are living longer and the population is rapidly aging (Roberson, 2005). The theoretical framework for this study included decision-making, aging, and adult experiential learning.

Decision-Making

Making decisions is one of the most important things that people do every day. What we decide and how important the decision is may vary, but the process of making decisions has a common basic structure (Byrnes, 2002). Decision making is the outcome of a cognitive process that people use to select a course of action among several options. It is always a choice among different ways of getting something done or of getting an end accomplished (Kepner & Tregoe, 1965).

A decision exists only if there are choices or courses of action to take other than the one being pursued. An unskilled decision maker may not realize another option, which means that there is really no decision to be made. There is

only a decision to be made when a person realizes they have to choose one of various different options (Miller, 1981).

Before addressing the definition of decision-making, it is important to make a distinction between a decision and a problem. In a problem, we seek a cause. We examine what factors caused the problem, preferably with the goal of preventing future problems. On the other hand, decisions are an action that we take in order to deal with a situation. Finally, care must be taken to ensure the decision action is not confused with the outcome. The decision action is the process that the individual goes through when making a decision, while the outcome is what has occurred because of the deicision (Miller, 1981). An example of this would be the decision to create a living will. The action would include gathering information, talking with professionals, and developing a plan. The actual signed document would be the outcome.

The definition of what constitutes a decision has not been agreed upon; however, it has been described as something that requires the use of resources in order to maintain ongoing benefits (Kepner & Tregoe, 1981). A good decision does not mean a good outcome, but it is the best chance for a good result. The best action depends on the individual. A decision should consider the individuals' characteristics, priorities, resources, and experiences (Miller, 1981). Not only should a decision take into account individual characteristics, the way that an individual makes a decision can vary. People take more time contemplating decisions when they are very important to them.

Although a single definition of a decision does not exist, Kepner and Tregoe (1965) examined organizational decision-making and identified seven concepts that form the basis for making a decision: a) a decision must have defined objectives, b) objectives must be arranged according to importance, c) different solutions should be developed, d) each solution is then evaluated according to the objectives, e) the solution that provides the best tentative decision should be identified, f) possible consequences of the tentative decision are considered, and g) the decision is then carried out with precautions being taken to control unfavorable consequences.

There are several distinctions regarding decision making, including structural and process approaches (Svenson & Maule, 1993). Structural refers to the approaches that are concerned with the input and outcomes relationship demonstrating how decisions can be explained through the information that is provided. In process approaches, the psychological aspects of how decisions are made is the part of the process that is of interest (Svenson & Maule, 1993).

Briefly, decision-making has been the topic of research in many disciplines including economics, mathematics, and social sciences and has been studied for several decades (Oliveira, 2007). It has been written about from various perspectives including: psychological, cognitive, and normative. From the psychological perspective, researchers examine decisions in the context of needs, preferences, and values of the individual. Cognitive researchers see decision making as a process that is ongoing and interactive with the surrounding environment (Kahneman & Tversky, 2000).

Decision-Making is Sequential

John Dewey was an early researcher in the field of decision-making. Dewey's early research on decision-making found it to be sequential, that is, following a series of steps. According to Dewey, there were approximately five steps to decision-making (Gabrielson, 2009). Shulman, Loupe, and Piper (1968) renamed his five steps: problem sensing, problem formation, suggesting possible solutions, evaluating the solutions, and accepting or rejecting the solution. The first step suggested that human behavior is often automatic and that when the automatic response of that behavior is blocked, it then becomes confused and disorganized. This step is referred to as problem sensing and suggests that the subject only sees or reacts to the problem. The next step, known as problem formulation (Shulman et al, 1968), involves pinpointing what distinguishes the problem from others. The characteristics of the problem are thought through using the process of reflection and next potential solutions are identified. A particular solution is chosen and implemented and then the consequences are evaluated to see if it actually worked to solve the problem (Shulman et al., 1968). This process is often circular, because once a solution is found, it generally leads to another round of problem sensing that requires reflection and evaluation (Willower, 1992). There is resolution once questioning ceases and no further problem exists (Shulman et al., 1968). Although unlike Dewey's proposed theory this process is not a rigid sequential model, it does provide a basic structure for understanding the decision-making process.

Later research suggested that the problem with Dewey's sequential model is that it is too confining (Witte, 1972; Mintzberg, Rainsinghani, & Theoret, 1976). The components of Dewey's model were still present in new models, but in non-sequential form. The later models of decision-making understood the ways that decision-making included the same steps but not necessarily in a particular order. For instance, Witte (1972) proposed a model of decision-making in which the stages were parallel as opposed to sequential. Mintzberg et al. (1976) developed a significant non-sequential model that was characterized by distinct phases. Each distinct phase was worked through before going to the next phase. Although the order through the phases may vary from person to person, these two models provide examples of decision-making that allow for a less structured movement through each stage or phase.

Characteristics Influencing Decision-Making

How important a certain decision is to an individual can greatly influence the decision they make. A decision that is of importance to an individual will likely require a lot of that person's time and a good decision will be more desirable compared with a decision that is of lesser importance (Miller, 1981). The importance of the decision is influenced by four characteristics. First, the decision must have implications for the future. Next, the decision effects others. Third, the decision is valuable to the decision-maker (Miller & Starr, 1967). Finally, it must have ample time to occur (Miller, 1978).

Regardless of the importance of a decision, there are many factors that go into making a good decision. To achieve the high quality decisions that we desire,

it is important to spend time identifying decisions that need to be made and defining why the decision is important. Then spend time conducting a search for appropriate alternatives that will achieve the desired outcome. The alternatives should be compared and evaluated with specific goals in mind. After the alternatives have been evaluated, then the best solution is selected and the results are monitored in order to correct mistakes to ensure success (Miller, 1981).

According to the Merriam-Webster Dictionary (2003), choice is the act that a person participates in when making a decision. The decision is the determination that is reach after a consideration (Merriam-Webster, 2003). No clear distinction is made between the two terms. In the following paragraph, the works of Kepner and Tregoe are discussed in terms of choice.

Making a good choice is something that everyone strives to obtain. Understanding what goes into making a good choice, helps to achieve a good outcome. Kepner and Tregoe (1981) identified three elements of a good choice. First, the specific factors related to the decision must be defined appropriately. Then the outcomes of the possible alternatives must be understood. Finally, the context of what needs to be accomplished must be realized.

The next section will introduce the idea that often people avoid making decisions because of their fear of making the wrong choice. Decision-makers may not feel confident in making decisions if they lack the skills necessary to make the decision or if they do not think that they have all the information that they need. The consequences of putting off a decision can escalate the problem

so that when the decision finally has to be made, the time and effort needed to make the decision and address the problem are greater than if the decision-making was done when the problem was first identified.

Perspectives on Decision-Making

Most decision-making research focuses on three main perspectives: normative, prescriptive, and descriptive (Vazsonyi, 1990). Each perspective can provide significant input in decision-making research. As an overview that is expanded on later, the normative perspective provides a set of standards for making decisions and involves the prescriptive perspective, which helps the individual decide which model should be used when making decisions. The prescriptive perspective is so closely related to the normative perspective that they are usually presented side-by-side. The descriptive model investigates how decisions are actually made (Oliveira, 2007) and inquires about how the human mind actually works when making decisions (Vazsonyi, 1990). Decision counseling is a suggested model that is used to apply decision sciences to solving problems. This theory is designed for management issues and is rooted in behavioral decision theory (Vazsonyi, 1990). Decision counselors use decision support systems, computer technology, management systems and other resources to make management decisions. This is a relatively new area of research and has no developed theory.

Normative theories are probably the best known decision theories and are the set of theories that will be expanded on here. They have been widely used in the research of management and organizational decision-making. Normative

models are also referred to as rational choice models. The models suggest that people compare the costs and benefits of different options when making decisions. The normative model was once the most well known theory of decision research (Vazsonyi, 1990).

Understanding rational theory is dependent on understanding the criteria of rational choice. First, the choice is made according to the available resources and after the possible outcomes and consequences are established. When there is uncertainty, probability theory is used to quantify the uncertainty regarding the occurrence of events (Hastie & Dawes, 2001). Finally, through the use of accurate information and cognitive processing in response to situations, decision-making is improved thus leading to better outcomes and higher levels of adaptability (Bermúdez, 2009).

A number of theories have been identified as rational choice models: nonformal theory; expected utility theory; and game theory (King & Kitchener, 1994; Kepner & Tregoe, 1981; Keegan, 1984; Bermŭdez, 2009). These theories assume that individuals make their own rational choices in an effort to be successful in their decision-making.

While normative theories focus on the rational aspects of decision-making, decision-making has also been defined as including non-rational factors because of its tendency to be an emotional process. There are also many uncertainties in making decisions that threaten the action that is chosen. Often a decision has to be made with incomplete information. It is a common belief among social

scientists that humans act the way they do for reasons other than rational reasons (Kepner & Tregoe, 1965).

Janis and Mann (1977) identified five stages in making a good and what they consider a stable decision:

1. Appraising the Challenge – without a challenge of disturbing information or event, the attitude of complacency will remain.

2. Surveying Alternatives – searching memory provides alternate course of action and leads the individual to seek advice and information.

3. Weighing Alternatives – focusing on the pros and cons of each alternative.

4. Deliberating about Commitment – concern about implementing the new plan and conveying the decision to others.

5. Adhering Despite Negative Feedback – reaffirming the decision that has been made through rationalizations.

Threats to Good Decision-Making

While many theories rely on a rational perspective, there are some threats to good decision making that go against the assumption that decisions are made rationally. In addition, the quality of a decision cannot be based on its outcome. Sometimes people are forced to make decisions that do not have what they consider a positive result. There are many reasons for this and this section will discuss the reasons related to heuristics and biases.

Representative heuristics were first introduced by Tversky and Kahneman (1974) as a theory that looked at available information and compared the

understood hypothesis to that information in order to estimate what the probability is that the hypothesis will be true. In representative heuristics, it is assumed that there is a measure of commonality between objects that seem alike. This can often lead to errors in judgment referred to as extensionality. Extensionality states that objects are equal if their external characteristics are the same. Tversky and Kahneman (1974) suggested that the violation of extensionality can lead to a bias towards the opinion that causes and effects will be alike.

In availability heuristics, we use the information that we can recall from past memories to make decisions. This type of heuristic can be thought of as having seven subprocesses. These subprocesses are: (a) the retrieval or storage of relevant information in long-term memory; (b) retention of that information; (c) recognizing what decisions call for the memory of the stored information; (d) probing memory for the stored information; (e) remembering the necessary information; (f) judging the how easy retrieval of the information was; (g) how often will the information be used (Hastie & Dawes, 2001).

The first of these subprocesses is storing information in long-term memory as it occurs. This is followed by actually remembering the information with some natural inconsistencies caused by forgetfulness. The information is then recalled when a relevant situation arises. In some circumstances, individuals may be required to search their memory for the relevant information as they are associated with a memory probe. Then a judgment is made based on how easy it

is to remember the information (Hastie & Dawes, 2001). This type of heuristic can be readily influenced by external sources such as media coverage.

Another form of heuristic is that of anchoring and adjusting. Anchoring refers to the tendency for people to rely too much on, or to anchor on, certain pieces of information when making a decision. In anchoring and adjusting, the individual assesses a probability, which is the anchor, and then makes adjustments to meet the estimate (Tversky & Kahneman, 1974). The most common anchoring and adjusting heuristic is the desire to stay the same also referred to as status quo (Hastie & Dawes, 2001).

Another theory that was introduced by Tversky and Kahneman (1974) is known as prospect theory. This is a descriptive theory that is composed of many elements, but 3 were found to be most important: a change in terms of reference level; suggesting loss will be avoided; and implying the decision-makers will avoid risk when choosing between gains and seek risk when choosing between losses (Hastie & Dawes, 2001; Kahneman & Tversky, 1979; 1992). This means people are making decisions that require them to assess risks. According to the theory, these decision processes consist of editing and evaluating. In editing, individuals set a reference point. Anything above that point is a gain and anything below that point is a loss. The next phase is that of evaluation. People calculate the value based on the perceived outcome and probabilities and select the choice having the higher value (Hastie & Dawes, 2001). When making critical decisions throughout life, all types of consideration are often relevant to some

extent with the outcome being determined by the strength of the incentive (Janis & Mann, 1977).

Decision-Making in Older Adults

As a result of the shift in population as baby boomers age, an increasing number of people will be making critical life decisions. Some studies have suggested that cognitive decline will pose challenges for aging adults. There have been relatively few research studies conducted in the area of development of adults and decision-making, leaving researchers with poor knowledge of a topic that is on the rise as the boomers move into later adulthood (Mata et al., 2007).

As adults age, there is evidence that there may be changes in their perceptions of risk in decision-making. When compared to younger adults, they may be more hesitant about making decisions that have certain risks. This may be because they feel that they will be seen as incompetent if they make a mistake or that they may not have time because of their age to recover from a mistake (Dror, Katona, & Mungur, 1998). Research has shown that a decreased decision-making ability when risk is involved can be attributed to high levels of anxiety, inability to concentrate, and distractions from external sources (Chagnon, & McKelvie, 1992; Mueller, Kausler, Faherty, & Oliveri, 1980).

Most aging individuals do not like change; however, they develop coping strategies for the changes that they will inevitably face. Often the dynamics of their interpersonal relationships change as part of their coping strategies. Where they previously may have been the one giving advice regarding decision-making,

they now look to others for advice (Nakashima, Chapin, Macmillan, & Zimmerman, 2004).

Hibbard and Peters (2003) argue that although the decision-making ability may decline as people age, their past experiences help them to compensate for these decreases. Also, their emotional focus may help older adults be more perceptive when it comes to making important decisions, paying attention to unpleasant feelings or feelings of alarm. This emotional focus may be problematic when faced with decisions like those proposed in this study (Hibbard & Peters, 2003). As a result, it may become necessary to employ more probability based theories when making such decisions (Hsee & Rottenstreich, 2004).

Further research, however, suggests that our emotional functioning improves as we age. Older adults have lower rates of psychological disorders and a higher ability to control their emotions compared with young adults (Fung & Carstensen, 2003). Fung and Carstensen (2003) studied the effect of advertisements with emotional slogans on older adults' cognitive functioning and found that the aging individuals were more apt to remember the emotional slogans than the knowledge based advertisement. Research studies found that these aging individuals were also more likely to remember positive stimuli than negative or neutral stimuli (Fung & Carstensen, 2003) This suggest that external sources are significant influences on decision-making processes of aging adults.

Yoon, Cole, & Lee (2007) investigated how aging adults make decisions as consumers and identified individual, tasks, and contextual characteristics of

the adults making consumer-related decisions. The study found that aging adults

make better decisions when faced with meaningful tasks that are familiar to them.

Their skills tend to be better when they are not confronted with time constraints

and are able to make decisions during optimal times during the day. They also

perform better when they are comfortable with the environment in which the

decision must be made (Yoon, Cole, & Lee, 2007).

Aging

Aging refers to the multidimensional process of change that occurs

physically, psychologically, and socially in individuals. It is a process that

continues throughout the lifetime. This section will discuss the later stages of life

and the changes that are experienced as individuals enter later adulthood. It will

also look at aging adults perceptions of successful aging.

Theories of Adult Development

Erik Erikson has been identified as one of the most influential theorists of

adult development; His lifespan theory suggested eight stages, each with certain

psychological tasks that must be completed during the life cycle (O'Hanlon &

Coleman, 2004; Slater, 2003; Sneed, Whitbourne, & Culang, 2006). His stages

are based on Freud's description of psychosexual stages of development, but go

further than Freud to provide emphasis on adolescent task identity development

and the adult conflicts of generativity and stagnation (Slater, 2003). These stages

are characterized by psychosocial crises that reach mastery through changes in

biological, psychological, and social processes (Sneed et al., 2006). If an

individual lives a full lifespan, they experience each stage (Slater, 2003);

however, Erikson did allow for individual variability in the timing of these crises (Sneed et al., 2006).

The last of Erikson's stages includes individuals experiencing early years of parenting and raising a family to the elderly facing end-of-life. Individuals in the latter part of this stage of Erikson's theory were the focus of this study. During the final stage, he suggested that people are focused on how they will influence the next generation. Adults in this stage often search for activities that will have a positive impact on future generations or leave the future generations with knowledge and values (O'Hanlon & Coleman, 2004). This crisis of generativity is referred to by Erikson (1995) as establishing ego integrity. In this study, it is the decisions that individuals made that reflect the crises that they experienced.

