

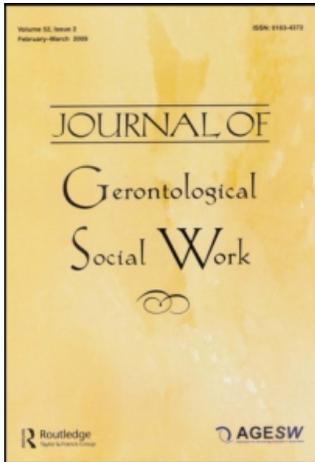
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Publisher Routledge

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Journal of Gerontological Social Work

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smp/title-content=t792304007>

Looking Back at Life and Its Influence on Subjective Well-Being

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To cite this Article Peck, Michael D.(2011) 'Looking Back at Life and Its Influence on Subjective Well-Being', Journal of Gerontological Social Work, 35: 2, 3 – 20

To link to this Article: DOI: 10.1300/J083v35n02_02

URL: http://dx.doi.org/10.1300/J083v35n02_02

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Looking Back at Life and Its Influence on Subjective Well-Being

Michael D. Peck, MA, MSW

ABSTRACT. Lower levels of subjective well-being are associated with increased illness and death. Studies of elder morbidity and mortality increasingly have explored the link between social and psychological aspects of life to subjective well-being, and to health and disease. This paper presents a conceptual model of subjective well-being based on the process that people use to appraise their lives and on life task completion. Theories of social cognition inform the life appraisal process and provide a framework for interventions. Life review therapy is detailed as a social work intervention to enhance the subjective well-being of older adults. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Elder, older adults, subjective well-being, health status, life task, life review therapy

INTRODUCTION

Lower levels of subjective well-being¹ are associated with increased illness and death (Deeg & van Zonneveld, 1989; 1995; Maier & Smith, 1999; Martin, Friedman, Tucker, Schwartz et al., 1995; Mossey & Shapiro, 1982;

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The author expresses gratitude to Paula Nurius and Noisette for their feedback on earlier drafts and support during the writing process.

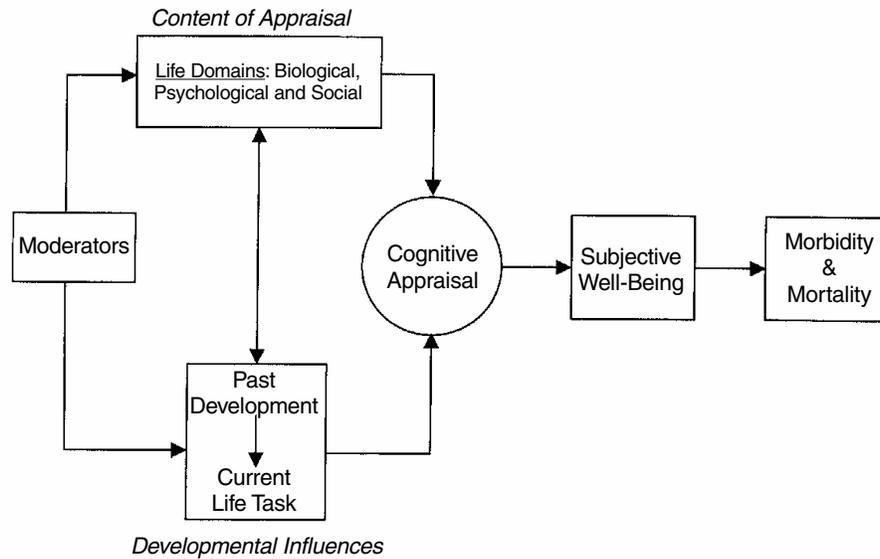
Shahtahmasebi, Davies & Wegner, 1992). This relation is particularly strong in populations of older adults and studies of elder morbidity and mortality increasingly have explored the link between social and psychological aspects of life to subjective well-being and to health and disease (Antonucci, 1989; Kozma, Stones & McNeil, 1991; Maier & Smith, 1999; Okun, Stock, Haring & Witter, 1984). Subjective well-being represents how positively a person evaluates the sum of her or his life experiences (Andrews & Robinson, 1991; Veenhoven, 1984). Having a strong relation to health suggests that subjective well-being enhancing interventions can improve health status (Lavizzo-Mourey and Diserens, 1990; Omenn, 1990).

