10 Quality Of Life And Beliefs About Ageing

Hannah McGee, Karen Morgan, Anne Hickey, Helen Burke and George Savva

Contents

tilda
Staidéar Fadaimseartha na hÉireann um Dhul in Aois
The Irish Longitudinal Study on Ageing

10 Quality of Life and Beliefs about Ageing

Key findings

- The older population as a whole experience a high quality of life. The mean score for older people on the CASP-19 quality of life scale is 42.7, representing 75% of the total possible score of 57.
- The best quality of life is experienced by older people with the highest asset wealth.
- The group of older people who have the lowest quality of life, by a considerable margin, are those who rate their health as fair or poor (scoring 36.3 on CASP-19).
- Older people on the whole perceive the ageing process positively, believing they have considerable control over the positive experiences of ageing, but less over the negative aspects.
- The wealthiest and the most educated older people perceive ageing most positively.
- People in the oldest age category (75+ years) have the most negative perceptions of ageing.

10.1 Introduction

With increases in life expectancy, delayed onset of morbidity, and higher expectations for old age, interest in well-being in later life and how to achieve it has intensified. 'Successful ageing' has come to the fore as a goal for the ageing population. While an agreed definition of successful ageing remains elusive, there is broad agreement that core constituents include physical health and functioning, psychological well-being, and social functioning and participation (1). As the older population surges both in absolute and relative numbers, well-being in old age has also become a focus for policy-makers as a key indicator of the physical and psychological health, social integration and economic security of the older community.

Despite the adverse changes that occur with increasing age, older people typically report high levels of well-being. Most feel younger than their actual age and maintain a sense of confidence and purpose. In the HeSSOP (Health and Social Services for Older People) surveys of older people in Ireland, conducted in 2000 and 2004, over three-quarters of community-dwelling older people scored high on morale (2, 3). In fact, older people are more likely to report satisfaction with their lives than younger people (4). Old age, it appears, brings with it an ability to adapt to age-

related changes and stresses. One study found, for example, that physical decline did not have an impact on older people's satisfaction with life, suggesting that they regard it as a normal and relatively acceptable part of ageing (5). Moreover, older people recognise benefits in old age, such as increased wisdom and maturity, with opportunities for growth and lessening of demands upon them. Research has come to emphasise that ageing is highly specific to each individual, which implies that the pathway of old age is not predetermined. While growing older unavoidably entails losses, some individuals cope better with these losses than others. With this in mind, this chapter aims to shed some light on the personal, material and social circumstances that influence how well people cope.

To assess the well-being of the older population in Ireland, this chapter looks at quality of life as measured in TILDA. While quality of life is a concept difficult to disentangle from well-being itself, it has come to be regarded as a distinct dimension of well-being. Beliefs about ageing are also examined to provide insights into how the older population perceives the process of growing older.

10.2 Quality of life of older adults: an overview

Quality of life is widely accepted as an indicator of successful ageing, and it is monitored as a means of measuring the effectiveness of social policies, welfare programmes, and health care. For this reason, quality of life is increasingly assessed in population surveys of older people, and findings have been encouraging. A study by Bowling and colleagues based on four Omnibus Surveys in Britain found that over 80% of people aged 65 years and over reported good quality of life (6). The first wave of the English Longitudinal Study of Ageing (ELSA) found that quality of life increased from the age of 50 years and peaked at 68 years; from there it gradually declined and by 86 years had reached the same level as at 50 years (7).

The lack of conceptual clarity around quality of life has been a source of considerable debate, and one of the more significant challenges in quality of life research has been defining the term. While it is recognised as complex and multifaceted, in attempting to quantify it much research conflates quality of life with the factors that influence it, such as health in particular. Older people themselves most commonly define successful ageing by reference to good health and functioning, although these aspects are rarely mentioned in isolation (1), and research on older people has often used health as a proxy measure for quality of life. Reducing quality of life simply to health is likely to distort the representation of old age, however, as it is not uncommon for older people to have serious illness or disability and yet to rate their quality of life as good. In the study by Bowling and colleagues already noted, 62% of participants who had fairly severe or severe restrictions in daily living nevertheless reported good quality of life (6). In HeSSO-P I, 78% of participants rated their quality of life as good or very good, but only 14% had been free from any medical condition in the preceding year (2).

TILDA uses a measure of quality of life (CASP-19) developed for use in older age, which has been adopted in other longitudinal studies of ageing, including ELSA (7, 8). CASP-19 is based on a model that conceptualises quality of life as needs satisfaction, thereby distinguishing quality of life from the factors that influence it (9). The model classifies needs into four domains:

- **Control** – the ability to actively participate in one's environment (e.g., 'My age prevents me from doing the things I would like to').
- **Autonomy** – the right of the individual to be free from the unwanted interference of others (e.g., 'I can do the things that I want to do').
- **Self-realisation** – the fulfilment of one's potential (e.g., 'I feel that life is full of opportunities').
- **Pleasure** – the sense of happiness or enjoyment derived from engaging with life (e.g., 'I look forward to each day').

Control and autonomy are included as they are prerequisites for an individual's free participation in society. By including self-realisation and pleasure, the model captures the active and self-reflexive aspects of living that bring reward and happiness to people in later life.

The CASP-19 domains are represented by 19 statements, which are presented to participants as part of the self-completion questionnaire. Participants are asked to indicate how often (often, sometimes, not often, or never) each statement applies to them. Responses are scored from 0 to 3 and the mean scores for each domain and a total mean score are calculated. The total score could range from 0, representing a complete absence of quality of life, to 57, representing total satisfaction. The maximum score on the control domain is 12; on the three other domains, it is 15.

10.2.1 Quality of life: overall results

In TILDA the mean score for quality of life on CASP-19 is 42.7 (Table 10.1), representing 75% of the total score. This is a very positive finding indicating that, overall, the older population experiences high levels of quality of life. The first wave of ELSA in 2002 reported a similar score, 42.5, for the older population in England (7). However, by the fourth wave in 2008, this score had fallen to 40.7. In terms of the CASP-19 domains, TILDA respondents reported particularly high scores on the pleasure domain, with relatively lower scores on the control domain. The high score on the pleasure domain suggests that Irish older people derive considerable enjoyment from life, with 85% reporting that they often enjoy the things they do, while 81% often look forward to each day.

Table 10.1: Mean CASP-19 scores in TILDA with ELSA scores for comparison

	TILDA mean score	95% CI	Mean score as % of total	ELSA mean score	ELSA S.D.
Total (0-57)	42.7	42.5-42.9	75	40.7	8.9
Control (0-12)	7.1	7.1-7.2	59	7.6	2.5
Autonomy (0-15)	10.8	10.7-10.9	72	10.2	2.7
Pleasure (0-15)	13.8	13.7-13.8	92	13.1	2.4
Self-realisation (0-15)	10.8	10.7-10.9	72	9.9	3.2

Older people are also independent and fulfilled to a large extent, reflected in the relatively high scores on the autonomy and self-realisation domains. Over 90% feel that they can at least sometimes do the things they want to do, and over 80% feel that life is 'sometimes' or 'often' full of opportunities. At the same time, family and financial constraints put pressure on their ability to be independent: 30% feel that family responsibilities can prevent them from doing what they want to do, while 55% indicate that they are 'sometimes' or 'often' prevented from doing what they want to do by shortage of money.

The lowest relative score is in the control domain, which indicates that older people's needs are least met in relation to engagement with their environment. Over one-third (35%) feel that their age at least sometimes prevents them from doing the things they would like to do, while 23% at least sometimes feel left out of things.