Decisions that individuals make are influenced by past experiences and relationships. Many opportunities are lost due to constrained decisions (O'Hanlon & Coleman, 2004). How individuals assess their opportunities influences whether they experience generativity or stagnation. Ego integrity is the psychological task of later years and must involve accepting one's life as it has played out and being appreciative of past relationships and experiences, which leads to generativity (Erikson, 1995). Those adults who live in despair find difficulty accepting past relationships and experiences find themselves in a state of stagnation. They often have feelings of regret, anger, resentment, and feel as though their life has been a failure.

Not all individuals find generativity as the focus of the final stage of development. and suggests that interactions between people and their

environment can lead to individual differences in the projected progression through the stages (Sneed et al., 2006). Wisdom is described by Erikson as "truly involved disinvolvement." It is wisdom that develops through the successful balance of integration and despair in the last stage (Erikson, Erikson, & Kivnick, 1986, p.51).

Erikson's theory is more concerned with the psychological health than the physical health (Slater, 2004). Nonetheless, when individuals struggle with stagnation, this can lead to a higher risk of poor mental *and* physical health (O'Hanlon & Coleman, 2004).

Daniel Levinson (1986) built his theory of developmental stages on the works of Erikson. His theory suggested a larger number of more defined and specific developmental periods. In Levinson's theory of adult development, he focused on four main aspects: life course, life cycle, life structure, and adult development. He discussed the life course as being the way that life and its many different aspects play out from beginning to end. To study the life course, we must explore everything that is significant to a particular individual. This has posed problems in the human sciences because each discipline looks at a different part of the life course, often omitting how the segments are interconnected.

Levinson also addressed the life cycle. This idea differs from the life course in that the life course varies from person to person while the life cycle is the basic sequence that every human being goes through. Historically, this sequence consists of the childhood and adolescent years, which are

approximately the first 20 years of life; old age, which occurs at around age 65; and the in-between years known as adulthood. However, Levinson identified eras as the sequence of the life cycle, believing that each era begins and ends at a certain age with a variance of approximately two years above or below the average. Movement from one era to the next is defined by distinct life changes with the possibility of overlapping, referred to as a cross era transition (Levinson, 1986).

Another key aspect of Levinson's theory is the concept of life structure, which was defined as the fundamental pattern of an individual's life at a specific point in time. Examining one's life structure requires engaging in critical reflection and identifying those features of the outside world that impact us most. Usually there are only one or two components that are central to a life structure, and they have the biggest influence on the self and the developing life structure.

This current study focused on Levinson's final three periods: The Era of Culminating Life Structure for Middle Adulthood, which is from age 55 to 60; The Era of Late Adulthood, which begins at age 60 until the end of life; and Late Adult Transition, which is the cross era transition for these two eras (Levinson, 1986). Regarding aging, Merriam and Cafferella (1999) suggested four areas for theoretical focus: biological; psychological; sociocultural; and cognitive. Regarding health and physical changes and from a biological aspect, the life expectancy for adults has increased. The reasons for the increase include better health care and nutrition, improved hygiene, and changes in lifestyles. People are resilient and most adapt to change if it is necessary (Kalish, 1982). Common

to most aging adults, is deterioration of eyesight, hearing, and reaction times; however, it is the disease process that can affect an individual's health, cognitive abilities, and ability to learn (Kalish, 1982). Adult development is characterized by psychological and physical changes and the models presented here mostly focus on psychological development because of the focus on decision-making.

Aging Successfully

Although the concept of successful aging has been addressed by researchers, a single definition has not been established. It has, however, been suggested that a multi-criteria approach would provide a definition that encompasses all aspects of successful aging. These criteria include: length of life; biological health; mental health; cognitive efficacy; social competence and productivity; personal control; and life satisfaction (Rowe & Kahn, 1987). These criteria must also be categorized, both subjectively and objectively, in order to recognize the differences that occur individually and culturally.

Havighurst (1961) is credited with being the first to use the term "successful aging." In the 1960's, he described the term as adding life to the years. The psychosocial school defines successful aging as mental states such as the acceptance of death or life satisfaction, while the medical field identifies it as the avoidance of disease and disability. Nonetheless, several areas of commonality can be found. The good life in late-life refers to the capacity to function in cognitive, social, and emotional domains (Inui, 2002). Successful aging can be equated with what older adults value in their quality of life and death (Patrick, Curtis, Engleberg, Nielsen, & McCowan, 2003). In addition, aging

that is successful implies that it is better than usual aging (Rowe & Kahn, 1987). Intervention studies have been conducted to increase the chance of older adults aging successfully. Although, before we can promote the successful aging concept, we must know more about what older adults value and how they define successful aging (Phelan, Anderson, LaCroix, & Larson, 2004).

Older adults today are more active and outgoing than their counterparts 20 to 30 years ago (Baltes & Mayer, 1999; Rowe & Kahn, 1998; Strawbridge et al., 1996). Schulz and Heckhausen (1996) suggested that successful aging begins at birth with each individual ascribed a lifelong role in aging successfully. This is highly variable not only among individuals but within each person's lifespan. Demographic and socioeconomic factors do not appear to have any correlation with aging successfully, according to Depp and Jeste (2006). Other factors that also appear to be relevant are education, exercise, diet, smoking habits, and social networks (Britton, Shipley, Singh-Manoux, & Marmot, 2008). Along these lines, a three-factor model of successful aging includes low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life (Rowe & Kahn, 1997). In 2000, Rowe and Kahn (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002) added the components of wisdom and resilience.

The Impact of Baby Boomers on the Aging Population

It is unknown who actually devised the term "baby boomer;" however, it is a term that has come to describe one of the largest generations in history. After World War II, there was a large increase in births across the country that

continued until 1965, when the number of babies born began to steadily decline.

This population explosion became known as the baby boomer generation. The

baby boomer generation includes people born between the years of 1946 and

1964. This generation is now between the ages of 45 and 63 years of age and

makes up approximately 29% of the United States population (Baby Boomer

Headquarters, 2009). There are an estimated 78 million baby boomers according

to the U.S. Census Bureau. The data show that men in this age group outnumber

women by less than one percent and although Caucasians continue to dominate,

the diversity of the population is on the rise due to immigration, with

approximately 17.1 million African American and Hispanic boomers (United

States Census Bureau, 2006).

The baby boomer age was defined in the 1960's by their music, events,

and radical social changes. The large range in years that encompasses the

boomer generation, however, makes the differences from early boomers to late

boomers extensive. The early boomers were impacted by the deaths of Martin

Luther King, Jr. and the Kennedy brothers, John and Bobby. They also

experienced the scandals and protests that surrounded the Vietnam War and

Watergate. The later boomers were not faced with the military draft and were

more likely than the older members of their cohort to participate in heavy drug

use (Baby Boomer Headquarters, 2009).

Better education than the previous generations is an important

characteristic of the baby boomer generation. In 1947, the percentage of

individuals 25 years or older with a high school diploma was 33%, by 2004 the

percent had increased to 85%. For those earning bachelor's degrees, the

percentage rose from 5% in 1947 to 28% in 2004 (United States Census Bureau,

2006). One reason for the increase in education of the male baby boomers has

been attributed to fact that they wanted to avoid the draft of the Vietnam War so

they attended or continued in college. Women saw a college education as a

means for seeking equality (United States Census Bureau, 2006). Their interest

and pursuit of education has also influenced the boomers to encourage their own

children to participate in higher education and to seek lifelong learning

themselves (Bureau of the Census, 1996).

The boomers make up a large portion of the work force with over 75

million working in today's economy. Their optimistic economic views lead them to

be big spenders and focus much of their spending on staying healthy and looking

good (United States Census Bureau, 2006). Boomers travel, drive big

automobiles, and often depend on others to care for their children. As predicted,

there is an increase in advertisements, activities, and facilities aimed at attracting

the aging boomers: retirement communities, travel and vacation homes, cosmetic

products and surgeries, and fashion (United States Census Bureau, 2006). The

optimistic economic views of the boomer generation have led to them being

viewed as the not saving generation. This creates an uncertain financial status

for many boomers, who have used credit liberally. They are facing economic and

job insecurities, lack of availability and reliability of Social Security and are often

assisting aging parents with their financial problems (Bureau of the Census,

1996).

As the baby boomers age, the elderly segment of the population will experience a dramatic population increase. By the year 2030, it is estimated that one in five United States citizens will be elderly. Looking at individual numbers may not demonstrate the significance of this population growth, but when compared to past and future predictions, the numbers can be pretty staggering. In 1988, the elderly population was comprised of 30 million people. By 2011, this population will have increased by 10 million and another 10 million by 2019 for an estimated elderly population of 50 million people. It is projected that in 2020 the population of individuals 85 years and over will double to over 7 million and doubles again by 2040 to over 14 million elderly adults. This population boom will dramatically affect all aspects of American life, much as it has in the past affected the educational system and the labor market (Bureau of the Census, 1996).

Adult Experiential Learning

Experiential learning is a process in which an individual acquires meaning from a certain experience. As people age, their repertoire of experiences grow. Theory has suggested that learning through these experiences gives meaning to the cognitive processes of learning and is dependent on participation in critical reflection. Experiential learning takes into account the differences in experiences that human beings face and the ways that they learn from these experiences. Experiences can be different, that is, they can be thought about or relived in various ways. Many theorists have written about experiential learning, but for this study, the constructivist approach will be reviewed.

Constructivist Perspectives of Experiential Learning.

According to Brookfield (1983), experiential learning occurs when people learn something through a current experience. Human every day experiences are very different from person to person. Individuals can experience identical events differently. Each person is selective in the things they remember and make associations according to various influences including previous experiences, cultural norms, and moral values (Fenwick, 2003).

Experiences can also come in different forms. First there is the direct embodied experience, which involves a normal experience. It is experienced right here and right now and can involve people in a variety of ways (Borzak, 1981). Then there is the vicarious experience that occurs when a person sees himself in the experience of another after hearing or seeing something about the experience; the person does not actually live through the experience himself or herself. The simulated experience is when a person has an actual experience but it is controlled artificially, such as would happen in a psychological experiment or in a therapists office (Fenwick, 2003).

Other dimensions that influence experiential learning mentioned by Fenwick (2003) involve recalling the experience. These include reliving, collaborative, and introspective experience. When an experience is relived, information is recalled from a past experience. Collaborative experiences are interpreted through the interactions of a group of people. Finally, introspective experience involves using metaphysical techniques to create experiences, such as dreaming or meditating (Fenwick, 2003).

Dewey (1916) is an important theorist that claimed that knowledge and thinking are dependent on our experiences and methods of doing because they are so closely related to the thinking process. Thinking is an ongoing process where active engagement is required and forming relationships is stressed. Dewey disagreed with traditional learning theorists who believed in separating the mind and body from material things (Dewey, 1916).

Ornstein and Hunkins (1998) said that Dewey described the educator's role as a facilitator. He along with Piaget believed that their role as an educator was to help people shape their experiences and recognize which ones lead to growth. In order for these experiences to allow learning to occur, Dewey argued they must show continuity and interaction. Continuity means that experiences are not isolated. There is an interconnected flow of learning experiences. Learners use what they acquire from their experiences and see where the information will help them in the future as well. An experience is created when individuals interact with their environment. The educator, as the facilitator, is then responsible for providing a safe environment that encourages learners to link their past and future learning experiences (Merriam & Caffarella, 1999). In this way, education was primarily used to improve the reasoning process (Huang, 2002).

Other researchers have written about the experiential learning process (Barnett, 1989; Boud, Keogh, and Walker, 1996; Jarvis, 1987; Kolb, 1984). Washbourn (1996) believed that experience was not enough to establish learning. For learning to occur, Washbourn believed that there must be a continuous

process of critical reflection that results in making meaning from experiences. This meaning making leads to contributions in the cognitive, aesthetic, and affective development of the individual. The learner must be able to examine their experiences and identify the underlying patterns and principles. This helps them to develop new meanings through the reconstruction of experiences (Washbourn, 1996).

Kolb (1984) said that knowledge was built based on a combination of understanding experiences and transforming them. He described six characteristics of experiential learning:

(1) Learning should be thought of as a process rather than an outcome.

(2) The basis of the continuous process of learning is experience.

(3) Learning requires conflicts about how people adapt to their environment must be resolved.

(4) Learning emphasizes the whole instead of the parts in adapting to the environment.

(5) People interact with their environment when learning.

(6) In learning knowledge is created through the interaction of personal knowledge and social knowledge (Kolb, 1984).

Kolb developed a four point model of experiential learning in order to help learners look at the outcome of individual experiences (Washbourn, 1996). His model was new because it provides understanding of both the learning cycle and individual learning styles. According to Kolb, there were four different kinds of abilities that are required to learn from experience: (1) concrete experience; (2)

reflective observation; (3) abstract conceptualization; and (4) active experimentation (Merriam and Cafferella, 1999). A circular pattern represented the learning cycle. This pattern should be considered a continuous spiral. Learners can enter the cycle at any one of the four points (Smith, 2001).
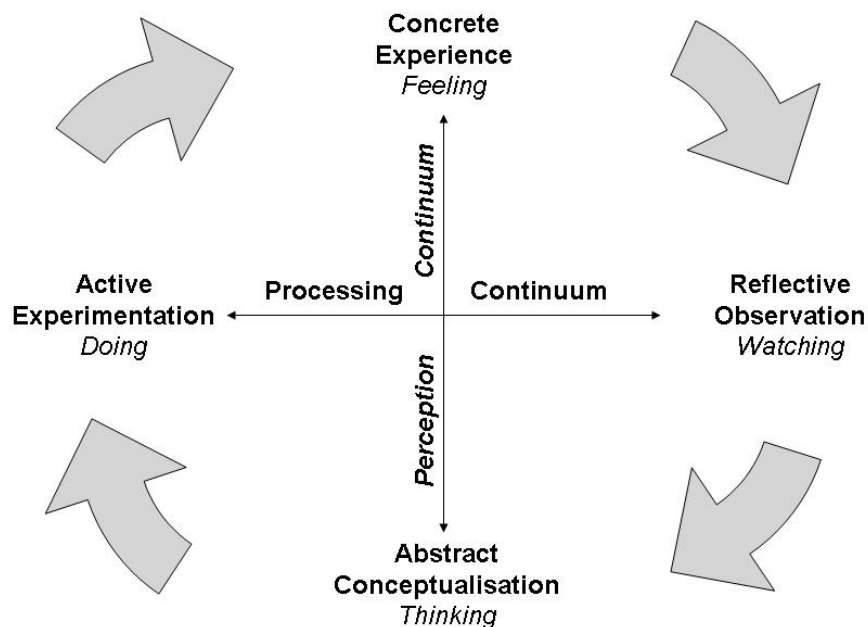
Figure 1. Kolb's experiential learning cycle concept map: Two continuums describe the task approach, while the ends of each continuum provide a step in the learning process.

[1]From "Kolb's Learning Styles and Experiential Learning Model," by D.R. Clark, 2008, http://nwlink.com/~donclark/hrd/styles/kolb.html. Reprinted with permission of the author.

There are two continuums that form a quadrant: (a) the processing continuum, which how the individual approaches the task such as preferring to learn by doing or watching and (b) the perception continuum, which is the emotional response that an individual has for learning and the preference to learn through thinking or feeling. Each end of the continuum provides a step in the

learning process. Kolb suggested that this cycle of learning is more useful than actually identifying the learning style of the learner (Kolb, 1984).

The concrete experience is when a person undertakes a certain action and watches to see how it affects the situation. Next they reflect on the situation using different vantage points to assess meanings before making judgments. The next step involves developing a simple understanding of the general principle for the specific situation (Coleman, 1976) at which point the final stage can occur. Active experimentation includes taking action, even when there are risks, to get things done by influencing people and events (Kolb, 1984).

Barnett (1989) proposed an implementation component as part of Kolb's model. He suggested that this component should be inserted between the abstract conceptualization and active experimentation stages. During this stage, the individual comes up with a plan of action for the specific situation, assuming that the individual is able to problem solve and make decisions (Barnett, 1989). When they move to the active experimentation phase, the plan is actually carried out. Adding this phase encourages individuals to commit to action and reflect on the results of their plan. The experiential cycle is renewed and begins again (Merriam & Cafferella, 1999).

Experiential learning occurs when individuals reflect critically on the experiences of life. It is an engaging form of learning that requires self examination and critical reflection. Most often it is viewed as an informal means of learning and requires adult educators to take on new roles. These roles include facilitator, catalyst, and coach (Fenwick, 2003). As adult educators

acquire these roles, they are able to assist aging adults in making critical decisions.

In experiential learning, there is always some form of reflection and/or transformation (Mezirow, 1991). The following section will discuss how individuals reflect on their experiences and how learning through reflection can produce transformations that affect decision-making. Discussion will also included the role of the adult educator as a facilitator in experiential learning.

Reflection and Transformation

Mezirow (1991) was a theorist whose research has impacted many views of adult education, especially those focusing on experiential learning. His theory of transformation explores how individuals explain, validate, and reformulate the meaning of their experience. Meaning schemes are the specific beliefs, attitudes, and emotional reactions of individuals. For a learner to change his or her meaning scheme, there must be critical reflection on past experiences. This reflection can lead to a perspective transformation (Mezirow, 1991).

In order for a perspective transformation to become transformative learning, Mezirow (1995) proposes that the individual must experience a disorienting dilemma. A disorienting dilemma can occur as the result of a major life transition or crisis such as retirement or the death of a spouse. It can also be brought on by an accumulation of transformations in meaning schemes over a period of time (Mezirow, 1995). This creates an opportunity for the person to learn from the crisis or transition and is typically thought of as a positive experience.

The difficulty that is encountered through a disorienting dilemma requires that the individual critically reflect on experiences. This reflection usually involves thinking about how the current situation is common or different to past experiences and in what ways the situations are interrelated. As mentioned earlier, for learning from experiences to occur, an individual must critically reflect (Houle, 1980; Kolb,1984). Reflection is when a person participates in an activity that ultimately ends in a change in understanding about a situation (Boud, Keogh, & Walker, 1985). According to Kolb (1984), reflection requires the use of cognitive process to analyze the experience in a way that encourages this change in understanding. When a person experiences tension, he or she reflects on past experiences (Kolb, 1984; Schön, 1983, 1987).

A study of reflective behavior was conducted by Gustafson and Bennett (1999) on military cadets. The study grouped eleven variables into three characteristics that described why some individuals are less reflective than others. The characteristic groups included learner, environmental, and reflection task (Gustafson & Bennett, 1999).

The learner characteristics describe reflection as a learned behavior. How reflective a person is may be a personality trait and may depend on how much they know about the topic of interest. People prepare mentally for reflection. They are motivated by both internal and external factors. When participating in certain situations, individuals are more encouraged to discuss reflections if he or she trusts the facilitating professional (Gustafson & Bennett, 1999).

The physical environment in which the reflecting takes place is another important characteristic of reflection. The individual must be in the right mind or mental state in relation to the physical environment for reflection to occur. According to Bandura (1977), the right environment encourages interaction and creates a greater opportunity for critical reflection. Social interactions can be used to motivate and help promote reflection. Opportunities for formal and informal interactions also create an environment that motivates reflective processes (Bandura, 1977).

The final characteristic is reflection task (Gustafson & Bennett, 1999). This characteristic is important for facilitators of reflection. When facilitating reflection, it is important to carefully frame questions and probes appropriately in order to achieve the appropriate level of reflection. The three levels of reflection include reacting, elaborating, and contemplating (Surbeck, Park-Han, & Moyer, 1991). Yinger and Clark (1981) suggest that recording reflections in journals or other writing forms creates a more powerful reflection. These characteristics are valuable for adult educators to be aware of when facilitating learning through reflection.

The characteristics of reflection are important to understanding critical reflection. According to Brookfield (1988), there are 4 activities that are fundamental to critical reflection. First, assumption analysis involves considering the problem in a way that challenges the person's values and beliefs. Next the person must consider the problem in relation to the context in which it occurs. Then he or she imagines different ways of handling the problem. Finally,

reflective skepticism resulting from the previous three activities involves questioning the truth and patterns that have occurred through the reflective process (Brookfield, 1988).

Some critical issues have been identified by Hatton & Smith (1995) in regards to reflection. Individuals must look at complex decisions or problems in a way that allows them to experiment with different interpretations and make changes in actions in an attempt to make an appropriate decision. Through reflection on experiences, thoughts become more organized and structured. Sometimes the activities that are considered reflective are not appropriate for the solution being sought. Reflection and critical reflection are terms that are not well defined. Critical reflection, however, can be distinguished by the inclusion of a deeper consideration of historic, cultural, and political values or beliefs (Hatton & Smith, 1995).

Social and Cultural Aspects of Experiential Learning

The social and cultural background of an individual has great influence on the way that individual learns and on the reflections that occur in experiential learning. These influences go back to the development of the individual that is discussed earlier in the section on aging. Society has a way of defining people based on age, race, gender, ethnicity, financial status, and sexual orientation (Fenwick, 2003; Merriam & Cafferella, 1999). These definitions can vary according to geographic area, cultural norms, and educational background.

Differences in the social influences on men and women have been identified that may help to explain the variations in experiences. Women tend to

be more focused on relationships and communication and are more likely to participate in group discussions when making decisions, while men are more independent problem solvers (Hayes & Flannery, 2000). The relationships that women develop shape the way that they experience and understand the world (Gilligan, 1982; Miller, 1986). This goes along with the traditional roles that women have held, both in the home and at work as parents, nurses, and teachers (Hayes & Flannery, 2000)

Culture represents the skills, attitudes, beliefs, values, and emotions that describe a group of people. It is learned through experience and is part of a person's identity (Jarvis, 1987). Harding suggests that there are cultures that are gender specific. Moving away from this type of stereotyping gives men and women opportunities for expanding the roles and relationships they have leading to the development of different knowledge (Harding, 1996).

<div align="center">Summary</div>

The review of literature presented in this chapter discusses decision-making, aging, and experiential adult learning. The theories and research that are presented on decision-making describe the process as one that everyone participates in on a daily basis. Decision-making becomes more complex as people age and become more insecure about their decision-making abilities. This insecurity leads to the use critical reflection to evaluate past experiences and use what has been learned to make the important decisions that lead to increased life satisfaction.

The aging Baby Boomer population creates the need for increased research in the areas of aging, life satisfaction, and decision-making. This study found that the current research on aging and life satisfaction and on life satisfaction and decision-making is weak. The research presented here will add to and clarify current data and encourage further study in this area.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to examine how adults make important decisions regarding health care and health care benefits, make living arrangements for later life, and organize personal affairs such as estate planning, living wills, and end-of-life choices as they age. This study examined the decision-making process of adults entering later adulthood and the learning activities and processes that influence decision-making. In particular, this research investigated patterns of how life experiences and external resources influence the decision-making process of the participants. In addition, this study sought to discover how the aging process has affected the way the participants make decisions and the impact of these decisions on their life satisfaction.

This chapter presents the methodology that was used to investigate the decision making patterns of older adults. It introduces and describes the phenomenological approach to qualitative analysis, the participants of the study, the instrumentation, and the research design. A questionnaire addressing the topic of life satisfaction in older adults was used as a complement to the qualitative data.

Rationale for Qualitative Approach: Phenomenology

Qualitative research is focused on nonstatistical inquiry methods, drawing on an inductive process in which themes and categories emerge through data analysis. Bogdan and Biklen (1998) define data as "the rough materials

researchers collect from the world they are studying" (p. 106). There are four basic types of information collection in qualitative research: observations, interviews, documents, and audio-visual materials. Each type has a compendium of approaches that can be used to collect data (Creswell, 2006). The researcher must carefully decide which type or types of information will be collected and select procedures and techniques depending on what is being researched (Merriam & Simpson, 1995).

Interview conversations are about listening and hearing people tell about their personal experiences and expressing their views and opinions. This study utilized interviews as one of the sources of data collection. Qualitative research interviews attempt to use the experiences of individuals to understand the world from their perspective (Kvale, 1996). This type of data collection is effective in surveying special populations and obtaining in-depth information. They produce rich data containing words that reflect the participants' perspectives (Bogden and Biklen, 2006).

Phenomenology is one approach to conducting qualitative research. In a phenomenological study, researchers strive to examine individual experiences as they are lived in order to understand and give meaning to the lived experience. Research using the phenomenological approach suggests that individuals have their own reality. It is through interpretation of a phenomenon that we find meaning and truth (Munhall, 1989). The phenomenological view allows the researcher to look beyond the fact-only approach and see the dynamics of the experience (Creswell, 2009).

There is no single meaning of phenomenology; however, researchers have viewed it as both a philosophy and a method (Ehrich, 2005; Lichtman, 2006). Phenomenology has been written about by many in the education field (Barnacle, 2001; McPhail, 1995; Nielsen, 2000; Stanage, 1995; Vandenberg, 1996; van Manen, 1997). Philosophically, phenomenology is viewed as a fundamental part of the environment. Human beings influence their environment and conversely their environment influences the lived experiences (Deutscher, 2001). Some well known philosophers associated with the theoretical beliefs of phenomenology are Husserl, Merleau-Ponty, and Heidegger.

Edmund Husserl has been described as the father of phenomenology. Husserl began as a mathematician in the late 1800's with a firm belief in empiricism. In the late 19th century, phenomenology was challenged causing Husserl shifted his thoughts to include the philosophy that experience was a key feature of life. His main aim was the achievement of transcendental subjectivity (Ehrich, 2005). Jennings (1986) described this transcendental subjectivity as a way of producing an essential or universal knowledge, which is achieved through a process known as bracketing.

Moustakas (1994) identified this important concept of bracketing as being basic to phenomenology. In bracketing or epoche, the philosopher or researcher must identify preconceived ideas that he or she may have in terms of the phenomenon and set them aside. When all things that are not essential are removed, we achieve epoche. Epoche is suspending or getting rid of all assessments about what we think to be true until truth can be better established

(Creswell, 2006). As a result, the philosopher or researcher would be able to experience a phenomenon in a different way and see the uniqueness of situations that is often overlooked because of situational familiarity (Giorgi, 1985).

Other philosophers (Heidegger, 1962; Merleau-Ponty, 1962) questioned Husserl's theory; they argued that his theory was not based on the human everyday experience, but instead on suppositional, cerebral reflection (Schmidt, 1985). Heidegger (1962) believed that consciousness was not a separate part of human existence, but could be categorized by essential structures of the human experience. These structures are the background understandings, influenced by past experiences, that give form and meaning to the lifeworld (Laverty, 2003).

Merleau-Ponty's (1962) *Phenomenology of Perception* expanded Heidegger's view. This book was a big jump from Husserl's pure intellectual consciousness, suggesting that the body plays an active role in the human experience (Polkinghorne, 1983). According to Merleau-Ponty (2001), you must exist physically before you can contemplate what it means to exist. The thought process is a physical process, requiring chemical and electrical signals within the brain. The physical body and the brain must work together to create an individual's essence (Merleau-Ponty, 2001).

In particular, Merleau-Ponty (1962) presented four key themes that are common to the various types of phenomenology. A description of the phenomena was the first of these key themes. The second theme was that of reduction or bracketing, which was presented earlier, means examining what your beliefs, thoughts, and feelings are about the phenomena and removing them or identifing

them prior to studying the phenomena. This allows for the third key theme, which was *essence.* In *essence*, the core meaning of the phenomenon is able to be seen through the experience of the individual. Finally, the last key theme was being ever conscious of the phenomenon through various perceptions (Merleau-Ponty, 1962). According to Ehrich (2005), these themes advanced Merleau-Ponty's idea that interaction with the world leads to consciousness.

Ehrich (2005) stated that the writings of Husserl, Merleau-Ponty, and Heidegger are theoretical and are not meant to be used in applied research. Her writings present the argument for using phenomenology in exploring the human lived experience. She distinguishes between phenomenology as a philosophy and phenomenology as a methodology (Ehrich, 2005).

Hein and Austin (2001) proposed that research using phenomenological methods vary according to the purpose of the study, the skills of the researcher, and research question that is being asked. Research using phenomenology can be looked at through two basic schools of thought; hermeneutic phenomenology and empirical phenomenological psychology. I briefly present an overview of each school of thought and then compare the two approaches.

Hermeneutic Phenomenology

A well known researcher in hermeneutic phenomenology is van Manen. According to van Manen (1991), hermeneutic phenomenology attempts to provide insight into the human experience. He provided guidelines for phenomenological research. The first guideline was that researchers can use many data sources as legitimate avenues for understanding the phenomenon.

These data sources included personal experiences, tracing the etymology of the phenomenon, experiential interviews or observations, and phenomenological literature and other literary sources. Second, data analysis should be an analysis of themes and these themes can be isolated in three ways: holistic; selective; and detailed. The analysis would inform the development of a report that helped us to understand the meaning of the lived experiences (Ehrich, 2005).

Empirical Phenomenological Psychology

Empirical phenomenological psychology is a branch of psychology that is associated with the works of Giorgi. This method was developed to explore the meanings of the lived experiences of the participants who have experienced the phenomena. To conduct research using empirical phenomenological psychology, the researcher identifies appropriate research questions and procedures in order to (a) provide rich data descriptions and (b) provide increased awareness of the individual experiences of research participants. The validity of the researchers' descriptions of the situation was maintained by the researcher being immersed in the actual experiences of the participants and through the practice of bracketing (Giorgi, 1985).

Although both phenomenological approaches emphasize understanding the lived experience, several key distinctions can be made between the two methods. Empirical phenomenological psychology is referred to as empirical because it is based on facts that are collected for examination and interpretation and follows strict data collection and analysis processes (Hein & Austin, 2001). In contrast, hermeneutic phenomenology is a more creative process with less

dependence on the analysis of factual data collected from the participants (Ehrich, 2005).

Seamon (2002) defined a phenomenological investigation as the study of anything a human being experiences, encounters, or lives through. Through the study of these experiences, the researcher attempts to identify the underlying patterns that represent the core of the phenomenon.

Conducting Research Using Phenomenology

Phenomenology is an approach to qualitative analysis that allows researchers to examine multi-faceted topics within their contexts, that is, the lived experiences of the participants. While conducting a phenomenological study, long interviews are used by the researcher to collect information regarding the lived experience and that information is then categorized and examined using various coding and analysis techniques (Creswell, 2006). In addition to in-depth interviews, the researcher depends on his or her own personal reflections on the topic, information provided by the participants, bracketing their preconceived notions, and details about the experience from outside sources. The aim is to enhance the particular situation, thereby achieving a clearer understanding of the experience (Polkinghorne, 1989).

According to Creswell (2006), in a qualitative study using phenomenological methods, the participants should be individuals who have experienced the phenomenon. Data collection may include interviews, observations, videotapes, and case studies. The samples for qualitative studies are usually small and identified through purposeful sampling. Purposeful

sampling involves choosing participants based on the participants' experiences or characteristics being appropriate to the topic being researched and because they will facilitate the development of new theory (Bogdan & Biklen, 2006).

Phenomenology and This Current Study

Phenomenological method was most appropriate for this study because it allowed the researcher to examine the phenomena of decision-making and aging within the context of the life experiences of the individuals being studied. The two types of phenomenology discussed in this chapter have very similar procedures. This study employed empirical phenomenological psychology because it has a step-by-step design that is more systematic than hermeneutic phenomenology. This method allows the researcher to develop a general statement about the lived experience (Ehrich, 2005).

Although phenomenological research typically relies solely on interview data (Creswell, 1998), in this study the qualitative data were supplemented with quantitative data collected via a survey instrument to measure life satisfaction in the participants. A measure of life statisfaction was used to supplement the qualitative data because studies have shown a correlation between aging and life satisfaction (Encel & Studencki 1996; Sharpley, Gordon & Jacobs 1996). The Life Satisfaction Index A provided the researcher with information regarding the participant's perception of how he or she has aged. This information provided another piece to understanding the puzzle of decision-making in the study participants.

Participants

A sample of 12 individuals was selected initially through purposeful

sampling and then supplemented by snowball sampling in order to ensure that

the established criteria were met. The criteria for selection included the following:

(1) the participant must be 60 to 80 years old living in the South Mississippi area;

(2) the participant must be currently making, or have made in the past 3 to 5

years, important decisions regarding health care and health care benefits, living

arrangements for later life, and/or organizing personal affairs such as estate

planning, living wills, and end-of-life choices; and (3) the participant must

demonstrate no apparent evidence of mental decline. The participants were

identified through networking with the pastor of the First United Methodist Church

of Wiggins, MS, the program director for the Institute for Learning in Retirement

at the University of Southern Mississippi, and the program director for the Life

Long Learning Institute at Mississippi Gulf Coast Community College. Snowball

sampling was used to identify further participants. In this process, the first

subjects interviewed suggested others that they knew who had participated in

similar decision-making.

The participants ranged from 62 to 74 years of age (median age = 67.5).