ELSA wave 4 also recorded the highest domain score in the pleasure domain (13.1) and lowest in the control domain (7.6). The main divergence between the Irish and English studies was in the self-realisation score, which in ELSA was notably lower at 9.9, compared with 10.8 in TILDA.

10.2.2 Quality of life by demographic factors

Many factors influence the quality of life of older people. The importance of health has already been noted. The material conditions of life also have a determining influence. Well-being in later life is associated with higher socio-economic status, financial security and better education (10). ELSA found that scores on CASP-19 were 22% higher in the wealthiest than the poorest quintile of the population (8). Social integration also plays a key role: quality of life improves with having trusting relationships and social contact (7, 10). In this section, variation in quality of life with age, gender, education, self-rated health status, wealth, living arrangements and residential location are examined.

Age: Quality of life increases between 50-64 years and 65-74 years (42.5 and 43.3 respectively), followed by a decline to the lowest level at 75 years and over (41.3) (Table 10.2). A similar drop in quality of life at 75+ years was recorded by wave 4 of ELSA, with a marginal difference in scores between the two younger age groups in that study (50-64 years, 41.2; 65-74 years, 41.3; 75+ years, 38.4).

Table 10.2: Mean CASP-19 scores by age

	50-64 years		65–74 years		75+ years	
	Mean	95% CI	Mean	95% CI	Mean	95% CI
Total	42.5	42.2 - 42.8	43.3	42.8 - 43.7	41.3	40.7 - 41.9
Control	7.5	7.4 - 7.6	7.0	6.9 - 7.1	5.9	5.8 - 6.1
Autonomy	10.5	10.3 - 10.6	11.2	11.0 - 11.3	11.2	11.0 - 11.3
Pleasure	13.5	13.5 - 13.6	13.9	13.8 - 14.0	13.9	13.8 - 14.0
Self-realisation	10.8	10.7 - 10.9	11.0	10.8 - 11.2	10.0	9.8 - 10.3

In the individual domains, the overall pattern is not replicated. There is no difference between the 65-74 year olds and those aged 75 years and over in autonomy and pleasure, but both groups score higher than those aged 50-64 years. For example, 89% of people aged 65-74 years and 88% of people aged 75+ years often enjoy the things they do, compared with 82% of those aged 50-64 years. On the other hand, it is this youngest group that has the greatest sense of control over its environment, while those aged 75 years and over have the least. More than two-thirds (68%) of people aged 75 years and over feel that their age prevents them from doing what they would like to at least sometimes, compared with 43% of those aged 65-74 years and 22% of those aged 50-64 years. In terms of self-realisation, the two younger age categories experience a similar degree of fulfilment, while those aged 75+ years experience less.

Comparing the TILDA data with ELSA domain scores by age (Table 10.3), at each age interval older people in England had higher scores on the control domain but lower scores on the autonomy, pleasure and self-realisation domains, indicating more ability to participate but less sense of independence and less ability to derive enjoyment and fulfilment from their lives.

Table 10.3: Mean CASP-19 scores by age in ELSA

	<= 64 years		65–74 years		>= 75 years	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
Total	41.2	9.2	41.3	8.4	38.4	8.2
Control	8.0	2.4	7.6	2.4	6.4	2.4
Autonomy	10.1	2.8	10.4	2.7	10.2	2.5
Pleasure	12.9	2.4	13.3	2.2	13.1	2.3
Self-realisation	10.1	3.1	10.0	3.0	8.7	3.2

Sex: Women, with a score of 42.6 on CASP-19, experience a slightly better quality of life than men, who score 42.3 (Table 10.4). ELSA also reported little difference between the sexes in waves 1 and 4 (7,8); scores for wave 4 were 40.6 for men and 40.8 for women, with this variation not statistically significant. A separate survey of a sample of 263 people aged 65-74 years in Britain similarly found no significant difference between men and women on CASP-19 scores (11). Other research on gender disparities in quality of life does not concur with these results, however. HeSSOP-I found that older women had a lower quality of life than older men (2). A meta-analysis of 300 studies that used various measures of subjective well-being (12) concluded that older women experienced significantly lower levels of well-being than older men, with widowhood and lower financial resources, both of which are more common amongst women, suggested as possible explanations.

Table 10.4: Mean scores on CASP-19 domains by sex, with ELSA scores for comparison

	Men				Women			
	TILDA		ELSA		TILDA		ELSA	
	Mean	95% CI	Mean	S.D.	Mean	95% CI	Mean	S.D.
Total	42.3	42.0 - 42.6	40.6	8.9	42.6	42.3 - 43.0	40.8	8.8
Control	7.2	7.1 - 7.2	7.7	2.5	7.1	7.0 - 7.2	7.8	2.5
Autonomy	10.8	10.6 - 10.9	10.1	2.7	10.7	10.6 - 10.8	10.2	2.7
Pleasure	13.6	13.5 - 13.7	12.9	2.4	13.8	13.7 - 13.8	13.1	2.3
Self-realisation	10.6	10.5 - 10.8	9.9	3.2	10.8	10.7 - 10.9	9.8	3.2

Examining the separate quality-of-life domains indicates no differences between men and women in terms of control and autonomy, although women derive greater pleasure from life and attain greater self-realisation than men. The domain patterns also show considerable divergence from ELSA wave 4 data. Older men in England score higher than their male counterparts in Ireland on the control domain, but lower on the other three domains. Older women in England likewise score higher on the control domain, but lower on autonomy, pleasure and self-realisation, than older women in Ireland.

Education: Quality of life increases in the older population with level of education; those with a tertiary education have the best quality of life, while those who have primary or no education have the poorest (Table 10.5). This pattern is mirrored in three domains: control, pleasure and self-realisation, suggesting that having more education equips people with a greater confidence in their ability to determine the path of old age and to experience satisfaction and fulfilment as they age. No significant differences exist, however, in feelings of autonomy among the different groups.

Table 10.5: Mean CASP-19 scores by education

	Primary/None		Secondary		Tertiary	
	Mean	95% CI	Mean	95% CI	Mean	95% CI
Total	41.4	41.0 - 41.8	42.7	42.4 - 43.0	43.9	43.6 - 44.2
Control	6.6	6.5 - 6.7	7.3	7.3 - 7.4	7.6	7.6 - 7.7
Autonomy	10.7	10.5 - 10.8	10.7	10.6 - 10.9	10.9	10.7 - 11.0
Pleasure	13.6	13.5 - 13.7	13.7	13.6 - 13.8	13.9	13.8 - 14.0
Self-realisation	10.3	10.1 - 10.4	10.8	10.7 - 10.9	11.4	11.3 - 11.6

Self-rated health status: Older people who rate their health as fair or poor have the lowest quality of life score in the survey (36.3), a score substantially worse than those who rate their health as excellent or good (43.6) (Table 10.6). This difference in quality of life occurs in all four domains of need. This finding confirms previous research findings, which have consistently found that poor perceived health is associated with lower quality of life among older people (5, 6).

Table 10.6: Mean CASP-19 scores by self-rated health status

	Excellent/Good		Fair/Poor	
	Mean	95% CI	Mean	95% CI
Total	43.6	43.4 - 43.8	36.3	35.7 - 37.0
Control	7.3	7.3 - 7.4	6.1	5.9 - 6.2
Autonomy	11.1	11.0 - 11.2	8.8	8.6 - 9.0
Pleasure	13.9	13.8 - 13.9	12.7	12.5 - 13.0
Self-realisation	11.2	11.1 - 11.2	8.5	8.2 - 8.8

Wealth: Quality of life increases consistently with wealth (Table 10.7). The largest differences between the wealthiest and the least wealthy occur in the control and self-realisation domains, which suggests that wealth particularly enhances a sense of power to influence one's environment and to achieve one's goals. Scores between the groups increase more gradually from least wealthy to most wealthy in the autonomy and pleasure domains, but it is still the wealthiest whose needs are most satisfied in these domains.