The population was composed equally of males and females. Two of the

participants were African American and ten were Caucasian. The level of

schooling varied with one high school graduate, four with some college, four

college graduates, and three attending graduate school. Pseudonyms were

assigned for each participant in order to protect their privacy. The names given to

female participants were as follows Ana, Elaine, Martha, Betty, Rachel, and Cindy. Male subjects were assigned Gary, Michael, Kirk, Darrell, Sam, and Freddy.

Instrumentation

This study used phenomenological interviews to produce qualitative narrative data on the decision-making of aging adults. Quantitative data regarding life satisfaction of the participants was collected through the use of a life satisfaction survey.

Adult Learning Activities in Decision-Making Interview

The phenomenological interviews were conducted using the Adult Learning Activities in Decision-Making Interview Question Guide (see Apprendix A), which consists of 14 open-ended items developed by the researcher. The interview questions were designed to obtain information about the learning activities and processes that aging adults participate in as they make important life decisions such as health care and health care benefits, making living arrangements for later life, and organizing personal affairs such as estate planning, living wills, and end-of-life choices. The guide is designed to provide the researcher with direction and guidance as the interview proceeds. Additional questions may arise during the interview process.

The instrument was refined prior to data collection. The refinement process included using the instrument in practice sessions with volunteers. The researcher obtained feedback on the content of the survey, including possible question additions.

Life Satisfaction Index A

The quantitative survey used was the Life Satisfaction Index A (LSIA; Neugarten, Havighurst, & Tobin, 1961; see Appendix B). This survey is a popular and well-known classic measure of life satisfaction (McCulloch, 1992). In the LSIA, Neugarten et al. (1961) identified five components of well-being: zest verses apathy; resolution and fortitude; congruence; self-concept; and mood tone. Byrne (2001) refers to life satisfaction as a latent variable; one that can only be measured indirectly based on operational definitions. Each of the five factors contributes to the theoretical framework and provides the operational definitions for life satisfaction. Zest versus apathy describes the individual's response toward life in general. The resolution and fortitude factor measures the responsibility that one accepts for how life has turned out. The concept of congruence assesses the degree of life satisfaction with the desired goals versus those actually achieved. Self-concept explores the perception the individual has of his or her own emotional, physical, and intellectual well-being; and finally, the mood tone descriptor relates to how happy one is with the present state of being (Neugarten et al., 1961). The responses were rated on a dichotomous scale of "yes" or "no." Table 1 lists the items of the LSIA and the responses.

<div align="center">Procedure</div>

The interviews were scheduled and arranged at the convenience of the participants. At the time of the interviews, first the researcher introduced herself and explained the Informed Consent form (see Appendix C). After the participants read, understood, and signed the consent form, then the researcher

Table 1

Life Satisfaction Index A Responses

Item N=12	% Agree	% Disagree	% NS*
As I grow older, things seem better than I thought they would be.	58	25	17
I have gotten more of the breaks in life than most of the people I know.	83	8	8
This is the dreariest time of my life.	17	75	8
I am just as happy as when I was younger.	50	33	17
My life could be happier than it is now.	33	50	17
These are the best years of my life.	25	33	42
Most of the things I do are boring or monotonous.	17	83	0
I expect some interesting and pleasant things to happen to me in the future.	83	8	8
The things I do are as interesting to me as they ever were.	67	17	17
I feel old and somewhat tired.	50	50	0
I feel my age, but it does not bother me.	58	33	8
As I look back on my life, I am fairly well satisfied.	100	0	0
I would not change my past life even if I could.	75	25	0

Table 1 (continued).

Item N=12	% Agree	% Disagree	% NS*
Compared to other people my age, I've made a lot of foolish decisions in my life.	42	50	8
Compared to other people my age, I make a good appearance.	92	8	0
I have made plans for things I'll be doing a month or a year from now.	58	42	0
When I think back over my life, I didn't get most of the important things I wanted.	17	58	25
Compared to other people, I get down in the dumps too often.	0	92	8
I've gotten pretty much what I expected out of life.	67	8	25
In spite of what some people say, the lot of average man is getting worse, not better.	50	25	25

* NS = Not Sure

administered the LSIA to the individual participant. Next the researcher left the

room for a short while, then returned and collected the LSIA. Then the researcher

began the interview. The interviews took between one hour and one and one half

hours. The interviews were conducted in a location chosen by the participants.

Audio tapes recorded all interviews and were labeled immediately to avoid

confusion. The interviewer used the interview guide to record field notes during

the course of the interviews. The interview audio tapes were transcribed verbatim

through the use of a transcriptionist. The individual transcribing the interviews

signed a confidentiality statement prior to transcription.

<div align="center">Analysis of Qualitative Data</div>

Giorgi's (1985) phenomenological methods were used to describe the

process of data analysis for this study. First the researcher used a process

involving intuiting, analyzing, and describing the interview data that were

transcribed. This was done by immersing oneself in the experience through

detailed reading of the transcripts. Next, natural meaning units where there was a

transition in the meaning of the text, were identified and expressed in the

participants' own words (Giorgi, 1985). Through horizonalization of the data,

central themes were identified. Horizonalization occurred by selecting individual

statements about how each participant experienced decision-making. A list of

coding categories was developed to identify themes and key concepts that took

place during the study. This is referred to as textural description and included

specific examples (Creswell, 2006). In the final analysis step and based on

Giori's (1985) description of data analysis, the researcher uncovered hidden

meanings and reformulated the interview data into research language to form

focal meanings (Giorgi, 1985).

CHAPTER IV

RESULTS

This chapter presents the themes and subthemes revealed by 12 aging adults who shared their experiences about aging and decision-making through in-depth interviews. The population was selected using purposeful and snowball sampling and consisted of 8 sexagenarians and 4 septuagenarians, with a median age being reported as 67.5 years of age (See Table 2 for demographics). In addition to being interviewed, all of the participants completed the Life Satisfaction Index A (LSIA).

Qualitative Results

As previously mentioned, subjects participated in a single tape recorded in-depth interview lasting approximately one to one and one half hours regarding decision-making in later adulthood. These interviews were transcribed and the data were coded manually by the researcher. All participants had previously indicated to their pastor or program director that they had made critical life decisions about one of the following issues: health care and health care benefits; living arrangements for later life; or organizing personal affairs. Table 3 presents the themes and subthemes that were revealed through these interviews. In the discussion of the results, the subjects have all been assigned pseudonyms to protect their identity.

Table 2

Demographics

Name	Ana	Betty	Cindy	Darrell	Elaine	Freddy	Gary	Kirk	Martha	Michael	Rachel	Sam
Age	69	73	62	74	62	64	69	63	73	68	63	70
Income	>$25K	$25K - $50K	$75K - $100K	$25K - $50K	>$25K	$75K - $100K	>$25	$25K - $50K	>$25K	$50K - $75K	$50K - $75K	$25K - $50K
Marital Status	D	M	M	M	D	M	D	M	W	W	W	D
Ethnicity	C	C	C	C	C	C	C	A	C	C	A	C
Education	GS	CD	CG	HS	CG	CG	SC	GS	SC	SC	CG	SC

Note: D=divorced; M=married; W=widow/widower
C=Caucasian; A=African American
HS=high school; SC=some college; CG=college graduate; GS=graduate school

Table 3

Themes and Subthemes

Themes	Subthemes
Processes of decision-making	The nature of decision-making changes as people age.
	Critical reflection on past experiences transform individual attitudes and affect the way older adults make decisions.
	Aging adults use self-directed learning activities as a means of gathering information and maintaining mental abilities.
	Adults make meaning of their world by using past experiences.
	Aging adults anticipate outcomes of decisions prior to actually making decisions.
Influences in decision-making	Growing older evokes a sense of freedom in some aging adults.
	The nature of many decisions in older adulthood brings on emotional and spiritual feelings.
	Aging adults are more concerned about their financial situation when making decisions in later adulthood.

Table 3 (continued)

Themes	Subthemes
	Declining health and time factors concern aging adults when making decisions.
	Times of despair strengthen decision making in aging adults.
	External resources impact the decisions that aging adults make.
Perceptions of decision-making	Aging adults are independent and are able to make quick decisions.
	Older adults reflect on regrets in life when thinking about how they make decisions.

Processes of Decision-Making

The first emergent theme was decision-making and the underlying processes. This theme explored the variations in the decision-making processes of aging adults. In other words, the study investigated the methods and techniques that aging adults use to make decisions. Within this theme, five aspects emerged. These subthemes were (a) The nature of decision-making changes as people age, (b) Critical reflection on experiences transforms individual attitudes and affects the way that older adults make decisions, (c) Aging adults use self-directed learning activities as a means of gathering information and maintaining mental abilities, (d) Adults make meaning of their world by using past experiences, and (e) Adults anticipate outcomes of decisions prior to actually making decisions.

The Changing Nature of Decision-Making

The first of these subthemes addressed how the nature of decision-making changes as we age. This means that as people age many of the decisions that they faced were new, but their role as a decision-maker also changed. These changes often occurred because of the changing circumstances of their lives and because of their changing perceptions of life.

Rachel provided an example of the changing nature of decision-making for older adults due to changing circumstances in her life. Since the death of her husband, she often found herself reflecting on his values and her experiences with him in decision-making. This was apparent through her discussion of her recent consideration to refinance her home. She said,

Before we married he told me to never make a purchase, a big purchase, without including him. He said that is something that both of us have to decide on and agree to and I did. He was there when I purchased something. Well, the hardest decision since he has been gone – I thought about refinancing my house and that was a decision that I had to make on my own. That was one of the hardest things. If I had listened to my husband, I wouldn't even have thought about that!

Ana provided another example of the changing nature of decision-making. The focus of her statements addressed the process of decision-making by focusing on the concept of time and how she thinks differently about her use of time and the time available for correcting mistakes as she ages. She commented,

When you are younger you can make them (decisions) and think, well, if it is not right I have time to correct it. When you are older you wonder if you have enough time so you do tend to check things out a lot more closely.

She went on to say,

In the last six months, I decided to take a class. That was a difficult decision, not because of money, it is at the college. It was a difficult decision because I thought, do I want to take two days a week and being tied down to go two days a week to that class. Am I interested enough in it to do it?

For both of these women, the changes that have come with aging have changed the processes they use to make decisions. For Ana being able to afford the class was not an issue because she did not have to pay tuition being a

former employee. Her decision was more about the time she would have to devote to the class. It was a financial decision for Rachel but her reflection on her husband's advice played a critical role in her decision not to refinance her home.

Critical Reflection on Past Experiences

The next subtheme that emerged was that critical reflection on past experiences transformed individual opinions and affected the way that older adults make decisions. Almost all of the subjects mentioned using past experiences to make current decisions. Because they were growing older, they have a rich resource of past experiences in life and in decision-making that they can draw on to help them make decisions. Ana stated that "you rely on your instinct and what you have learned in the past that helps you make that decision." This statement was supported by Freddy who said, "just the benefit of being older and having accumulated a lot of information and experiences" helped him in making important decisions. A true transformation can be seen through Gary's comment: "Since I have gotten older, I've got more information to compile when making my decisions." His discussion indicated that he has developed a resource of past experiences and decisions that helps him to make decisions now.

Another sign of transformation in thinking for Ana was her description of the lessons learned through making decisions. She addressed this when she stated,

I think the biggest teaching tool you have is making a decision and it be

wrong. You learn or you should because I look back on things I have done

and decisions I have made and think, 'What was I thinking?'

Her comments suggested that by making mistakes and remembering the

consequences of those mistakes, people were better able to make future

decisions. Darrell made reference to past decisions by saying, "We get what we

get by the choices we make in life."

Another look at critical reflection on past experience was evident in the

situation that Cindy faced because of the death of her father-in-law. She

described how she and her husband came to realize the importance of making

critical life decisions before becoming disabled by disease or illness. She said,

Through the suffering process of his dad, he and I together came up with

instructions if he ever got in that condition, what his choices were and

things like that. I think what we experienced has an effect on his making

that kind of decision as well as our making our wills pretty soon after that.

It was the experience that we had with his father that led us to go. It is

never too early to do that kind of thing.

Gary expressed how he was encouraged to make his arrangements for later life

after his experience with his mother's estate. Before he could face settling her

estate, the unfinished business of his step-father's estate had to be completed:

I had to do it all. I had to go back and redo it because it was not done

before I could even do hers. That made me think about getting my own

stuff taken care of. I didn't want my girls to be faced with that crap.

Another significant comment was made by Martha when she reflected on her

experience as the parent of a child with a critical illness. She explained how the

decisions she had to make during his illness played a role in her decisions today:

> I would have to go back to when my son had cancer as a child and I had
>
> all these decisions to make: whether or not to let him have chemotherapy;
>
> whether or not to let him have radiation. These were life or death
>
> decisions. We went through eight years of that and it helped me in my
>
> decision-making for life. It certainly helped me to get my priorities straight.
>
> Everything else is a piece of cake!

Martha's experience with a critically ill child changed her perspective of what is

important in life.

Aging Adults Use Self-Directed Learning Activities

> This subtheme addresses how aging adults use self-directed learning

activities to gather information about decisions they must make and how they

participate in activities to maintain mental abilities used in making decisions. This

theme emerged through statements made by Ana that demonstrated her

insecurity about being able to learn. She said,

> I enrolled in a class at the college about horticulture. I took it for noncredit,
>
> but it was something I was interested in learning. I also wondered if I could
>
> learn anymore, which I can. I take the tests and do well even though it is
>
> not required.

Even though Ana was taking this course because she wanted to, her motives

were even deeper than desire. She also wanted to be sure that her skills for

learning were still intact and sharp. This was an example of formal learning that was sought out by the adult learner as a means of maintaining her mental abilities. She went on to say,

> Self-knowledge, I think, even as you are aging you need to look and see what is out there because things have changed a lot. Like, I mean, I can't believe in my lifetime the changes. So, I do think it is a continual learning process and when you quit learning, it is basically done.

This applies to the process of decision-making according to Finucane et al. (2002): maintaining sharp mental abilities is important for making good decisions. Another indication that this was important to aging adults was noted by Darrell explaining, "I would say about 80% of my television is watching news channels. I like to know what is going on around and that affects my voting technique." This statement describes his process of engaging in informal self-directed learning in an effort to gather information about important issues that direct his decision-making with regards to voting.

Aging adults also engaged in informal self-directed learning as means of gathering necessary information about health care decisions. Freddy suggested that, "We are having those decisions that are going to take some information, not just something you do off the top of your head. I would tend to do it from reading on the Internet." His use of the Internet to find information was employed by four of the adults in this study and was identified in a UCLA study (Harmon, 2009) as a way of stimulating the areas of the brain associated with complex reasoning and decision-making.

Other forms of self-directed learning emerged through calls and visits by the subjects to places that provided information for certain situations. Cindy discussed her experience in finding a nursing home that was appropriate for her mother. "I went to, myself, three or four nursing homes and talked to them, toured the places and that kind of thing." Elaine shared her experience: "I called the Arthritis Foundation to get information about my disease. I talked to the pharmacist about my medical issues." These forms of self-directed learning are used by the subjects as means of helping them to make informed decisions.

Adults Make Meaning of Their World by Using Past Experiences

As another sub-theme of the processes of decision-making, making meaning through the use of past experiences focused on coming to an internal understanding about life and its meaning for the individual. It is possible that the individuals themselves were not aware of the transformations that they experienced and how their decision-making changed; however, they were aware of the impact these experiences had on them personally. This was evident as Martha explained,

> The death of my husband was very pertinent. We were married 47 years
> so it was quite traumatic to wake up and find him gone. For the entire
> family. It changed my whole entire life. We were supposed to grow old
> together and it didn't happen.

Martha experienced the death of her significant other twice as an aging adult. Her husband died when she was 63, and she found friendship with another man who died when she was 72. Her reflections of aging and end of life were unique:

He played a big role in helping me to look and think out decisions as I grew older. His illness really helped me to take a long look at the elderly and their last days, which I came to the conclusion that the most important thing is just to see that they are loved and taken care of. Keep them in their comfort zone and let them go peacefully and with dignity.

Her critical reflection of these two events, along with her son's early battle with cancer, have helped her to understand her own life and provided her with a foundation for making late life decisions.

Another example of adult meaning making was Michael who described his thoughts after the death of his spouse:

I know a lot of people when they lose a loved one, they want to blame God for it. I didn't do that. I think it brought me closer to God because having seen her suffer. I just felt like that was probably something that God had planned for me.

His process of critical reflection helped him to work through feelings of grief and make a conscious decision to move forward and have peace with his loss.

A final thought on making meaning of life decisions came from Cindy as she discussed decision-making regarding her grandchild with her son. His question was, "How do you know if you have made the right choice?" She shared her response:

Do it out of love and you have that person's deepest, best interest at heart and you make a decision and it is either great or mediocre or not the best decision. Just remember you always have done it because you love that

person and with aging, I think you appreciate that decision-making

process.

Her statement addresses the overall process of making a decision and learning

to live with that decision no matter what the outcome. She expresses the belief

that during the decision-making process a person makes the best decision they

can, with the best intentions, and makes adjustments when necessary and

possible.

Aging Adults Anticipate Outcomes of Decisions Prior to Actually Making

Decisions

When anticipating outcomes of decisions before making the decision, an

individual contemplates the end result before planning the steps for reaching that

result. The resulting choice is used to create a plan for reaching the end. Freddy

described his decision-making process when he stated:

My process is to look at the end result more than how much I am going to

enjoy it or what it takes to get started. For some reason, my main interest

falls at the end. If I am spreading things all out here to do a project my

whole process is what is it going to take to clean that up after the project is

over.

His description was similar to that of putting together a puzzle. You know what

the end result looks like and the pieces must be put together to find the picture.

Sam discussed a decision involving his six brothers that had to be made

following the death of his parents:

They left me the house, the money, the car, everything. My brothers all
became angry with me because of the finances. We cried about it and I
guess that was a decision that was best for me, my family, and for them in
the long run because if I had given them any part of those bonds, they
would have been liquidated in a couple of weeks. That was probably the
toughest decision I have ever made for the good of all of them because
eventually they are going to get older and I know it will fall on me or some
family member to take care of them The best thing to do is just keep it
there rather than let them misuse it.

His concern for his family led him to make a hard decision about the estate of his
parents. In his decision-making process he predicted the outcome and made the
decision he felt would best serve everyone involved in the end.

<center>Influences in Decision-Making</center>

The second theme that emerged concerned influences in decision-making.
This theme investigated the things that influence people and the decisions that
they make. Six sub-themes came out of this topic including (a) growing older
evokes a sense of freedom in some aging adults, (b) the nature of many
decisions in older adulthood brings on emotional and spiritual feelings, (c) aging
adults are more concerned about their financial situation when making decisions
in later adulthood, (d) declining health and time factors concern aging adults
when making decisions, (e) times of despair strengthen decision-making in aging
adults, and (f) external resources impact the decisions that aging adults make.

Growing Older Evokes a Sense of Freedom in Some Aging Adults

As some individuals age, a feeling of freedom was awakened. They worried less about the judgments of others and enjoyed the ability to take on fewer responsibilities. Ana shared the story of changing her living arrangements in later life:

The selling of the house, for me, gave me some freedom in a way. I was not tied to something that was continually in need of repair. I was not tied to something where I was afraid at night. It has been 4 years since I sold the house, so far it has been a good decision. It was hard to move to start with and at first I did not plan to stay where I originally moved, but then I changed my mind. I live in a totally different situation now, close to one of my daughters and out in the country, which is nice. I couldn't be here if I weren't near her.

Moving from her childhood home to a house near her daughter was a very difficult decision. She had to look at what the neighborhood had become and her current feelings. Her feelings of freedom did not come until she felt comfortable in her new environment. She went on to explain how making the change in living arrangements has influenced her ability to be a more flexible decision-maker:

I do think sometimes about when I am older and not able to drive. I may even have to change my situation again, but the one thing that I have discovered about moving and doing things like this, it does make you more adaptable and easier to make changes as you age. When you age, you don't want to make changes. It is hard. But if you continue to make

yourself make changes, it is easier to make the decision to change. Once

you get stuck in a rut, it is hard to get out of it.

The Nature of Many Decisions in Older Adulthood Brings on Emotional and

Spiritual Feelings

This subtheme of Influences in Decision Making addresses how the types

of decisions that older adults are faced with are often related to things that they

feel very strongly about or to which they are deeply concerned about regarding

the outcome. As Ana considered selling the family home place, she had to

process many emotions and feelings:

I looked at the fact that my father built the house and I had a lot of good

memories in it. I grew up there. My sister and I did and I had to think of

that too and she was opposed, I believe, to me selling the house, but she

wasn't living in it alone in that neighborhood. She was living in a better

neighborhood with her husband. She never told me not to sell the house,

but I felt it.

Her emotional attachment to the house made the decision to leave very difficult.

There is a possibility that her feelings were projected onto her sister in order to

alleviate some of the guilt that she felt over selling the house.

Cindy expressed a very different type of emotional experience as she was

forced to make the decision to place her mother in a nursing home. She stated:

To put a parent in a nursing home, it is just like it tears your heart out. You

worry yourself sick about if they are going to be taken care of. What is this

going to do to them emotionally? Are they going to hate us forever? It also

makes you think, this is like real. You are older, you are maturing. This

could be you someday.

Her thoughts of her mother and her experiences caused her to face her own

mortality and the events that could possibly precede her death. Her desire to

provide a safe, loving environment for her mother was not only a loving gesture,

but was influenced by what she would want to experience. This was evident

through her next description of what she saw as she visited a nursing home they

were considering. As she emerged from the director's office she heard singing.

She opened a door and saw high school students laughing, singing, and doing

the hokey pokey with the residents. Her observation explains her emotion:

They were loving what they were doing and I turned around and I looked

at that woman and I said, 'My mother will come here.' I went, this is a sign

from God. That is what I spent my life with and He is saying 'Hey, this high

school is across the street. They are going to make life better for your

mom.'

As a school teacher Cindy had spent all of her days with students and loved

every minute. The nursing home was your average nursing home, but seeing

those students with the residents sealed her decision because of the emotions

she felt.

Darrell became emotional when discussing his wife's medical issues. His

love and devotion to her was apparent as he shared his decision to give up his

position on a church committee that he felt strongly about due to her illness.

Well, she and I talk things over like that and of course, we both pray over it.

I found it necessary to resign and that was difficult because I don't like to

be a quitter, but I thought it was necessary. I just didn't know if she would

be here or not so I decided I had best spend my time with her.

Each of the experiences discussed, although very different in nature, had very

emotional attachments for the subject. These emotional attachments influenced

the individual and the thought processes that they used when making decisions.

Aging Adults are More Concerned about their Financial Situation When Making

Decisions in Later Adulthood

Each of the 12 participants involved in this study mentioned their financial

situation numerous times throughout the interviews. This demonstrated that the

aging adults in this study were concerned with their financial situation as they

make decisions in later adulthood. Some were frightened by what the future held

for them when they discussed finances. Betty recently had to place her husband,

who has Parkinson's and Alzheimer's, in a nursing home and shared her

concerns about their financial situation:

I think about, you know, how long will he be in the nursing home because

he is in good health, really. He doesn't have high blood pressure, he

doesn't have heart trouble. There is nothing that is going to kill him, so

how long is he going to be there? Will that deplete all our savings?

Feeling scared and confused, Betty has begun to look for an elder care lawyer to

help her to make the appropriate decisions so that she will feel more financially

secure.

Cindy stated, "Money issues, when you are retired, life looks a little different because there is nothing else…you have got it, it is right there. Some people say that should make it easy, but it doesn't." When referring to her financial situation in retirement, her thoughts reflect how people often think that you have a certain amount of money each month and you make decisions based on that income. Her experience, however, has been that finances in retirement are a lot more complicated. Darrell supports this with decisions that he and his wife have made regarding money.

> We make sure that no matter what, the little bit of money we have in reserve we don't touch. We got this amount of money in this savings account and this is our 'don't touch' account.

Darrell had two saving accounts. One account is for spending emergencies. The other account he labeled the "don't touch" account. This reflects his concern for financial stability and for being limited in his ability to contribute to those savings accounts.

In this study, the men seemed to have different attitudes towards financial savings and preparations in later life. Kirk was concerned about making sure that they were prepared financially, but also about making sure that his wife was secure if something happened to him. He said,

> I really want to leave my family financially secure. Most of us drop big time insurance policies right now when we get my age. I have, for some reason, kept a large life insurance policy because I want to make sure that my wife is taken care of when I leave here.

Both Kirk and his wife are retired educators and continue to work part-time. His decisions were based on her spending habits and their current level of income. As they aged and circumstances changed, the focus of his decisions may also change.

Declining Health and Time Factors Concern Aging Adults When Making Decisions

This subtheme focuses on the physical wellness and health care decisions that aging adults face. This is another topic that all individuals shared concern about; however, two concerns stood out and were emphasized by Ana and Betty. The first was the decision that every individual faced when choosing a supplemental Medicare policy. Ana spoke of her difficulty making this decision:

> Having to choose supplemental insurance and dealing with Medicare. You have to make decisions on what insurance to get and what to do with it. It is hard to figure out when they send everything to you. Before, when you worked, you got the insurance that they gave you and you didn't have to make any decisions. That was it. So now, there are a lot of supplemental insurances and there are some options on Medicare, too. When you have to choose a different prescription drug plan it was a horrendous decision for everybody who had to make it. It was one of the biggest things I faced as far as trying to figure out what to do with it after I became older.

Ana's frustration with the insurance choices and the lack of assistance available for helping her to make the decision was apparent. Her concern about making a

wrong decision and not having the medical coverage that she needed was addressed by this statement:

> As you age, you face more medical issues. Now you must decide are you sick enough to go to the doctor? Can I afford to go to the doctor? Will my insurance be enough? It is a hassle. I don't want to do it so something I have to think about is [if] am I sick enough to go, will I go.

The issue of seeking medical help when needed becomes an issue when aging adults are hesitant. Betty discussed her decision to delay seeking medical assistance:

> I can tell you a decision that was very hard for me. I started having ulcerative colitis and it just got continuously worse and worse. I was told by the doctor that I needed to have an operation and remove my colon. I just could not make the decision to do anything and I went a year and the decision was taken out of my hands because I got so bad I was fixing to die anyway. I ended up in the hospital with a wonderful doctor who saved my life, even though I never made the decision to do it.

The decisions made by these two women demonstrated the difficulty that medical decisions and health care decisions posed for aging adults. Putting off these critical decisions can lead to a life or death situation.

Another less significant issue that aging adults have concerning physical well-being is addressed by Ana when she decided to enroll in a class that required some strenuous activity:

There is a lot of walking. Am I going to be able to hold up? Which I was

able to but I had to think of all those things before I actually took the step

and went ahead and signed up for the class.

Her concerns of being able to keep up reflect her acknowledgement of declining

physical abilities. She attributes being involved and remaining active to helping

her remain physically able.

Times of Despair Strengthened Decision-Making in Aging Adults

In later adulthood, often people have experienced many hard times.

Based on this study, these times of despair can strengthen the ability to make

decisions and color the way an individual makes a decision. This subtheme

emerged as Ana described why she thought her decision-making as she ages

has been successful:

I think one reason mine is probably successful at this point in life is that it

was very hard when I was younger. A single parent with three children and

you had to make the decisions. You made the decisions – right or wrong

and believe me, enough of them were wrong that you learned. You know,

you learn what not to do and that is one of the things I think make me

successful in making decisions now.

She continued with a specific example of a mistake that she made earlier

in her life that she regretted:

My second marriage was the biggest regret I have. It should have never

happened. I must have been asleep when I did that. It caused me a lot of

problems. I feel like I have done better with my decision-making as I am

getting older because of that experience. I recovered from that one. I

mean I can't change it and I learned a lot of things that helped me later.

You know, I regretted it, but I moved on.

Ana recognized that this situation caused her significant anguish in her life, but

she also learned from the decision and has used what she has learned to help

her in making later life decisions.

Divorce is a despairing time that also affected Cindy. She explained:

I became a much more independent person after a divorce early on after

approximately seven years of marriage. I think I changed a lot as far as

becoming more assertive, looking at things a little differently that probably

helped me more than anything else that has ever happened to me as far

as setting goals and priorities and what do I want out of life.

Her ability to make decisions on her own and to be assertive in decision-making

stems from the transformation that she experienced following her divorce. She

now viewed herself as a much more independent thinker and attributed this

change to the experience of her divorce.

Kirk's more recent experience has affected him in a very different way. He

shared this painful story:

My daughter was killed by a drunk driver in 2008. Cleaning her apartment

out is a good example of a decision that I delayed making. You know, I

could have, it could have been done the week she was killed and yet it is

still going to affect me the way it did almost 2 years later. Why postpone

the inevitable? I think that it is just best to go ahead, make a decision, and

get it done and over with. Be satisfied with the decision you made.

He compared his experience of coping with her death and delaying decisions

regarding the loss to making critical decisions in aging. The despair that was

caused by the experience has encouraged him to be a quick decision-maker and

make decisions without regret.

In this section, the experiences that were shared were all very different.

The commonality was that the individuals experienced something that was

traumatic and life changing. This has affected the way that they make decisions

as aging adults.

External Resources Impact the Decisions that Aging Adults Make

In this sub-theme, external resources consisted of anything that might

influence the decisions of aging adults including informal and formal human

relationships, propaganda, and personal observations. Many times adults may

not realize how external factors influenced the decisions that they have made.

Ana spoke of conversations with friends regarding health care plans "we discuss

a lot and complain a lot." Though these conversations may not be the deciding

factor for making decisions, they do influence the scheme for making the ultimate

decision. Ana continued by stating, "You share information and it helps you make

a better decision."

The aging adults in this study were often influenced by family members. It

didn't always have to do with family input or opinions about a decision, but with

the process they go through in making their decisions. Cindy explained how her husband helped her with her decision-making process:

> My husband tries hard to hold me back. He tries to rein in some of the impulsiveness. Any question that is ever asked, the answer is always no. No and then we discuss the options and make a decision.

Cindy used her experiences with her husband in making decisions as a means of controlling her impulsivity and making a more thoughtful decision.

Freddy brought up the fact that he found himself more dependent on the input of his wife than he was previously, "I lean on her more than I did when we were younger as far as getting information or knowing her feelings or that type of thing. My wife has a lot of influence." He went on to say,

> My kids are an influence sometimes. My father and mother – all the family influences things even though you make your own decisions, there is still some degree of influence there.

It was interesting to note how much Cindy and Freddy both found themselves more dependent on their spouses' input as they aged. This accentuated the influence that others have on the decision-making process as people age.

Some of the individuals in this study sought the advice of professionals such as doctors and lawyers in making decisions regarding health care and estate planning. Ana stated, "I went and talked to my lawyer and got some information about wills and living wills and took it home and studied it. I decided that is what I want to do." Betty also contacted professionals: "I talked with my doctor and on this elder care, I am trying to find a lawyer for elder care." When it

came to decisions that many people knew little about and required legal input to be carried out, these women sought the professional assistance they needed.

During the course of these interviews, the researcher asked each individual if there was anyone who influenced their decision-making style. After some consideration, Betty stated, "I guess my daddy. He was an opinionated person and he spoke his mind. He was very organized and he made decisions quickly." Gary also shared about his father, "He made – I make decisions basically like he made them. Quickly. Not always right, but that is what he made." Both Betty and Gary spoke of themselves as making decisions in a similar manner as their fathers. The personal characteristics that became apparent through their interviews seem to support their statements of similarities.

Ana commented on how she made an effort not to make decisions like her mother. She stated, "My mother was an impulsive decision-maker, which may have some impact on my wanting to delay decisions. She was very impulsive in her decisions." Instead she admired the wisdom that her grandfather demonstrated in making decisions:

> I think probably the person I thought was the wisest in making decisions was my grandfather. He was always very – he was not impulsive. He was very methodical, he thought about things. He was very careful that his decisions were made based on what it would do to other people, too. Not just him. If his decision was going to cause a lot of havoc and chaos with other people in his life he usually would go ahead and make the decisions that probably sometimes was not best for him, but that would cause

everything to smooth out. He was very much a person that was very calm

in his decisions. Once he made it, it was made but he thought about it. He

was very thoughtful in what he did.

Ana's decision-making process was influenced by her grandfather's decision

making process, which she admired. While she was one of a number of

participants who stated that others had influenced her decision making process,

interestingly, Ana was the only individual in this study who focused much of her

interview on taking time in decision-making.

<div align="center">Perceptions of Decision-Making</div>

Finally, emerging from the data was the theme of perceptions of decision-

making. This section addressed the perceptions that aging adults have of

themselves as decision-makers. Two subthemes were apparent: (a) aging adults

are independent and are able to make quick decisions and (b) older adults reflect

on regrets in life when thinking about how they make decisions. Both subthemes

explained what the subjects believed about their own decision-making processes.