Table 10.7: Mean CASP-19 scores by wealth category

	Lowest		2nd		3rd		Highest	
	Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
Total	40.9	40.0 - 41.8	41.5	40.8 - 42.1	43.2	42.6 - 43.8	44.6	44.1 - 45.2
Control	6.7	6.5 - 6.9	6.8	6.6 - 7.0	7.4	7.2 - 7.5	7.7	7.5 - 7.8
Autonomy	10.2	9.9 - 10.5	10.5	10.3 - 10.8	10.9	10.7 - 11.1	11.3	11.1 - 11.5
Pleasure	13.4	13.1 - 13.6	13.6	13.4 - 13.8	13.9	13.8 - 14.0	14.0	13.9 - 14.2
Self-realisation	10.3	10.0 - 10.6	10.4	10.2 - 10.7	11.0	10.8 - 11.3	11.5	11.3 - 11.7

Living arrangements: Older people who live with a spouse have a better quality of life than those who live alone or live with others (Table 10.8), although the picture becomes more nuanced when the scores on the domains are examined. The overall finding is replicated in the scores for the pleasure and self-realisation domains, suggesting that older people who live with a spouse experience greater pleasure and fulfilment in life. Those who live alone have the greatest sense of autonomy but the lowest sense of control, suggesting paradoxically that they feel more free to act as they wish but less able to participate in their environment. Older people who live with others have the strongest feeling of control of the three groups.

Table 10.8: Mean CASP-19 scores by living arrangements

	Living alone		Living with spouse		Living with others	
	Mean	95% CI	Mean	95% CI	Mean	95% CI
Total	42.1	41.6 - 42.6	43.2	42.8 - 43.5	42.0	41.6 - 42.3
Control	6.9	6.7 - 7.0	7.1	7.0 - 7.2	7.3	7.2 - 7.4
Autonomy	11.3	11.1 - 11.4	10.9	10.8 - 11.1	10.3	10.1 - 10.4
Pleasure	13.5	13.4 - 13.6	13.9	13.8 - 14.0	13.6	13.5 - 13.7
Self-realisation	10.2	10.0 - 10.4	11.1	11.0 - 11.2	10.7	10.5 - 10.8

Residential location: No significant variation exists in overall quality of life based on place of residence, nor in the individual domains of need, except that older people living in Dublin city or county score higher in control than people living in other cities and towns and in rural locations (Table 10.9).

Table 10.9: Mean CASP-19 scores by residential location

	Dublin city/county		Other city/town		Rural	
	Mean	95% CI	Mean	95% CI	Mean	95% CI
Total	42.7	42.2 - 43.2	42.2	41.8 - 42.6	42.5	42.2 - 42.8
Control	7.3	7.2 - 7.4	7.1	7.0 - 7.2	7.1	7.0 - 7.2
Autonomy	10.7	10.6 - 10.9	10.7	10.5 - 10.8	10.8	10.7 - 10.9
Pleasure	13.6	13.5 - 13.8	13.6	13.5 - 13.7	13.8	13.7 - 13.8
Self-realisation	10.7	10.5 - 10.9	10.6	10.5 - 10.8	10.8	10.7 - 10.9

10.3 Beliefs about ageing: an overview

Self-perceptions of ageing is a new area of research, and studies on this theme have so far been limited. The area merits investigation, however, as holding a positive perception of ageing is one aspect of successful ageing. Beliefs about ageing have been found to influence the well-being and health of the older population. Older people who perceive ageing positively are more likely to engage in preventive health behaviour, have fewer functional limitations and live longer (13-15). The Healthy Ageing Research Programme (HARP) in Ireland found that negative perceptions of ageing were associated with poorer quality of life among community-dwelling older people (16). While positive perceptions of ageing are challenged by the pervasive negative stereotypes of old age in society, most older people resist these negative stereotypes in their self-perceptions (17). ELSA concluded that perceptions of ageing were generally positive among the older population in England, but that older people also thought society did not fully share that view (18).

Any measure of beliefs about ageing must capture the multifaceted nature of the ageing process, taking account of both positive and negative aspects of older people's views. TILDA uses the Ageing Perceptions Questionnaire (APQ) (19) to capture these views of ageing. This instrument is derived from Leventhal's self-regulation model (SRM), which offers a framework for viewing and assessing the impact of illness on the individual (20). The APQ posits that ageing, like illness, is a stressor that places demands upon an individual's resources for adaptation and coping. Following the SRM, it assumes that an individual forms a representation of ageing to make sense of and respond to the process. Underlying this representation are logical themes or dimensions. In this study, the APQ was used to quantitatively assess ageing perceptions across four dimensions:

(1) Timeline – awareness of ageing and variation in experience of the process over time. There are two sub-dimensions: timeline-chronic (the extent to which awareness of one's age or ageing is constant, e.g., 'I always classify myself as old') and timeline-cyclical (the extent to which one experiences variation in awareness of ageing, e.g., 'I go through phases of feeling old').

(2) Consequences – beliefs about the positive and negative impacts of ageing on one's life. There are two sub-dimensions: consequences-positive (awareness of the benefits of ageing, e.g. 'As I get older I get wiser') and consequences-negative (awareness of the downsides of ageing, e.g., 'Getting older makes everything a lot harder for me').

(3) Control – beliefs about one's power over both the positive and negative aspects of ageing. Here, too, there are two sub-dimensions: control-positive (perceived control over positive experiences of ageing, e.g. 'The quality of my social life in later years depends on me.') and control-negative (perceived control over negative experiences of ageing, e.g. 'How mobile I am in later life is not up to me').

(4) Emotional representations – emotional responses to ageing, (e.g., 'I get depressed when I think about getting older').

The APQ captures these four dimensions in 32 statements about ageing. Participants are asked to indicate the extent to which they agree or disagree with each statement (strongly disagree, disagree, neither agree nor disagree, agree or strongly agree). Responses are scored from 1 to 5 and the mean score for each domain is calculated. The centre of each scale is therefore 3, indicating neither agreeing nor disagreeing with the statements. Higher scores indicate greater endorsement of the specific perception. For the purposes of illustration with reference to specific statements, responses have been re-categorised into three categories: agree, neither agree nor disagree, and disagree.

The APQ is a new instrument and while it has been adopted recently in a number of international studies, data from those studies is not yet available for comparison with the results presented in this chapter. Findings from wave 1 of TILDA will provide significant new information on this important topic internationally.

10.3.1 Beliefs about ageing: overall results

Scores on each dimension of the APQ are shown in Table 10.10. Looking first at older people's awareness of ageing, scores on the timeline dimension suggest that variation in the awareness of ageing (measured by timeline-cyclical) is slightly more common among older people than constant consciousness of it (measured by timeline-chronic). However, both scores (2.66 and 2.70) are close to the centre of the scale, 'neither agree nor disagree', with a score of 3, which indicates that older people perceive ageing to be chronic and cyclical to some extent but do not perceive it to be strongly one or the other. By way of illustration, the strongest endorsement of timeline-cyclical by participants is agreement that their awareness of getting older comes and goes in cycles (42%), while the strongest endorsement of timeline-chronic is agreement that they are always aware of the fact that they are getting older (48%). At the same time, 60% do not agree that they go through phases of viewing themselves as old (timeline-cyclical), while just 14% always classify themselves as old (timeline-chronic).