Aging Adults are Independent and are Able to Make Quick Decisions

Many of the aging adults in this study saw themselves as independent,

quick decision-makers. All six males indicated that being both independent and

quick was characteristic of their decision-making. The statement that supported

the concept of independence most was made by Gary, "I am just thinking, I have

been so independent for so long that it is just. I doubt that – it would be difficult

for anybody else to get into my space." This comment expressed the perception

that he has of his independence and spoke to how difficult it would be to make

decisions for him regarding issues of aging and later life. Michael's statement supported the characteristic of independence:

> I made my decision. Any decision I make now is mine. I don't have anyone to answer to. I may call my children and say, hey, I am about to have my two fingers amputated and my daughter threw a fit, but it is my decision. I have made up my mind when I tell them what I am doing. I am informing them more or less rather than consulting with their opinion or anything. I have always done that myself. Like it says in the song – right or wrong, I stood strong, stood on my own, whatever. All my decisions haven't been good, I can assure you, but I have overcome them.

He refers to his decision to have his disfigured fingers amputated as an example of a decision that he has made on his own with disagreement from his children. His long time independence was apparent as he went on to explain that his children did not try to talk him out of his decision, though they may not have agreed.

Sam summed up his perception, "Wherever you mess up, you are on your own." This statement reflected his 15 years of living alone and not having someone with whom to discuss his decisions. He went on to say, "I take about five minutes to think about it and I just go ahead and do it. Just hit or miss." This described his process of quick decision-making. One of the best quotes regarding quick decisions came from Darrell: "So that is pretty much the way I go with my life. I do it right now. I don't have any long thoughts. I have always said a long thought is a wrong thought." He pretty much expressed the feelings of all of

the male subjects in this study, emphasized again by Gary: "If a decision is made and it is the wrong decision, you simply back up and punt…start again."

The female subjects in the study appear to think differently. While all of the six male participants described themselves as being quick decision-makers, only two of the female participants commented on being quick decision-makers. Rachel said, "I just go ahead and make it. That is what I do. Worry about it later." Martha supported that view:

> All of my decisions are made quickly. I am not one to put off making decisions. I decide what I want to do and I do it. When you try to delay and put off a decision, you are adding stress to your life. I found the quicker I make a decision and it is set, the stress goes away.

Both women were similar in their views of themselves as quick decision-makers. This may have stemmed from their observations of their deceased husbands decision-making characteristics, or it is possible that they developed the quick decision-making through making decisions with their husbands.

Their statements also support their perceptions of independence in making decisions. Martha stated, "I weigh the pros and cons. The pluses and minuses and decide what is best for me at the time." She is more definitive in her statement of deciding what is best for her than Rachel. Rachel addressed her perception of being independent with some insecurity, "I make them on my own now. My husband is gone. Everything used to center around my children. I don't have anything to center them around now except myself." The death of Rachal's husband was more recent than Martha's and may explain the feeling of hesitancy

in her statement. She did proclaim her ability to make decisions independently, but still demonstrated an uneasiness about focusing on herself when making decisions.

The change in focus of one's life is a thought provoking element of decision-making for aging. Ana explained her perception of the change of focus in her life:

> There is a difference as you age, if you have children particularly. You make your decisions based on what is going to be good for everybody and you do to some extent now, but you have to think of you at this point because you are in charge of you and you may not be able to be in charge of you for the rest of your life so you have to decide how you can deal with this. What can you do? What can you do to make sure that what you do is going to be good for you in more ways than just you taking care of you. In case somebody else has to do it?

She describes the need to be sure she took care of herself for the future. This meant making the decisions that needed to be made if the circumstances arose where she is unable to take care of herself. She now perceives herself instead of her children as the center of her decisions.

Older Adults Reflect on Regrets in Life When Thinking About How They Make Decisions

This section focuses on the regrets that the participants have experienced in their lives and how those regrets have affected their decision-making. Betty spoke of her regret with an experience during her years of teaching:

When home economics was eliminated in 1986, I went before the school

board and tried to justify keeping my job and keeping home economics in

the school, I regret that I did not get a lawyer. I think if I had a lawyer I

think the outcome might have been different, because I was not prepared

to defend myself.

This regret had a significant impact on Betty's decision-making process. It has

caused her to be more cautious in committing to decisions and has encouraged

her to seek the assistance of an attorney with elder care issues.

Cindy shared her feelings of regret as she reflected on sending her son to

the school for the blind when he was in middle school. The length of her story

and the emotion and passion of her expressions explained her sincere regret of

this decision. She shared:

His teacher approached me one day about sending him to the school for

the blind for a long term evaluation of what he could really see, what

materials really worked best for him, what approach to learning he needed.

I put that decision off for about a year because the school was residential.

He would have to go and stay at this dilapidated school three hours away,

Monday through Friday, and I put it off and put it off. Back then they didn't

know nearly what they know now about his blindness and people with

disabilities and all this. Anyway, we came to the decision that we would let

him go up there. It was supposed to be like 10 or 12 weeks.

Her dismay was apparent as she explained how they took him to the school and

were reassured by the principal that everything would be fine and the evaluation

would benefit him tremendously. She was horrified by the conditions of the building and by the severe deficiencies that the other residents had. Cindy continued,

> So I left him. I don't mean left him, I was able to get in the car and drive away and just in absolute agony of what I was doing. I didn't know if this was right or if this was wrong…..After about 10 weeks, he was not saying a whole lot about his experience. He never said he didn't want to go back, you know. So we kept trying to complete the issue and when it was over we had no more information that we had had before. He absolutely hated it because it made him feel like he had been dumped off with a bunch of seriously deficient people. So he said, right then, okay, I am here not because I am blind, there is obviously something else wrong with me. That was a bad decision. It was done out of love and he knows it. Anyway he will forgive me someday. I don't think he is warped by it or anything but that was – I will regret that decision until the end of time. But it was done out of love and he knows that and he doesn't hold that against us, he truly doesn't, but he was one miserable human being. We were feeling so guilty about him being up there. It was a bad mistake. It was a mistake. It was a wrong decision. It doesn't get any worse than that. He says I had an over-reaction to what it was like up there.

After many years, her regret about this decision still haunts her and influences the decisions that she makes, such as placing her mother in a nursing home.

Kirk mentioned two experiences of regret that he reflected on when making decisions. The first regret was one that was made keeping what was best for his family in mind. It was not a regret in the sense that he wished he had taken the other path, but a regret that encouraged him to live life to the fullest and make decisions as he aged that will help him to achieve that goal:

> I had thought about trying to play golf professionally and at the time I had a real good job and I did a lot of research. After I gathered all the information, I sat back and I looked at what it was going to take to go out there and I said I had a good job. I decided that what was best for my family was for me to stay on that job. That was very, very difficult and I still think about that decision I made now because really there is a part of me that thinks I could have made it, but you will never know.

The second decision that Kirk regretted was one that was a mistake in decision-making, a mistake in which he allowed his emotions to take over and make the choice instead of rationalizing and thinking about the outcome:

> My greatest decision that I made was about retirement. If I had it to do again, I would probably work another 4 or 5 years. You know, I allowed my anger to get to me because of decisions that were made by a committee and that I thought was not the best decision for my employer. I let that decision dominate my life and I never should have allowed that to happen. If I had to go back and do something over, I would work longer, because I still have too much to give to the institution that I worked for.

His regret in this situation was more about controlling emotional decision-making and thinking about critical decisions carefully.

Another reflection on regret in decision-making was made by Darrell. He discussed living with his grandparents as a teenager. He respected his grandfather and looked up to him. Darrell shared his experience of choosing not to help his grandfather one day as he was leaving home:

> Grandpa said, "Would you help me sweep the porch?" I said, "Grandpa, I got to go to town right now but when I come back I will." When I came back, he was dead and that has always bothered me some. (pause) I should have helped him.

This described a typical teenage experience of putting off helping someone, but losing his grandfather after having not helped him caused Darrell great anguish. This influenced the decisions he made about spending quality time with his wife when she became ill.

Quantitative Results

The quantitative portion of this study consisted of the subjects completing the Life Satisfaction Index A, which consisted of 20 items that were scored using a dichotomous scale, and the participants had the option of responding that they were not sure. Because of the small number of subjects, the LSIA was used only to indicate simple descriptive data regarding life satisfaction. The demographic data is presented in Table 2 and in the first section of this chapter.

The results indicated high to very high life satisfaction for eleven of the participants with a mean score of 28 out of a possible 40. Males tended to be the

happiest scoring a mean of 29.5 with a standard deviation of 2.59 while females scored a mean of 26.5 with a standard deviation of 6.80. The increased standard deviation for females can be attributed to a single low score for one female participant.

There was no difference in the mean score of the sexagenarians and the septuagenarians. Both groups scored a mean of 28. The sexagenarians had a standard deviation of 6.05, while the standard deviation for the septuagenarians was only 3.65. Again the increased standard deviation for the sexagenarians can be attributed to a single individual.

A single female sexagenarian scored significantly lower than the other participants in the study on the LSIA creating the possibility of skewed data. Because of this, the researcher chose to calculate the results for the females and sexagenarians again in an effort to create a more accurate picture of the overall participants. The second set of data with the outlier participant removed resulted in females scoring a mean of 28.6 with a standard deviation of 5.50. That is an increase of 2.1 compared with the mean of the whole female sample.

The second set of calculations for the sexagenarians resulted in a mean of 29.71 with a standard deviation of 4.3. This was an increase of 1.71 from the original mean of 28. Overall, this sample of older adults indicated a high life satisfaction for the participants of the study.

CHAPTER V

DISCUSSION

Summary of the Study

The aim of this study was to determine how aging adults made critical life decisions such as those involving health care and health care benefits, living arrangements for later life, and organizing personal affairs. It integrated information concerning development of aging adults, decision-making, and the resources that aging adults use when making decisions. Literature was explored that related to aging, decision-making, and experiential adult learning. It included topics pertinent to the study such as experiential learning, good decisions and threats to making good decisions, successful aging and life satisfaction, and how these things relate to the Baby Boomer generation.

Both qualitative and quantitative methods were used to examine the questions that were posed regarding aging and decision-making. In-depth qualitative interviews were used to obtain information to help answer the following questions: (a) What was the nature of critical decision-making for the older adults? (b) What was the relationship between reflective thinking and experiential learning in helping older adults make critical decisions? (c) What were the effects of external resources on decision-making in older adults? (d) Is there a difference in how older adults who are involved in group activities make decisions compared to those who are not involved in group activities? (e) How has the aging process affected decision-making for this group of older adults?

The Life Satisfaction Index A was used to collect quantitative data pertinent to understanding successful aging.

Demographic Considerations

The sample was composed of a total of 12 subjects: eight sexagenarians and four septuagenarians with males and females being represented equally. Two subjects represented African Americans, while Caucasians made up ten of the participants. One individual had a high school diploma, four had some college, four had a college degree, and three had a graduate degree. Five of the participants, including two septuagenarians and three sexagenarians were still married and living with their spouses. Three individuals had lost a spouse with Rachel being the most recent to have experienced the loss and four were divorcees. The self-reported financial status of the group included: (1) three with incomes of $25,000 or less; (2) five with incomes of $25,000 to $50,000; (3) two with incomes of $50,000 to $75,000; and (4) two with incomes of $75,000 to $100,000. All of the participants lived in South Mississippi area.

Qualitative Discussion

The results of the qualitative portion of this study were gathered using an in-depth interview guide. The researcher made every attempt to keep the participants focused on the study topic by focusing on the questions that the study sought to answer. It was interesting to note that all of the participants indicated that they had made critical life decisions involving health care and health care benefits, planning later life living arrangements, and/or organizing personal affairs; however, when interviewing only two of them were extremely

open with what they had planned. The others strayed off topic and had to be redirected. One individual stated that for her it was because of the difficult nature of the discussion.

The Nature of Critical Decision-Making

The first theme that the study attempted to explore was the nature of critical decision-making in older adults. An important result that surfaced was that aging adults were faced with decisions about their own aging, but they also encountered critical decisions with regards to their parents and spouse. In other words, their role as a decision-maker changed. Seven of the participants indicated that they had made critical decisions for a parent or a spouse. Three of these experienced the death of a spouse, three were faced with making living arrangements for a parent or spouse, and one had a spouse with a critical illness. For these participants, making critical life decisions for themselves became more important as they made decisions for their loved ones. These findings enhance our understanding of Mezirow's (1995) disorienting dilemma. The significant change in the person's role as a decision-maker creates the disorienting dilemma which leads to a transformation where the individual critically reflects on the events that have occurred.

Another change in the nature of the decisions of aging adults included a concern for time factors. What this means is that aging adults think about how long they will be able to do things and how long they will have to correct mistakes in decision-making. Much of the focus of financial decisions concerned whether they will have enough money for end of life. Half of the participants noted that

this was a major concern when they made decisions regarding spending. Health care decisions, especially the purchase or release of life insurance policies, are often based on time left. The changes in the decision-making experiences that the participants reported support research (Kalish, 1982; Nakashima, Chapin, Macmillan, & Zimmerman, 2004) that has shown how aging adults develop coping strategies when faced with critical life decisions.

Reflective Thinking and Experiential Learning

This study found that people rely on experiential learning tremendously when making decisions as older adults. One-hundred percent of the participants interviewed commented on their past experiences and made reference to reflecting on those experiences in one way or another during decision-making. For some, this process is an unconscious reflection, but most recognize that their vast life experience as an aging adult assisted them in making critical decisions.

According to the study findings, seven of the participants reported at least one significant life event that affected their decision-making process. Four of these participants indicated more than one significant life event. The first inclination of the researcher was to label the decisions affected by these life events as emotional decisions. In retrospect, it was discovered that the decisions were not emotional, but rather the experiences that the participants reflected on were emotional for them. These experiences often led to the individual setting new life priorities and transformed their decision-making process.

Finally, when reflecting on past experiences, aging adults recognize mistakes and learn from them. Over half (58%) of the participants identified

significant mistakes that they had made in the past and how they have looked at those decisions and changed how they have made other decisions based on those mistakes.

Effects of External Resources

Aging adults use a variety of resources to learn about decisions that they are making. The study findings showed that these resources were formal at times, but most often informal. Indications were that 83% of the participants listened to and participated in conversations with friends and family regarding critical decisions; however, they ultimately made the decision according to what they identified as being important to them. Interestingly, although four participants said they used the Internet or other forms of media to research problems, none said that they based their decisions solely on these resources. They reported that they used these resources only when necessary.

For aging adults to make good decisions, it is important to maintain good mental abilities. This can be done through participation in self-directed learning activities. Only one of the participants indicated taking part in formal self-directed learning by choosing to take a class at the local community college. She expressed her concern with still being able to learn. A much larger number of individuals specified participating in informal group activities.

Involvement in Group Activities

According to Britton et al. (2008), aging adults involvement in social relationships is important to successful aging. Eight of the participants (66%) in this study participate in some form of group activities. Two of the four who said

they did not participate in group activities appeared nervous during the interview and provided very little data. Five of the women indicated that they enjoyed interaction with others when being faced with important decisions. This does not mean that others make the decision, but the women are able to discuss the possible solutions. According to this study women built relationships and used these relationships as important resources, where men were more likely to make decisions on their own. This supports the studies of women conducted by Hayes & Flannery, (2000).

Men on the other hand tend to be less reflective and quicker to respond. According to Hayes and Flannery (2000), women are more likely to think of what might happen and consider all of the factors prior to making a decision. The findings of this study support the research (Hayes & Flannery, 2000) that suggests that women tend to be more nurturing due to the relation to the traditional feminine roles. Though no research has been found discussing the masculinity of quick decision-making, the findings of this study suggest that men do feel that quick decision-making with little input from others is a masculine quality.

Quantitative Discussion

For the quantitative portion of this study, the researcher used the Life Satisfaction Index A. The purpose of the index was to assess the feelings of well-being among the participants as an indicator of successful aging (Neugarten & Havighurst, 1961). The LSIA is comprised of 20 items that were scored using a

three point method. This gives a possible scoring range of 0 – 40, with higher scores demonstrating higher life satisfaction.

In this study, the LSIA was used to provide descriptive data regarding the interview participants. Eleven participants (92%) reported high to very high life satisfaction, scoring in the top quartiles. No significant differences were observed for any demographic groups.

Only one individual had a low score on the LSIA. She was a divorcee and the youngest of the sexagenarians at 62 years of age. An interesting point to share is that she leads a very private life with a limited number of visitors and no involvement in any group related activities. Other people often refer to her as "the hermit".

Conclusions and Summary

In conclusion, there are many factors that contribute to successful decision-making in aging adults. The current study identified 5 important conclusions; (1) Older adults use experiential learning to make decisions. (2) Older adults draw on the experiences of others when making decisions. (3) The financial situations of older adults significantly affect the decisions that older adults make and (4) The nature of the decision-making changes as individuals age. (5) Men tend to be expeditious decision-makers, while women appear to be more reflective

Older Adults Use Experiential Learning to Make Decisions

The first conclusion of this study was that older adults use experiential learning to make decisions. As people age, they create a vast resource of rich

experience. Being a part of these experiences and reflecting on them make them who they are. They make life decisions using these experiences to construct meaning for their current situations. Reflecting on these experiences is most often done consciously, but can also be an unconscious event. Aging adults do not always realize the effect that certain experiences have on their decision-making.

The findings of this study demonstrated that through critical reflection on past experiences, individual opinions are often transformed and change the way that decisions are made. The subjects talked of how certain events such as the death of a spouse or the illness of a loved one created a life changing situation that required reorganization of expectations. Individuals learned from their experiences and changed their priorities, expected outcomes, and sometimes goals.

They Draw on the Experiences of Others When Making Decisions

The next conclusion was that aging adults draw on the experiences of others when making later life decisions. Aging adults use the experiences of others to build new schemas for making decisions. They participate in activities that allow them to observe and interact with others, often learning vicariously through their experiences. Usually the information that older adults gained through these interactions is used with other information or experiences to help them make meaning of a situation creating the opportunity for good decisions to be made. Rarely do they make decisions based solely on the experiences of

others. Rather they build a resource that complements their own knowledge and experience.

The Financial Situations of Older Adults Significantly Affect the Decisions that Older Adults Make

Another conclusion was that the financial situations of aging adults significantly impact the decisions that they make. This study found that aging individuals are very aware and concerned about their financial situations. The decisions that they make are often based on how much something costs, can they afford it, and do they need it. They worry that the money they have will not be enough and in today's economy, these are valid concerns.

The Nature of the Decision-Making Changes as Individuals Age

The next conclusion of this study was that the nature of the decisions that people make changes as they age. The research found that the decisions that aging adults are faced with are often new, but that their role as a decision-maker can change too, stirring up emotional and spiritual feelings. These decisions often involve making decisions regarding other loved ones such as parents or spouses. The aging adult takes on a different role as a decision-maker by being forced at times to make decisions regarding their parents or spouse. The changes that occur in decision-making at this stage are often due to their changing circumstances and perceptions of life.

Men Tend to be Expeditious Decision-Makers, While Women Appear to be More Reflective

The final conclusion that the research seemed to suggest was that men are expeditious decision-makers; making decisions quickly and with less reflective thought. Women on the other hand seem to be more reflective decision-makers and take more time and reflect on past experiences and expected outcomes. It was interesting that all six men indicated that they were quick and relatively non-reflective when making decisions. Three women specifically stated that they were reflective, while the remaining three women said they were quick decision-makers, their discussions suggested that they were more reflective.

Limitations

There were some limitations that affected the results of this study. Relating to demographics, there was some concern that minorities were not equally represented. Ten of the subjects were Caucasian. The results may have been different if the participants were from a variety of ethnic backgrounds and different geographic areas, as the sample was comprised of individuals living in a southern state of The United States.

In addition, it became apparent that three of the participants were hesitant to discuss some later life decisions, such as creating a living will and making living arrangements for later life. Although there was no refusal to answer any questions, some participants had to be redirected several times to maintain focus

on the topic of discussion. This may have been due to the discomfort of discussing critical decisions that aging adults face.

The quantitative portion of the study had many limitations. First, the Life Satisfaction Index A is a dated survey. Attempts were made by the researcher to obtain permission to use a more current survey. After some research, it was found that the LSIA is still considered a valid measure. The use of a more recent measure may have provided more data to be studied.

Also, the sample size used for this study was small for a quantitative survey. Only 12 subjects were used because the study was primarily concerned with the qualitative data obtained through the in-depth interviews. The problem with a small sample is that the sample is more likely to differ from the general population. This means that they have a lower reliability and may have more sampling errors than larger samples (Alreck & Settle, 1995).

In the future, a larger sample size would be helpful. Another improvement would be to insure that all demographic subgroups were represented. Although there were limitations to this study, the data and implications can still be used to help adult educators and other professionals working with aging adults to develop tools and methods for assisting aging adults with making better decisions. It may also be important in helping aging adults to recognize their own patterns of learning when making decisions.

<center>Implications</center>

Everyone makes decisions regarding important life issues. As people age, they are faced with critical decisions regarding health care and health care

benefits, living arrangements for later life, and organizing personal affairs. By improving the ability of aging people to make quality decisions, the possibility of aging successfully is increased and individuals are better able to achieve higher life satisfaction. The current study examined the factors that influence decision-making in aging adults and in particular how they learn from those experiences.

It is hoped that through this study adult learning programs will be developed that focus on decision-making for aging adults. These programs should provide seminars and workshops that teach older adults how to recognize experiences that they can reflect on and to help them identify their own decision-making patterns and understand how those patterns have taken on new meanings through their experiences. Also, programs should offer training for aging adults in the use of external resources such as the Internet. Participants could learn about limiting searches, security of information, and other important guiding information. Decision-making assistance would be especially helpful for individuals who are suddenly faced with making their own decisions after such events as the death of a spouse. Programs such as these should be made available through senior centers, churches, institutes for learning in retirement, and assisted living facilities.

Understanding the differences in the decision-making of aging males and females can help in the development of the programs aimed at making them better decision-makers. Programs can be developed to assist men with thinking through problems before making a decision so that better decisions can be made

and to assist women in using reflection in a more efficient way so that procrastination does not cause them to miss critical information.

This study could also be used to help develop adult learning programs for individuals who interact and help aging adults with critical life decisions. This would include doctors, lawyers, accountants, insurance representatives, mortuary directors, and other business leaders. The programs for these individuals would address the need for sensitivity when helping aging adults in making critical decisions. Critical decisions of adulthood are important and often evoke an outpouring of emotion. Individuals assisting the decision-making process with these older adults need to understand the sensitivity of the issues and help aging adults to reflect on appropriate experiences.

Future Study

Based on the limitations and the results of this study, there are some suggested areas for future research. One area would include studying younger adults who have made similar critical decisions and comparing how they made decisions compared to aging adults. Such a study may provide a more in-depth look at the change in how people make decisions as they age.

Another area that is of interest is the population of Baby Boomers. This study focused on a group comprised mostly of adults a generation ahead of the Baby Boomers. Studies regarding the Baby Boomer population and decision-making could provide more accurate data for assisting this large population as they move into retirement years.

APPENDIX A

INTERVIEW PROTOCOL

1. What decisions have you been faced with as an older adult that you did not face earlier in your life?

2. What kind of decisions do you make rapidly? What kind of decisions take more time? Give examples.

3. What was your most difficult decision in the last 6 months? What made it difficult?

4. Explain an occasion where you had to make a decision on your own? Were you happy with your decision making process? Why or Why not?

5. Do you always make decisions on your own, without the help of others?

6. In which situations do you seek other's help for decision-making?

7. How do you involve others when you make a decision?

8. How do you react in a situation where you need to make an immediate decision? What process do you follow for decision making in such a critical situation?

9. Have you ever tried to delay any decision-making? What were the consequences?

10. How do you go about deciding what strategy to employ when making a critical life decision?

11. How do you go about gathering information to make a decision? Give an example.

12. What steps do you go through to ensure your decisions are effective?

13. Tell me about a time when you had to defend a decision you made even though other important people in your life were opposed to your decision.

14. Everyone has decisions that they regret. Do you feel your later life decisions have caused you more or less regret than earlier decisions? Why?

APPENDIX B

LIFE SATISFACTION INDEX A

Item N=12	% Agree	% Disagree	% NS*

As I grow older, things seem
better than I thought they would be.

I have gotten more of the breaks
in life than most of the people I know.

This is the dreariest time of my life.

I am just as happy as when I was younger.

My life could be happier than it is now.

These are the best years of my life.

Most of the things I do are boring or
monotonous.

I expect some interesting and pleasant
things to happen to me in the future.

The things I do are as interesting to
me as they ever were.

I feel old and somewhat tired.

I feel my age, but it does not
bother me.

As I look back on my life,
I am fairly well satisfied.

I would not change my past
life even if I could.

Compared to other people my age,
I've made a lot of foolish decisions
in my life.

Item N=12	% Agree	% Disagree	% NS*
Compared to other people my age, I make a good appearance.			
I have made plans for things I'll be doing a month or a year from now.			
When I think back over my life, I didn't get most of the important things I wanted.			
Compared to other people, I get down in the dumps too often.			
I've gotten pretty much what I expected out of life.			
In spite of what some people say, the lot of average man is getting worse, not better.			

* NS = Not Sure

(Neugarten, Havighurst, & Tobin, 1961)

APPENDIX C

CONSENT TO PARTICIPATE

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

AUTHORIZATION TO PARTICIPATE IN RESEARCH PROJECT

Consent is hereby given to participate in the study titled: Later Life Decision-Making: Experiential Adult Learning and Successful Aging

1. **<u>Purpose:</u>** The purpose of this research study is to explore the process of adult learning that individuals participate in when they make important decisions of later adulthood. This research may result in conference presentations and/or journal articles.

2. **<u>Description of the Study</u>**: In this study you will be asked to participate in a personal interview with the researcher in the location of your choice. Interviews will be tape-recorded and later transcribed. The interview will last approximately one and one half hours. Information that you share will be kept confidential and your identity will not be revealed. You may be contacted more than once so that the researcher can seek your opinion about the accuracy of the information that you provide.

3. **<u>Benefits</u>**: While there may be no immediate benefits to your participation in this study, it is hoped that the results may contribute to a better understanding of the learning activities in which aging adults participate when making decisions. The researcher hopes that you may recognize your own learning processes and make better use of learning activities when making critical life decisions. Improved decision making may lead to increased life satisfaction.

4. **<u>Risks</u>**: This study poses no foreseeable risk to you. Your personal information will not be revealed. The researcher has no connection to financial advisors, health care providers, attorneys, or other individuals or agencies that may assist or provide recommendations to you regarding decisions; therefore you are able to speak freely about your experiences without fear of repercussions.

5. **<u>Confidentiality</u>**: Every effort will be taken to keep shared information private and confidential. No personally describing information will be revealed by name or personal descriptors. The interview tapes, transcriptions, and surveys will be maintained in a locked file cabinet in the researcher's home office. The individual who transcribes the interview tapes will sign a confidentiality statement before beginning transcription. During the time that the tapes are in their possession, they will be kept in a

locked cabinet as well. No other persons will have access to the data. After a period of eighteen months, the tape recordings will be destroyed. Interview transcriptions and surveys may be kept for up to two years to facilitate data analysis. No identifying information will be recorded. Only pseudonyms will be used to identify participants.

6. **Voluntary Participation and Withdrawal**: You do not have to participate in this study. You may withdraw your participation at any time, without penalty. You may also choose to skip any questions that you do not want to answer in the study. If you choose to discontinue your participation, the information that you have shared with the researcher will be returned to you.

7. **Participant's Assurance**: Whereas no assurance can be made concerning results that may be obtained, the researcher will take every precaution consistent with the best scientific practice. Any publications that result from this research will only use pseudonyms to describe you. No personally identifying information will be revealed. What is learned from the study may be presented at meetings or published in papers, but your name will never be used.

8. **Questions**: In the future, you may have questions regarding your participation in this study. These questions can be addressed to:

> Shauna Breland, student
> P.O. Box 824, Wiggins, MS
> 601-928-2292 or 601-928-8626

This project has been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601)266-6820.

_____

Signature of the Research Participant   Date

_____

Signature of the Person Explaining the Study   Date

APPENDIX D

IRB APPROVAL FORM

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Institutional Review Board

118 College Drive #5147
Hattiesburg, MS 39406-0001
Tel: 601.266.6820
Fax: 601.266.5509
www/usm.edu/irb

HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE
NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21CFR 26, 111), Department of Health and Human Services (45 DFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 10012203
PROJECT TITLE: Adult Learning Activities that Occur During the Decision Making Process of Adults Entering Later Adulthood
PROPOSED PROJECT DATES: 01/20/2010 to 03/03/2010
PROJECT TYPE: Dissertation or Thesis
PRINCIPAL INVESTIGATORS: Shauna Pearce Breland
COLLEGE/DIVISION: College of Education & Psychology
DEPARTMENT: Educational Studies & Research
FUNDING AGENCY: N/A
HSPRC COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 02/10/2010 to 02/09/2011

Lawrence A. Hosman   2-10-10
Lawrence A. Hosman, Ph.D.   DATE
HSPRC Chair

REFERENCES

Alreck, P., & Settle, R. (1995). *The survey research handbook.* Chicago: Irwin.

Baby Boomer Headquarters. (2009). *So what's a baby boomer anyway?*
Retrieved May 6, 2009, from http://www.bbhq.com/whatsabm.htm

Baltes, P., & Mayer, K. (1999). *The Berlin aging study: Aging from 70 – 100.* New
York: Cambridge University Press.

Bandura, A. (1977). *Social learning theory.* Englewood Cliffs, NJ: Prentice-Hall.

Barnacle, R. (2001, December). *Phenomeology and education research.* Paper
presented at the Australian Association for Research in Education,
Fremantle, Australia.

Barnett, B.G. (1989, October) *Reflection: The cornerstone of learning from
experience.* Paper presented at the University Council for Educational
Administrators Annual Convention, Scottsdale, AZ.

Bermúdez, J. L. (2009). *Decision theory and rationality.* New York: Oxford
University Press.

Birren, J.E.(Ed.). (1959). *Handbook of aging and the individual.* Oxford: Chicago
Press.

Bogdan, R., & Biklen, S. (1998). *Qualitative research in education: An
introduction to theories and methods.* Needham Heights, MA: Allyn &
Bacon.

Bogdan, R., & Biklen, S. (2006). *Qualitative research in education: An
introduction to theories and methods* (5th ed.). Needham Heights, MA:
Allyn & Bacon.

Borzak, L. (Ed.) (1981). *Field study: A sourcebook for experiential learning.*
Beverly Hills, CA: Sage.

Boud, D., Keogh, R., & Walker, D. (1996). Promoting reflection in learning: A
model. In R. Edwards, A. Hanson, & P. Raggatt (Eds.), *Boundaries of
adult learning: Adult learning, education, and training*: New York:
Routledge.

Britton, A., Shipley, M., Singh-Manoux, A., & Marmot, M.G. (2008). Successful
aging: The contribution of early-life and midlife risk factors. *Journal of the
American Geriatric Society,56*(6), 1098-1105.

Brookfield, S. (1983). *Adult learning, adult education, and the community.*
London: Milton Keyes Open University Press.

Brookfield, S. (1988). Developing Critically Reflective Practitioners: A Rationale
for Training Educators of Adults. In S. Brookfield (Ed.) *Training Educators
of Adults: The Theory and Practice of Graduate Adult Education*, New
York: Routledge.

Bureau of the Census. (1996). *Aging in the United States: Past, present, and
future* (Report No. P25-1130). Washington, DC: U.S. Department of
Commerce.

Byrne, B. M. (2001). *Structural equation modeling with AMOS.* Mahwah, NJ:
Lawrence Erlbaum.

Byrnes, J. P. (2002). The development of decision-making. *Journal of
Adolescent Health, 31,* 208-215.

Chagnon, J., & McKelvie, S. (1992). The differences in performance at

concentration: A pilot study, *Perceptual Motor Skills, 74*, 412-414.

Clark, D. R. (2008), Kolb's experiential learning cycle concept map. Retrieved

November 17, 2009 from http://nwlink.com/~donclark/hrd/styles/kolb.html

Coleman, J. S. (1976). *Differences between experiential and classroom learning.*

San Francisco: Jossey-Bass.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among*

five traditions. Thousand Oaks, CA: Sage.

Creswell, J. W. (2006). *Qualitative inquiry and research design: Choosing*

among five approaches. Thousand Oaks, CA: Sage.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed*

methods approaches (3rd ed.). Thousand Oaks, CA: Sage.

Crowther, M. R., Parker, M. W., Achenbaum, W. A., Larimore, W. L., & Koenig, H.

G. (2002). Rowe and Kahn's model of successful aging revisitied: Positive

spirituality – the forgotten factor. *The Gerontologist, 42*(5), 613-620.