Table 10.10: Mean scores on APQ sub-dimensions

APQ Dimension	Mean	95% CI
Timeline-chronic	2.66	2.63 - 2.69
Timeline-cyclical	2.70	2.67 - 2.72
Emotional representations	2.31	2.28 - 2.33
Control-positive	3.93	3.92 - 3.95
Control-negative	3.10	3.07 - 3.13
Consequences-positive	3.78	3.76 - 3.81
Consequences-negative	2.91	2.88 - 2.94

The highest dimensional score (3.93) occurs in the control-positive dimension, indicating that older people in large part believe they have control over the positive experiences of ageing. For example, 87% believe that they can determine to live life to the full, and 84% believe that they can determine the positive aspects of ageing. However, participants also score relatively highly in the control-negative dimension (3.10); this suggests that they assume considerable control over negative aspects of ageing, too. For instance, 56% disagree that they have no control over the impact of ageing on their social life. There is less assumption of control over negative experiences than over positive experiences – 60% agree, for instance, that they cannot control slowing down with age (control-negative).

A high mean score on the consequences-positive dimension (3.78) suggests that a majority of older people acknowledge the positive aspects of ageing. For instance, 86% agree that they appreciate things more, while 72% feel that they continue to grow as a person. The lower score on the consequences-negative dimension (2.91) indicates that the negative aspects of ageing have less of an impact, although a substantial proportion of older people do acknowledge these aspects. Over half (53%), for instance, feel that age restricts what they can do, but a much smaller proportion, 28%, feel that they do not cope so well with problems that arise.

The low score on the emotional representation dimension suggests that older people do not have strong emotional responses to ageing. For this reason, this dimension will not be examined further in this chapter.

10.3.2 Beliefs about ageing by key demographic factors

Personal circumstances undoubtedly influence an individual's views on ageing. Steverink and colleagues (2001) established associations between a positive personal experience of ageing and better health, higher education, less loneliness and higher income, indicating that adapting to ageing is easier when a person is advantaged in life (5). The same study also demonstrated that positive views of ageing decline and negative views increase with age. This section examines how beliefs about ageing vary in the older Irish population with age, gender, education, self-rated health status, wealth, living arrangements and residential location.

Age: As age increases, older people become more persistently aware of their ageing, while the recurrence of reminders of their ageing also increases (Table 10.11). However, while those in the 50-64 years and 65-74 years age groups perceive their ageing more intermittently, in the 75+ years age group ageing is perceived more as a constant. Looking at participants' responses to individual statements, 7% of the 50-64 years group and 14% of 65-74 years group always classify themselves as old, while 38% of people aged 75+ years do so.

Table 10.11: Mean scores on APQ sub-dimensions by age

	50-64 years		65–74 years		75+ years	
APQ Dimension	Mean	95% CI	Mean	95% CI	Mean	95% CI
Timeline-chronic	2.53	2.49 - 2.56	2.69	2.64 - 2.74	3.10	3.03 - 3.16
Timeline-cyclical	2.60	2.57 - 2.63	2.75	2.71 - 2.80	2.92	2.86 - 2.98
Control-positive	3.98	3.95 - 4.00	3.92	3.89 - 3.95	3.78	3.74 - 3.83
Control-negative	3.28	3.25 - 3.31	2.99	2.94 - 3.03	2.66	2.60 - 2.73
Consequences-positive	3.83	3.80 - 3.85	3.71	3.67 - 3.75	3.69	3.64 - 3.75
Consequences-negative	2.68	2.65 - 2.72	3.01	2.97 - 3.06	3.50	3.44 - 3.56

Perceptions of control over the positive aspects of ageing decline between 50-64-year-olds and 65-74-year-olds, but decline more in the 75+ years age group. The perceived sense of control over the negative aspects of ageing is less for all age groups and drops markedly from the youngest to the oldest. This perception is reflected, for example, by 31% of 50-64-year-olds endorsing the view that their mobility in later life is not dependent on themselves, compared with 44% of 64-75-year-olds and 56% of those aged 75+ years. While perception of the positive consequences of ageing declines between the ages of 50-64 years and 65-74 years, it remains more steady between the latter group and the 75+ years age group. However, perception of negative consequences rises substantially with each age group. Overall, the results in relation to age suggest that as age progresses, older people become more aware of their ageing and the negative consequences of the process, while at the same time feeling they have less influence over those consequences.

Sex: Some differences are evident in the ageing perceptions of men and women, as illustrated in Table 10.12. Women tend to perceive ageing more as cyclical, whereas men are more likely to perceive it as chronic. For example, 32% of women agree that they go through phases of feeling old, compared with 24% of men; 45% of men, meanwhile, are always aware of their age, compared with 37% of women.

Table 10.12: Mean scores on APQ sub-dimensions by sex

	Men		Women	
APQ Dimension	Mean	95% C.I.	Mean	95% C.I.
Timeline-chronic	2.72	2.69-2.76	2.60	2.57-2.64
Timeline-cyclical	2.61	2.58-2.64	2.77	2.73-2.80
Control-positive	3.91	3.89-3.94	3.95	3.93-3.97
Control-negative	3.09	3.05-3.12	3.12	3.09-3.16
Consequences-positive	3.74	3.72-3.77	3.81	3.78-3.84
Consequences-negative	2.95	2.91-2.99	2.85	2.81-2.89

Women have a stronger perception of control over the positive aspects of the ageing process, but the difference between men and women in relation to control of the negative aspects is marginal. There is also variance in how the sexes perceive the consequences of ageing, with women perceiving the positive consequences more strongly than men, while men perceive the negative consequences more keenly. For example, 75% of women agree that they continue to grow as a person, compared with 70% of men, while 53% of men agree they can take part in fewer activities, compared with 43% of women.

Education: Perceptions of ageing both as chronic and cyclical decrease as level of education increases, but those with the lowest level of education tend to view it more as chronic, while those with secondary or tertiary education view ageing more as cyclical (Table 10.13). Perceptions of control in both the positive and negative sub-dimensions increase with level of education, most sharply between those in the primary/none and secondary categories in the control-negative dimension. Endorsement of the positive aspects of ageing increases by relatively small increments with education level, while endorsement of the negative aspects of ageing is much greater among those with the lowest level of education, compared with those in the other two categories. Taken together these findings indicate that older people with a lower level of education perceive ageing and their ability to cope with it more negatively than those with more education.

Table 10.13: Mean scores on APQ sub-dimensions by education

	Primary/None		Secondary		Tertiary	
APQ Dimension	Mean	95% C.I.	Mean	95% C.I.	Mean	95% C.I.
Timeline-chronic	2.85	2.80-2.90	2.57	2.54-2.61	2.51	2.47-2.54
Timeline-cyclical	2.79	2.74-2.83	2.65	2.62-2.69	2.59	2.55-2.63
Control-positive	3.84	3.80-3.87	3.95	3.93-3.97	4.07	4.04-4.09
Control-negative	2.80	2.75-2.85	3.20	3.17-3.24	3.47	3.44-3.51
Consequences-positive	3.71	3.67-3.75	3.79	3.77-3.82	3.86	3.83-3.89
Consequences-negative	3.15	3.09-3.20	2.79	2.75-2.82	2.69	2.65-2.73

Self-rated health status: Scores in both the timeline-chronic and timeline-cyclical dimensions are higher among older people who rate their health as fair or poor than those who rate their health as excellent or good, as illustrated in Table 10.14. On the other hand, those with excellent or good health have a greater perception of control over both the positive and negative aspects of ageing, and are more likely to endorse the positive aspects of ageing, while those with poor self-rated health are much more aware of the negative aspects of ageing. Results in relation to health status overall indicate that poor self-rated health is associated with greater awareness of ageing and its drawbacks, together with less sense of control over the process.

Table 10.14: Mean scores on APQ sub-dimensions by self-rated health status

	Excellent/Good		Fair/Poor	
APQ Dimension	Mean	95% C.I.	Mean	95% C.I.
Timeline-chronic	2.59	2.56 - 2.61	3.04	2.98 - 3.11
Timeline-cyclical	2.63	2.60 - 2.65	3.02	2.95 – 3.09
Control-positive	3.95	3.94 - 3.97	3.82	3.77 - 3.87
Control-negative	3.18	3.15 - 3.21	2.73	2.66 - 2.79
Consequences-positive	3.79	3.77 - 3.81	3.71	3.66 - 3.77
Consequences-negative	2.80	2.77 - 2.83	3.41	3.34 - 3.47

Wealth: Perceptions of ageing as a whole become more positive as wealth increases (Table 10.15). The greatest differences between wealth categories are in the control-negative and consequences-negative sub-dimensions. In the control-negative sub-dimension scores fall steadily from the wealthiest group to the least wealthy group. No significant differences exist among groups in perceptions of the beneficial aspects of ageing, but awareness of its downsides is highest in the lowest wealth group and then falls across each subsequent category, reaching the lowest point in the wealthiest group.

Table 10.15: Mean scores on APQ sub-dimensions by wealth

	Lowest		2nd		3rd		Highest	
	Mean	95% C.I.	Mean	95% C.I.	Mean	95% C.I.	Mean	95% C.I.
Timeline-chronic	2.76	2.68-2.84	2.71	2.64-2.79	2.61	2.54-2.67	2.46	2.39-2.52
Timeline-cyclical	2.82	2.74-2.90	2.71	2.64-2.78	2.66	2.59-2.73	2.57	2.50-2.63
Control-positive	3.89	3.84-3.95	3.92	3.87-3.96	3.99	3.95-4.04	4.02	3.98-4.06
Control-negative	2.92	2.84-3.00	3.03	2.95-3.10	3.24	3.16-3.31	3.39	3.33-3.45
Consequences-positive	3.77	3.70-3.83	3.76	3.71-3.82	3.80	3.75-3.85	3.83	3.77-3.88
Consequences-negative	3.05	2.97-3.14	2.97	2.89-3.05	2.80	2.73-2.86	2.65	2.58-2.72

Living arrangements: Table 10.16 shows that scores in both the timeline-chronic and timeline-cyclical dimensions are higher among those who live alone than those who live with a spouse or with others. While there are no significant differences in the control-positive sub-dimension, perceptions of control over the negative aspects of ageing are lowest among older people who live alone, increase among those who live with a spouse, and are highest among those who live with others. A similar pattern is evident in relation to awareness of the benefits of ageing: those who live with others perceive the positive aspects of ageing most strongly, while those who live alone perceive the benefits most weakly. A reverse pattern emerges on examining perceptions of the drawbacks of ageing: people who live alone are most

aware of the negative aspects of ageing, while those who live with others are least aware. These findings imply that older people who live alone hold the least positive perceptions of ageing, while those who live with others hold the most positive.

Table 10.16: Mean scores on APQ sub-dimensions by living arrangements

	Living alone		Living with spouse		Living with others	
APQ Dimension	Mean	95% CI	Mean	95% CI	Mean	95% CI
Timeline-chronic	2.80	2.74 - 2.86	2.62	2.59 - 2.66	2.62	2.58 - 2.66
Timeline-cyclical	2.79	2.73 - 2.84	2.67	2.63 - 2.71	2.66	2.62 - 2.70
Control-positive	3.90	3.87 - 3.94	3.94	3.91 - 3.96	3.94	3.92 - 3.97
Control-negative	2.95	2.89 - 3.00	3.09	3.05 - 3.14	3.21	3.16 - 3.25
Consequences-positive	3.74	3.69 - 3.78	3.76	3.73 - 3.80	3.82	3.78 - 3.85
Consequences-negative	3.10	3.04 - 3.16	2.91	2.86 - 2.95	2.78	2.74 - 2.82

Residential location: There is minor variation in perceptions of ageing between people in different residential locations in a number of sub-dimensions (Table 10.17). The most notable geographical differences occur in the control-negative sub-dimension, where scores fall as location progresses from Dublin city/county to other city/town to rural. Variation based on place of residence also exists in the consequences-negative sub-dimension, with scores rising from Dublin city/county to other city/town to rural location. The results as a whole indicate that the more rural the place of residence, the less control people feel over the negative experiences of ageing and the more aware they are of the disadvantages of ageing.

Table 10.17: Mean scores on APQ sub-dimensions by residential location

	Dublin city/county		Other city/town		Rural	
APQ Dimension	Mean	95% CI	Mean	95% CI	Mean	95% CI
Timeline-chronic	2.59	2.54-2.64	2.65	2.60-2.70	2.70	2.66-2.74
Timeline-cyclical	2.71	2.66-2.76	2.70	2.65-2.75	2.68	2.64-2.71
Control-positive	3.97	3.94-4.00	3.96	3.93-3.99	3.90	3.87-3.93
Control-negative	3.27	3.21-3.32	3.13	3.08-3.18	3.02	2.98-3.06
Consequences-positive	3.75	3.71-3.80	3.79	3.75-3.83	3.78	3.75-3.81
Consequences-negative	2.80	2.75-2.85	2.88	2.83-2.93	2.96	2.91-3.00

10.4 Conclusions

Older men and women in Ireland report good quality of life, although differences exist when wealth (quality of life increases with level of asset wealth); age (those aged 65-74 years have the highest levels of quality of life compared with their older and younger counterparts); level of education (quality of life increases with education); and the person's own rating of their health (poorer self-rated health is associated with poorer quality of life) are considered. Older people express favourable views on the ageing process overall, acknowledging the positive aspects of ageing more than the negative aspects. The oldest age group and older adults who rate their health poorly perceive ageing and their ability to cope with it more negatively.

Remarkable consistency is notable between quality of life and ageing belief. Older people are confident in their ability to fulfil their potential according to the quality of life measure, and believe that they have considerable control over both the favourable and the unfavourable aspects of ageing on the ageing perception measure. Clear social divisions are evident, however, in the experience of old age, where certain groups, namely those with most wealth, better education and better self-rated health, age more successfully than others. Poor self-perceived health, on the other hand, is a strong marker for a more negative experience of ageing and perception of the process, along with greater age, less education and less wealth.

Findings from this first wave of TILDA provide a positive picture of ageing in Ireland overall, with high levels of quality of life reported and generally positive perceptions of ageing. However, a decline is evident when those in the oldest age category are considered, those with least education, those with least wealth and, most notably, those reporting poorer self-rated health. Further exploration of possible relationships between these key variables (quality of life and ageing perceptions) and aspects of health status, health policy, health service use and funding of this use, social inclusion and support, and psychological well-being will provide important additional explanatory information on findings in this chapter. Important differences between findings of wave 1 of TILDA and wave 4 of ELSA require further exploration. Information from future waves of TILDA will equally provide a key dimension in examining predictors of successful ageing, reflected in positive perceptions of getting older and ultimately a better quality of life.