Depp, C., & Jeste, D. (2006). Definitions and predictors of successful aging: A

comprehensive review of larger quantitative studies. *American Journal of*

Geriatric Psychiatry, 14, 6-20.

Deutscher, M. (2001). Husserl's transcendental subjectivity. In R. Small (Ed.), *A*

hundred years of phenomenology. Perspectives on a philosophical

tradition (pp. 3-25). Burlington, VT: Ashgate.

Dewey, J. (1916). Democracy and education. *Middle Works*, *9*,1-370.

Dror, I. E., Katona, M., & Mungur, K. (1998). Age differences in decision making:

To take a risk or not? *Gerontology, 44,* 67-71.

Ehrich, L. (2005). Revisiting phenomenology: Its potential for management

   research. In *Proceedings challenges for organizations in global markets,*

   British Academy of Management Conference, (pp. 1-13). Said Business

   School, Oxford University.

Encel, S. & Studencki, H. (1996), *Retirement: A Survey.* Sydney: Consultative

   Committee on Ageing, NSW.

Erikson, E. H., Erikson, J. M., & Kivnick, H. (1986). *Vital involvement in old age.*

   The experience of old age in our time. London: Norton.

Erikson, E. (1995). *Childhood and society.* London: Vintage.

Federal Interagency Forum on Aging-Related Statistics. (2008). *Older*

   Americans 2008:Key indicators of well-being. Retrieved November 3,

   2009, from http://www.agingstats.gov

Fenwick, T.J. (2003). *Learning through experience: Troubling orthodoxies and*

   intersecting questions. Malabar: Krieger.

Finucane, M. L., Mertz, C. K., Slovic, P., & Schmidt, E. S. (2005). Task

   complexity and older adults' decision-making competence. *Psychology*

   and Aging, 20, 71-84.

Finucane, M. L., Slovic, P., Hibbard, J. H., Peters, E., Mertz, C. K., & MacGregor,

   D. G. (2002). Aging and decision-making competence: An analysis of

   comprehension and consistency skills in older versus younger adults

   considering health-plan options. *Journal of Behavioral Decision Making,*

   15, 141-164.

Fung, H., & Carstensen, L.L. (2003). Sending memorable messages to the old:

Age differences in preferences and memory for advertisements, *Journal of Personality and Social Psychology, 85*, 163-178.

Gabrielson, M. (2009). The long-term care decision-making of older lesbians: A narrative analysis (Doctoral dissertation, The University of Iowa, 2009). *Dissertation Abstracts International, 70/05.*

Gilligan, C. (1982). *In a different voice.* Cambridge: Harvard University Press.

Giorgi, A. (1985). *Phenomenology and psychological research.* Pittsburg, PA: Duquesne University Press.

Gustafson, K. & Bennett, W. (1999). *Issues and Difficulties in Promoting Learner Reflection: Results from a Three-Year Study.* Retrieved March 21, 2010, from http://it.coe.uga.edu/~kgustafs/document/promoting.htm

Harding, S. (1996). Gendered ways of knowing and the epistemological crisis of the west. In N.R. Goldberger, J.M. Tarule, B.M. Clinchy, and M.F. Belenky (Eds.), *Knowledge, difference, and power: Essays inspired by women's ways of knowing.* New York: Basic Books.

Harmon, L. (2009, February 9). Will the internet revolutionize senior housing? [Msg. 1]. Message posted to http://www.greatplacesinc.com/blog/ EntryDisplay.aspx?EntryID=496

Hastie, R., & Dawes, R. M. (2001). *Rational choice in an uncertain world: The psychology of judgment and decision-making.* Thousand Oaks, CA: Sage.

Hatton, N. & Smith, (1995). *Reflection in teacher education: Towards definition and implementation.* Retrieved March 21, 2010, from The University of Sydney,School of Teaching and Curriculum Studies Web site:

http://alex.edfac.usyd.edu.au/LocalResource/Study1/hattonart.html

Havighurst, R.J. (1961). The nature of value of meaningful free-time activity. In R. Kleemier (ed.). *Aging and Leisure.* New York: Oxford University Press.

Hayes, E. & Flannery, D. (2000). *Women as learners.* San Francisco: Jossey-Bass.

Heidegger, M. (1962). *Being and time.* New York: Harper and Row.

Hein, S. F. & Austin, W. J. (2001). Empirical and hermeneutic approaches to phenomenological research in psychology: A comparison. *Psychological Methods, 6,* 3-17.

Hibbard, J.H., & Peters, E. (2003). Supporting informed consumer health care decision: Data presentation approaches that facilitate the use of information in choice, *Annual Review of Public Health, 24*, 413-433.

Hoffberg, K., & Korver, C. (2003). *Great leadership, great decisions, great outcomes: Creating organizational decision quality.* Retrieved April 15, 2010, from http://www.bpmforum.org/DecisionROI/PDF/Intro_DQ.pdf

Houle, C. (1980). *Continuing learning in the professions.* San Francisco: Jossey-Bass.

Hsee, C. K., & Rottenstreich (2004). Music, pandas and muggers: On the affective psychology of value, *Journal of Experimental Psychology*, *133*, 23-30.

Huang, H. M. (2002). Toward constructivism for adult learners in online learning environments. *British Journal of Educational Technology, 33,* 27-37.

Inui, T. S. (2002). The need for an integrated biopsychosocial approach to

research on successful aging. *Annuals of Internal Medicine, 139*, 391-394.

Janis, I. L., & Mann, L. (1977). *Decision-making: A psychological analysis of conflict, choice, and commitment.* New York: The Free Press.

Jarvis, P. (1987). *Adult Learning in the Social Context.* London: Croom Helm.

Jennings, J. L (1986). Husserl revisited: The forgotten distinction between psychology and phenomenology. *American Psychologist, 41*, 1231-1240.

Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of decision under risk, *Econometrica, 47*, 263-291.

Kahneman, D., & Tversky, A. (1992). Advances in prospect theory: Cumulative representation of uncertainty. *Journal of Risk and Uncertainty, 5*, 297-323.

Kahneman, D., & Tversky, A. (2000). *Choices, values, and frames,* Cambridge, UK: Cambridge University Press.

Kalish, R. (1982). *Late adulthood perspectives on human development.* Monterey, CA: Brooks/Cole.

Keegan, W. J. (1984). *Judgments, choices, and decisions: Effective management through self-knowledge.* New York: John Wiley & Sons.

Kepner, C. H., & Tregoe, B. B. (1965). *The rational manager.* New Jersey: Kepner-Tregoe.

Kepner, C. H., & Tregoe, B. B. (1981). *The new rational manager.* New Jersey: Kepner-Tregoe.

King, P. M., & Kitchener, K. S. (1994). *Developing reflective judgment: Understanding and promoting intellectual growth and critical thinking in adolescents and adults.* San Francisco: Jossey-Bass.

Kolb, D. A. (1984). *Experiential Learning*. Englewood Cliffs, NJ: Prentice Hall.

Kvale, S. (1996)*. Interviews: An introduction to qualitative research interviewing*. Thousand Oaks: Sage.

Laverty, S. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods, 2,* 21-35.

Levinson, D. (1978). *The seasons of a man's life.* New York: Knopf.

Levinson, D. J. (1986). A conception of adult development. *American Psychologist, 41,* 3-13.

Levinson, D., & Levinson, J. (1996). *The seasons of a woman's life.* New York: Knopf.

Lichtman, M. (2006). *Qualitative research in education: A user's guide.* Thousand Oaks, CA: Sage.

Mata, R., Schooler, L., & Rieskamp, J. (2007). The aging decision-maker: Cognitive aging and the adaptive selection of decision strategies. *Psychology and Aging, 22*, 796-810.

McCulloch, B. J. (1992). Gender and race: An interaction affecting the replicability of well-being across groups. *Women & Health, 19,* 65-89.

McPhail, J. (1995). Phenomenology as philosophy and methods. *Remedial and Special Education, 16*, 156-165, 177.

Merleau-Ponty, M. (1962). *The phenomenology of perception*. New York: Humanities Press.

Merleau-Ponty, M. (2001). *The incarnate subject: Malebranche, Biran, and*

Bergson on the union of body and soul (P. B. Milan, Trans., A. G. Bjelland Jr., & P. Burke, Eds.). Amherst, NY: Humanity. (Original work published 1968).

Merriam, S., & Cafferella, R. (1999). *Learning in adulthood: A comprehensive guide* (2nd ed.). San Francisco: Jossey-Bass.

Merriam, S. B., & Simpson, E. L. (1995). *A guide to reseach for educators and trainers of adults* (2nd ed.). Malabar, FL: Krieger.

Merriam-Webster. (2003). *Merriam-Webster's collegiate dictionary* (11th ed.). Springfield: Merriam-Webster.

Mezirow, J. (1991). *Transformative dimensions of adult learning.* San Francisco: Jossey-Bass.

Mezirow, J. (1995). Transformation theory of adult learning. In M. R. Welton (Eds.). *In defense of the life world* (pp. 39-70). New York: SUNY.

Miller, G. P. (1978). *Life choices : How to make the critical decisions--about your education, career, marriage, family, life-style.* New York: Crowell.

Miller, G. P. (1981). *It's your business to decide.* Boston: CBI.

Miller, J. (1981). Global precedence in attention and decision. *Journal of Experiment Psychology: Human Perception and Performance, 7*, 1161-1174.

Miller, J.B. (1986). *Toward a new psychology of women.* Boston: Beacon Press.

Miller, J., & Starr, M. (1967). *The structure of human decisions.* New Jersey, Prentice Hall.

Mintzberg,H., Raisinghani, D., & Theoret, A. (1976). The structure of

"unstructured" decision processes, *Administrative Science Quarterly, 21*, 246–275.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Mueller, J., Kausler, D., Faherty, A., & Oliveri, M. (1980). Reaction time as a function of age anxiety and typicality, *Bulletin of Psychoanalytical Sociology, 16*, 473-476.

Munhall, P. (1989). Philosophical ponderings on qualitative research methods in nursing. *Nursing Science Quarterly, 2*, 20-28.

Nakashima, M., Chapin, R. K., Macmillan, K., & Zimmerman, M. (2004). Decision-making in long-term care: Approaches used by older adults and implications for social work practice. *Journal of Gerontological Social Work, 43,* 79-101.

Nielsen, T.W. (2000). Hermeneutic phenomenological data representation: Portraying the ineffable, *Journal of the Australian Institute of Art Education, 23,* 9-14.

Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measure of life satisfaction. *Journal of Gerontology, 16,* 134-143.

O'Hanlon, A., & Coleman, P. (2004). Attitudes towards aging: Adaptation, development and growth into later years. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (2nd Ed., pp. 31-63). Mahwah, NJ: Erlbaum.

Oliveira, A. (2007). A discussion of rational and psychological decision-making

theories and models: The search for a cultural-ethical decision-making model. *Journal of Business Ethics and Organization Studies, 17*(2), 12-17.

Ornstein, A. C., & Hunkins, F. P. (1998). *Curriculum foundations principles and issues.* Needham Heights, MA: Allyn and Bacon.

Patrick, D., Curtis, J., Engleberg, R., Nielsen, E., & McCowan, E. (2003). Measuring and improving the quality of dying and death, *Annals of Internal Medicine, 139*, 410-416

Phelan, E., Anderson, L., LaCroix, A., & Larson, E. (2004). Older adults' views of successful aging – How do they compare with researchers' definitions? *Journal of American Geriatrics, 52*, 1-21.

Polkinghorne, D. (1983). *Methodology for the human sciences.* Albany: SUNY Press.

Polkinghorne, D. E. (1989). Phenomenological research methods. In R.S. Valle & S. Halling (Eds.) *Existential-phenemenological perspectives in psychology* (pp. 41-60). New York: Plenum.

Roberson, D. N. (2005). Masters of adaptation: Learning in late life adjustments. *International Journal of Aging and Human Development, 61,* 265-291.

Rowe, J.W. and Kahn, L. (1987): Human aging: Usual and successful. *Science, 233,* 1271-1276.

Rowe, J.W., & Kahn, R.L. (1997). Successful aging. *The Gerontologist, 37,* 433-440.

Rowe, J.W., & Kahn, R.L., (1998). *Successful aging: The MacArthur foundation study.* New York: Pantheon.

Sarangi, S., Besedeš, T., Deck, C., & Shor, M., (2009). *Age effects and heuristics in decision making.* (Departmental working papers 2009-03). Department of Economics, Louisiana State University.

Schein, E. H. (1992). *Organizational culture and leadership.* San Francisco: Jossey-Bass.

Schmidt, J. (1985). *Maurice Merleau-Ponty: Between phenomenology and structuralism.* New York: St. Martin's.

Schön, D.A. (1983). *The reflective practitioner: How professionals think in action.* New York: Basic Books.

Schön, D.A. (1987). *Educating the reflective practitioner.* San Francisco: Jossey-Bass.

Shulman, L. S.; Loupe, M. J.; & Piper, R. M. (1968) Studies of the inquiry process. Department of Health, Education and Welfare, Office of Education, Project No. 5-0597. East Lansing: Michigan State University.

Seamon, D. (2002). Phenomenology, place, environment, and architecture: A review of the literature. Retrieved November 2, 2009 from http://www.phenomenologyonline.com/articles/seamon1.html.

Sharpley, C., Gordon, R. & Jacobs, N. (1996). *Results of a Survey of Adjustment to Retirement,* Centre for Stress Management and Research, Victoria: Monash University.

Schulz, R. & Heckhausen, J. (1996). A life span model of successful aging. *American Psychologist*, *5*, 702-714.

Slater, C. L. (2003). Generativity versus stagnation: An elaboration of Erikson's

adult stage of human development. *Journal of Adult Development, 10,* 53-65.

Smith, M. K. (2001). David A. Kolb on experiential learning. *The encyclopedia of informal education.* Retrieved November 17, 2009, from http://www.infed.org/b-explrn.htm

Sneed, J. R., Whitbourne, S. K., & Culang, M. E. (2006). Trust, identity, and ego integrity: Modeling Erikson's core stages over thirty-four years. *Journal of Adult Development, 13,* 148-157.

Stanage, S. M. (1995). Lifelong learning: A phenomenology of meaning and value transformation in postmodern adult education. In S. B. Merriam (Ed.), *Selected writings on philosophy and adult education* (pp. 269-280). Malabar, FL: Krieger.

Strawbridge, W., Cohen, R., Shema, S., & Kaplan, G. (1996). Successful aging: Predictors and associatedactivities. *American Jounal of Epidemiology, 144*,135-41.

Surbeck, E., Park-Han, E. & Moyer, J. (1991). Assessing reflective responses in journals. *Educational Leadership*, *48(6),* 25-27.

Svenson, O., & Maule, A. J. (Eds.). (1993). *Time pressure and stress in human judgment and decision-making.* New York: Plenum.

Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty. *Science, 185*, 1124-30.

United States Census Bureau. (2006). *Facts for features: oldest baby boomer turns 60!* Retrieved April 17, 2009, from http://www.census.gov/Press-

Release/www/releases/archives/facts_for_features_special_editions /006105.html

Vandenberg, D. (1996). *Phenomenology and educational discourse.* Durban: Heinemann Higher and Further Education.

van Manen, M. (1991). *The tact of teaching: The meaning of pedagogical thoughtfulness.* Albany, NY: State University of New York Press.

van Manen, M. (1997). *Researching lived experiences: Human science for action sensitive pedagogy.* London, ON: Althouse Press.

Vazsonyi, A. (1990). Decision-making: Normative, descriptive and decision counseling. *Managerial and Decision Economics, 11,* 317-325.

Washbourn, P. (1996). Experiential learning: Is experience the best teacher? *Liberal Education, 82(3),* 1-10.

Willower, D. J. (1992). *Educational administration: Philosophy, praxis, professing* . Madison, WI: National Council of Professors of Educational Administration.

Witte, E. (1972, Fall). Field research on complex decision-making processes – The phase theorem, *International Studies of Management and Organizations,* 156-182.

Yinger, R. J. & Clark, C. M. (1981). Reflective journal writing: Theory and practice. Occasional Paper No. 50. The Institute for Research on Teaching, Michigan State University, Michigan.

Yoon, C., Cole, C.A., & Lee, M.P. (2007). Consumer decision making and aging: Current knowledge and future directions, *Journal of Consumer Psychology, 19,* 2-16.

Zeleny, M., & Cochrane, J. (1982). *The decision process and its stages.* New

York: McGraw-Hill.