References

1. Bowling A, Dieppe P. What is successful ageing and who should define it? BMJ. 2005 Dec 24;331(7531):1548-51.
2. Garavan R, Winder R, McGee H. Health and Social Services for Older People (HeSSOP): Consulting older people on health and social services - A survey of service use, experiences and needs. Dublin: National Council on ageing and older people; 2001. Report No.: 64.
3. O'Hanlon A, McGee M, Barker M, Garavan R, Hickey A, Conroy R, O'Neill, D. Hessop-2 : Health and Social Services for Older People II : Changing profiles from 2000 to 2004. Dublin: National Council on Ageing and Older People 2005. Report No.: 96.
4. Strine TW, Chapman DP, Balluz LS, Moriarty DG, Mokdad AH. The associations between life satisfaction and health-related quality of life, chronic illness, and health behaviors among U.S. community-dwelling adults. J Community Health. 2008 Feb;33(1):40-50.
5. Steverink N, Westerhof GJ, Bode C, Dittmann-Kohli F. The personal experience of aging, individual resources, and subjective well-being. J Gerontol B Psychol Sci Soc Sci. 2001 Nov;56(6):364-73.
6. Bowling A, Seetai S, Morris R, Ebrahim S. Quality of life among older people with poor functioning. The influence of perceived control over life. Age Ageing. 2007 May;36(3):310-5.
7. Netuveli G, Wiggins RD, Hildon Z, Montgomery SM, Blane D. Quality of life at older ages: evidence from the English longitudinal study of aging (wave 1). J Epidemiol Community Health. 2006 Apr;60(4):357-63.
8. Demakakos P, McMunn A, Steptoe A. Well-being in older age: a multidimensional perspective. In: Banks J, Lessof C, Nazroo J, Rogers N, Stafford M, Steptoe A, editors. Financial Circumstances, Health and Well-being of the Older Population in England. London: Institute for Fiscal Studies; 2010.
9. Hyde M, Wiggins RD, Higgs P, Blane DB. A measure of quality of life in early old age: the theory, development and properties of a needs satisfaction model (CASP-19). Aging Ment Health. 2003 May;7(3):186-94.
10. Pinquart M, Sorensen S. Influences of socioeconomic status, social network, and competence on subjective well-being in later life: a meta-analysis. Psychol Aging. 2000 Jun;15(2):187-224.
11. Wiggins R, Higgs P, Hyde M, Blane D. Quality of life in the third age: key predictors of the CASP-19 measure. Ageing and Society. 2004;24:693-708.
12. Pinquart M, Sorensen S. Gender differences in self-concept and psychological well-being in old age: a meta-analysis. J Gerontol B Psychol Sci Soc Sci. 2001 Jul;56(4):195-213.
13. Levy BR, Myers LM. Preventive health behaviors influenced by self-perceptions of aging. Prev Med. 2004 Sep;39(3):625-9.

14. Levy BR, Slade MD, Kasl SV. Longitudinal benefit of positive self-perceptions of aging on functional health. J Gerontol B Psychol Sci Soc Sci. 2002 Sep;57(5):409-17.
15. Levy BR, Slade MD, Kunkel SR, Kasl SV. Longevity increased by positive self-perceptions of aging. J Pers Soc Psychol. 2002 Aug;83(2):261-70.
16. Hickey A, O'Hanlon A, McGee H. Quality of life in community-dwelling older people in Ireland: Association with ageing perceptions, physical health and psychological well-being. Irish Journal of Psychology. 2010;31(3-4):135-50.
17. Pinquart M. Good news about the effects of bad old-age stereotypes. Exp Aging Res. 2002 Jul-Sep;28(3):317-36.
18. Demakakos P, Hacker E, Gjonca E. Perceptions of Ageing. Retirement, health and relationships of the older population in England: The 2004 English Longitudinal Study of Ageing. London: The Institute for Fiscal Studies; 2006.
19. Barker M, O'Hanlon A, McGee HM, Hickey A, Conroy RM. Cross-sectional validation of the Aging Perceptions Questionnaire: a multidimensional instrument for assessing self-perceptions of aging. BMC Geriatr. 2007;7:9.
20. Leventhal H, Nerenz D, Steele D. Illness representations and coping with health threats. In: Baum A, Taylor S, Singer J, editors. Handbook of Psychology and Health. New Jersey: Lawrence Erlbaum Associates; 1984. p. 219-52

Appendix for Chapter 10: Quality of Life and Beliefs about Ageing

Table 10.A1: Responses to CASP-19 statements

		Often	Some-times	Rarely	Never
		%	%	%	%
Control					
1	My age prevents me from doing the things I would like to	8.9	26.2	26.9	38.0
2	I feel that what happens to me is out of my control	6.5	24.1	29.8	39.6
3	I feel free to plan for the future	54.7	30.1	9.0	6.2
4	I feel left out of things	4.8	18.2	28.7	48.3
Autonomy					
5	I can do the things that I want to do	66.1	26.5	4.5	2.9
6	Family responsibilities prevent me from doing what I want to do	5.8	24.3	25.0	44.9
7	I feel that I can please myself what I do	65.7	27.4	4.4	2.5
8	My health stops me from doing things I want to do	11.5	23.2	21.1	44.2
9	Shortage of money stops me from doing things I want to do	18.8	36.3	21.6	23.2
Pleasure					
10	I look forward to each day	80.7	16.5	1.7	1.1
11	I feel that my life has meaning	76.5	18.7	2.7	2.1
12	I enjoy the things that I do	84.6	13.9	1.2	0.3
13	I enjoy being in the company of others	78.0	20.0	1.5	0.5
14	On balance, I look back on my life with a sense of happiness	68.6	26.0	4.1	1.3
Self-realisation					
15	I feel full of energy these days	32.5	51.1	12.7	3.7
16	I choose to do things that I have never done before	15.5	41.0	30.4	13.2
17	I feel satisfied with the way my life has turned out	60.4	32.3	5.0	2.3
18	I feel that life is full of opportunities	40.6	41.6	13.9	3.9
19	I feel that the future looks good for me	46.5	41.0	9.4	3.1

Table 10.A2: Responses to CASP-19 statements by sex

		Men				Women			
		Often %	Some-times %	Rarely %	Never %	Often %	Some-times %	Rarely %	Never %
Control									
1	My age prevents me from doing the things I would like to	7.9	27.2	28.9	36.0	9.8	25.3	25.1	39.8
2	I feel that what happens to me is out of my control	5.4	22.8	32.4	39.5	7.6	25.4	27.3	39.8
3	I feel free to plan for the future	55.8	30.3	8.7	5.1	53.6	30.0	9.2	7.2
4	I feel left out of things	4.4	18.0	29.8	47.8	5.1	18.4	27.6	48.8
Autonomy									
5	I can do the things that I want to do	66.9	26.4	4.4	2.4	65.4	26.7	4.5	3.4
6	Family responsibilities prevent me from doing what I want to do	5.3	23.7	27.2	43.9	6.4	24.9	22.8	45.9
7	I feel that I can please myself what I do	62.6	30.4	4.9	2.1	68.6	24.6	3.9	2.9
8	My health stops me from doing things I want to do	10.8	22.2	22.3	44.7	12.1	24.1	20.1	43.8
9	Shortage of money stops me from doing things I want to do	19.2	36.0	22.4	22.4	18.5	36.7	20.9	24.0
Pleasure									
10	I look forward to each day	81.3	16.1	1.6	0.9	80.1	16.9	1.8	1.2
11	I feel that my life has meaning	76.2	19.0	2.6	2.2	76.9	18.4	2.8	2.0
12	I enjoy the things that I do	83.7	14.9	1.2	0.2	85.4	13.1	1.1	0.4
13	I enjoy being in the company of others	74.9	22.7	2.0	0.5	81.0	17.5	0.9	0.6
14	On balance, I look back on my life with a sense of happiness	66.9	27.3	4.6	1.3	70.2	24.8	3.7	1.3
Self-realisation									
15	I feel full of energy these days	33.7	51.1	12.1	3.1	31.4	51.1	13.3	4.2
16	I choose to do things that I have never done before	12.7	41.5	33.0	12.8	18.1	40.5	27.9	13.5
17	I feel satisfied with the way my life has turned out	60.0	32.5	5.2	2.3	60.8	32.2	4.8	2.3
18	I feel that life is full of opportunities	37.7	43.7	15.0	3.6	43.3	39.5	13.0	4.2
19	I feel that the future looks good for me	44.3	42.8	9.9	3.1	48.6	39.4	8.9	3.1

Table 10.A3: Responses to CASP-19 statements by age

		50-64 years				65-74 years				75+ years			
		Often %	Some-times %	Rarely %	Never %	Often %	Some-times %	Rarely %	Never %	Often %	Some-times %	Rarely %	Never %
Control													
1	My age prevents me from doing the things I would like to	3.4	18.7	30	47.9	7.7	34.9	27.2	30.2	28.6	39.8	16.5	15.1
2	I feel that what happens to me is out of my control	4.4	23.1	31.1	41.4	6.7	21.9	31.1	40.3	13.5	30.5	23.4	32.6
3	I feel free to plan for the future	54.4	31.3	8.8	5.4	59.3	26.3	8	6.4	49.5	31.4	10.6	8.5
4	I feel left out of things	4.4	19.4	31.1	45.1	5.4	15.3	26.7	52.6	5.5	17.7	23	53.8
Autonomy													
5	I can do the things that I want to do	66.1	26.8	4.2	2.9	71.2	22.8	3.5	2.5	59.5	30.2	6.6	3.7
6	Family responsibilities prevent me from doing what I want to do	7.1	30.7	26.9	35.2	4.7	18.2	25.1	52	3	10.3	17.9	68.8
7	I feel that I can please myself what I do	59.5	32.5	5.6	2.4	72.8	22.1	2.6	2.6	77	17.5	2.8	2.7
8	My health stops me from doing things I want to do	7.9	18.6	22.1	51.3	12.2	27.2	21.5	39.1	22.6	33.3	17.3	26.9
9	Shortage of money stops me from doing things I want to do	23.2	39.9	20.4	16.6	13.9	33.2	24.2	28.8	10.7	28.5	22.5	38.2
Pleasure													
10	I look forward to each day	77.3	19.7	1.9	1	86.3	11.1	1.3	1.3	84.6	12.9	1.5	1
11	I feel that my life has meaning	75.3	20	2.5	2.2	80.4	15.8	2.4	1.3	75.6	18.1	3.5	2.8
12	I enjoy the things that I do	81.9	16.4	1.4	0.3	88.7	10.1	0.8	0.4	87.8	11	0.9	0.3
13	I enjoy being in the company of others	76.4	21.4	1.7	0.5	79.5	18.9	1	0.6	81.5	16.8	1.3	0.5
14	On balance, I look back on my life with a sense of happiness	63.9	30	4.6	1.5	73.7	21.5	3.8	1	77.6	18.6	2.9	1
Self-realisation													
15	I feel full of energy these days	35	51.4	10.6	3	33.9	49.9	12.9	3.2	22.1	51.8	19.6	6.6
16	I choose to do things that I have never done before	15.2	45.8	30.2	8.8	18.9	37.6	30	13.6	12.1	28.7	31.6	27.6
17	I feel satisfied with the way my life has turned out	55.2	35.9	6.4	2.5	66.9	27.9	3.3	1.9	69	26.3	2.7	2.1
18	I feel that life is full of opportunities	39	44.1	13.6	3.3	45.6	37.9	12.5	4	39.4	37.7	17.2	5.7
19	I feel that the future looks good for me	45.7	42.8	8.5	2.9	52.4	36	9.3	2.3	41.6	41.5	12.1	4.8

Table 10.A4: Responses to APQ statements

		Disagree %	Neither agree nor disagree %	Agree %
Timeline-chronic				
1	I am conscious of getting older all of the time	38.6	24.3	37.1
2	I am always aware of my age	39.5	19.5	41
3	I always classify myself as old	71.3	14.8	13.8
4	I am always aware of the fact that I am getting older	34.7	17.5	47.8
5	I feel my age in everything that I do	67	16.3	16.7
Timeline-cyclical				
27	I go through cycles in which my experience of ageing gets better and worse	39.1	31.3	29.6
28	My awareness of getting older comes and goes in cycles	35.7	21.9	42.4
30	I go through phases of feeling old	53.5	18	28.5
31	My awareness of getting older changes a great deal from day to day	56	21.6	22.5
32	I go through phases of viewing myself as being old	60.1	16.7	23.2
Control-positive				
10	The quality of my social life in later years depends on me	7.6	10.1	82.3
11	The quality of my relationships with others in later life depends on me	6.3	9.8	83.9
12	Whether I continue living life to the full depends on me	5.8	7.7	86.5
14	As I get older there is much I can do to maintain my independence	6.3	11.1	82.7
15	Whether getting older has positive sides to it depends on me	5.1	10.6	84.3
Control-negative				
21	Slowing down with age is not something I can control	24.6	15.6	59.8
22	How mobile I am in later life is not up to me	47	14.7	38.3
23	I have no control over whether I lose vitality or zest for life as I age	55.3	15.4	29.3
24	I have no control over the effects which getting older has on my social life	56.4	15.3	28.3
Consequences-positive				
6	As I get older I get wiser	14.1	21.8	64.2
7	As I get older I continue to grow as a person	8.3	19.3	72.4
8	As I get older I appreciate things more	5.1	8.9	86
Consequences-negative				
16	Getting older restricts the things that I can do	30.4	16.3	53.3
17	Getting older makes me less independent	51.1	17.4	31.5
18	Getting older makes everything a lot harder for me	47.8	22.7	29.5
19	As I get older I can take part in fewer activities	34.4	17.4	48.2
20	As I get older I do not cope as well with problems that arise	52.9	18.8	28.3
Emotional representations				
9	I get depressed when I think about how ageing might affect the things that I can do	56.2	20.1	23.7
13	I get depressed when I think about the effect that getting older might have on my social life	62.5	21.1	16.4
25	I get depressed when I think about getting older	70.6	16.2	13.1
26	I worry about the effects that getting older may have on my relationships with others	67.2	17.3	15.5
29	I feel angry when I think about getting older	79.2	13.6	7.3

Table 10.A5: Responses to APQ statements by sex

		Men			Women		
		Disagree %	Neither agree nor disagree %	Agree %	Disagree %	Neither agree nor disagree %	Agree %
Timeline-chronic							
1	I am conscious of getting older all of the time	36.4	24.2	39.3	40.6	24.3	35.1
2	I am always aware of my age	34.6	20	45.4	44.1	19	36.9
3	I always classify myself as old	70.3	16.6	13.1	72.3	13.2	14.5
4	I am always aware of the fact that I am getting older	31.1	17.6	51.3	38	17.4	44.5
5	I feel my age in everything that I do	66	16.8	17.2	67.9	15.8	16.3
Timeline-cyclical							
27	I go through cycles in which my experience of ageing gets better and worse	42.3	31.7	26	36.1	30.9	33
28	My awareness of getting older comes and goes in cycles	38.5	23.2	38.2	33.1	20.7	46.2
30	I go through phases of feeling old	56.4	19.3	24.4	50.8	16.8	32.4
31	My awareness of getting older changes a great deal from day to day	60.8	20.7	18.5	51.5	22.4	26.1
32	I go through phases of viewing myself as being old	62.3	17	20.7	58.1	16.4	25.5
Control-positive							
10	The quality of my social life in later years depends on me	7.3	11	81.6	7.9	9.3	82.9
11	The quality of my relationships with others in later life depends on me	6	10.6	83.3	6.6	9	84.4
12	Whether I continue living life to the full depends on me	5.4	8.6	86	6.1	6.9	86.9
14	As I get older there is much I can do to maintain my independence	6.2	12.5	81.3	6.3	9.7	84
15	Whether getting older has positive sides to it depends on me	4.8	12.3	83	5.3	9.1	85.6
Control-negative							
21	Slowing down with age is not something I can control	23.4	16	60.6	25.7	15.2	59.1
22	How mobile I am in later life is not up to me	46.7	15.5	37.7	47.2	14	38.8
23	I have no control over whether I lose vitality or zest for life as I age	54.4	16	29.6	56.1	14.9	29.1
24	I have no control over the effects which getting older has on my social life	56.4	15.1	28.6	56.5	15.5	28

Table 10.A5 (cont.): Responses to APQ statements by sex

		Men			Women		
		Disagree %	Neither agree nor disagree %	Agree %	Disagree %	Neither agree nor disagree %	Agree %
Consequences-positive							
6	As I get older I get wiser	13.5	23	63.6	14.6	20.7	64.7
7	As I get older I continue to grow as a person	8.1	22.5	69.5	8.5	16.4	75.2
8	As I get older I appreciate things more	5.1	10.5	84.4	5.1	7.4	87.5
Consequences-negative							
16	Getting older restricts the things that I can do	26.4	15.1	58.4	34	17.4	48.6
17	Getting older makes me less independent	50.2	18.8	31	52	16.1	31.9
18	Getting older makes everything a lot harder for me	46.5	24.4	29	49.1	21	29.9
19	As I get older I can take part in fewer activities	30.4	16.4	53.3	38.2	18.4	43.4
20	As I get older I do not cope as well with problems that arise	53.2	20.5	26.4	52.6	17.2	30.1
Emotional representations							
9	I get depressed when I think about how ageing might affect the things that I can do	60.3	19.8	19.9	52.4	20.3	27.3
13	I get depressed when I think about the effect that getting older might have on my social life	65.5	19.8	14.7	59.7	22.3	18
25	I get depressed when I think about getting older	72.6	16.4	11	68.8	16.1	15.1
26	I worry about the effects that getting older may have on my relationships with others	67.7	17.8	14.5	66.7	16.9	16.4
29	I feel angry when I think about getting older	80.8	12.9	6.3	77.6	14.2	8.2

Table 10.A6: Responses to APQ statements by age group

		50-64 years			65-74 years			75+ years		
		Disagree %	Neither agree nor disagree %	Agree %	Disagree %	Neither agree nor disagree %	Agree %	Disagree %	Neither agree nor disagree %	Agree %
Timeline-chronic										
1	I am conscious of getting older all of the time	41.2	25.3	33.4	36.8	23.3	39.9	32.1	22.1	45.8
2	I am always aware of my age	42.6	21.0	36.4	39.9	18.1	42.0	28.6	16.2	55.1
3	I always classify myself as old	80.0	13.5	6.5	69.7	16.0	14.3	44.3	18.0	37.8
4	I am always aware of the fact that I am getting older	39.4	18.6	42.0	33.4	16.7	49.9	20.6	15.0	64.4
5	I feel my age in everything that I do	72.9	15.9	11.2	66.9	15.7	17.4	46.9	18.5	34.6
Timeline-cyclical										
27	I go through cycles in which my experience of ageing gets better and worse	40.9	33.2	25.9	38.9	28.3	32.8	33.1	28.9	38.0
28	My awareness of getting older comes and goes in cycles	37.4	23.1	39.5	34.8	20.1	45.1	31.0	20.4	48.6
30	I go through phases of feeling old	57.6	18.5	23.8	51.1	17.8	31.1	42.6	16.3	41.1
31	My awareness of getting older changes a great deal from day to day	59.1	21.8	19.1	54.7	21.0	24.3	47.3	21.5	31.2
32	I go through phases of viewing myself as being old	66.1	16.0	17.9	58.2	16.6	25.3	42.9	19.1	38.0
Control-positive										
10	The quality of my social life in later years depends on me	6.5	10.2	83.3	9.3	8.4	82.3	9.2	12.2	78.6
11	The quality of my relationships with others in later life depends on me	5.7	9.6	84.7	7.5	8.7	83.7	6.8	12.1	81.1
12	Whether I continue living life to the full depends on me	5.0	7.7	87.3	5.3	7.6	87.0	9.0	8.0	83.0
14	As I get older there is much I can do to maintain my independence	5.1	10.7	84.2	6.2	9.0	84.8	10.2	15.1	74.7
15	Whether getting older has positive sides to it depends on me	4.1	10.8	85.2	4.8	8.4	86.8	8.7	13.1	78.3
Control-negative										
21	Slowing down with age is not something I can control	29.8	18.3	51.9	19.8	14.1	66.1	13.5	8.8	77.7
22	How mobile I am in later life is not up to me	53.8	15.5	30.7	42.4	13.2	44.4	30.2	14.2	55.7
23	I have no control over whether I lose vitality or zest for life as I age	62.6	16.0	21.4	51.6	15.0	33.4	35.2	14.1	50.7
24	I have no control over the effects which getting older has on my social life	65.4	14.6	20.0	51.2	16.6	32.2	32.9	15.9	51.2

Table 10.A6 (cont): Responses to APQ statements by age group

		50-64 years			65-74 years			75+ years		
		Disagree %	Neither agree nor disagree %	Agree %	Disagree %	Neither agree nor disagree %	Agree%	Disagree %	Neither agree nor disagree %	Agree %
Consequences-positive		%								
6	As I get older I get wiser	12.5	21.6	66.0	16.7	21.8	61.5	15.9	22.4	61.7
7	As I get older I continue to grow as a person	6.8	18.1	75.1	10.8	19.9	69.3	10.1	22.5	67.4
8	As I get older I appreciate things more	4.0	9.4	86.6	6.0	8.6	85.4	7.5	7.7	84.9
Consequences-negative										
16	Getting older restricts the things that I can do	37.8	19.2	43.0	25.6	14.2	60.2	12.0	9.5	78.5
17	Getting older makes me less independent	59.5	18.8	21.7	47.9	17.2	34.9	27.7	12.9	59.4
18	Getting older makes everything a lot harder for me	56.1	24.6	19.3	43.5	22.3	34.2	25.9	16.6	57.4
19	As I get older I can take part in fewer activities	43.8	20.0	36.2	27.6	16.8	55.6	12.1	9.3	78.5
20	As I get older I do not cope as well with problems that arise	60.2	20.1	19.7	49.8	17.2	33.0	32.6	16.4	50.9
Emotional representations										
9	I get depressed when I think about how ageing might affect the things that I can do	57.9	20.4	21.7	56.1	19.7	24.1	50.4	19.4	30.2
13	I get depressed when I think about the effect that getting older might have on my social life	64.1	21.1	14.8	62.6	20.3	17.1	56.5	22.2	21.3
25	I get depressed when I think about getting older	71.5	16.8	11.8	72.0	15.8	12.2	66.0	15.1	18.9
26	I worry about the effects that getting older may have on my relationships with others	69.9	16.9	13.2	66.7	17.5	15.8	58.7	18.5	22.7
29	I feel angry when I think about getting older	80.1	13.9	6.0	79.4	12.5	8.0	75.7	13.8	10.5