This paper presents a model of subjective well-being that is applicable to older adults. The model makes explicit the influence of psychosocial development and the appraisal process used to evaluate life. From this model, subjective well-being enhancing interventions will be discussed with an emphasis on life review therapy, which consists of a relatively chronological accounting of events in one's life with the goal of resolving personal conflicts (Butler, 1963; Meriam, 1995). We will begin by explicating a model of subjective well-being.

MODEL OF SUBJECTIVE WELL-BEING

The model of subjective well-being, shown in Figure 1, depicts the process of evaluating aspects of life, known as cognitive appraisal and the influence of this evaluation on health. Cognitive appraisal is "an evaluative process, focused on meaning [and] significance, [that] takes place continuously during waking life" (Lazarus & Folkman, 1984, p. 31). The aspects of life that one evaluates are divided into biological, psychological and socio-environmental domains (Pavot & Diener, 1993). The biological domain includes physiological and health-related constructs such as perceived health status and physical impairments and symptoms. The psychological domain includes constructs related to an individual's mental state and feelings, such as mood, stress and self-efficacy. The socio-environmental domain includes constructs associated with human relationships and the physical environment such as social supports, accessibility of social activities, and housing situation. Cognitive appraisal behaves as a life domain filter that determines the degree of influence that items within each domain will have on subjective well-being. Psychosocial development and the completion of life tasks influence the content of one's life domains and the process of cognitive appraisal. For example, an older adult may be at an appropriate stage of life for the task of reconciliation, which is the acceptance of life as it is, has been and will be; but incomplete resolution of previous developmental tasks could hinder completion of this current task

FIGURE 1. Theoretical Framework of Elder Subjective Well-Being and Morbidity and Mortality



(Erikson, 1950; Cohler & Galatzer-Levy, 1990; Coleman, 1999; Hausman, 1980; Tornstam, 2000). For example, in middle adulthood, the perceived absence of a core group of friends with shared interests may leave one with a yearning for such intimate relationships and, thus, hinder that individual's acceptance of life.

Also in this model, life domains and life task development have reciprocal influences. Life domains influence one's psychosocial development and ability to complete life tasks, such as the case with the absence of social supports hindering life task completion. Using an economic metaphor, life domains are resources used in life task completion and psychosocial development. One's level of psychosocial development and the degree of life task completion influence the content that one places in life domains, such as the perceived value of family that may differ across the life span. Both life domains and life task completion are influenced by socio-demographic variables. Women and men, for instance, have differing developmental paths and racial variation exists in items that would be placed in life domains (Chatters, 1988; Gilligan, 1993). The items that an individual places into life domains and developmental influences converge in the cognitive appraisal process and result in a person's level of subjective well-being, which impact illness and death.

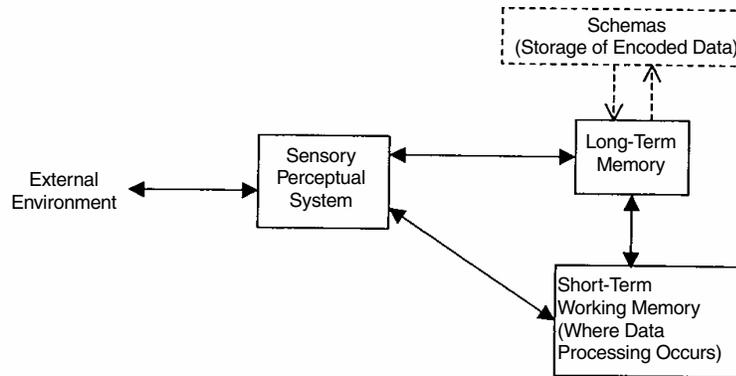
COGNITIVE APPRAISAL AND SOCIAL COGNITION

Cognitive appraisal is the evaluation and attachment of meaning to conditions and situations in one's life (Lazarus & Folkman, 1984). Conceptions of cognitive appraisal stem from theories of social cognition, which are concerned with how one thinks, encodes and processes mental data (Fiske & Taylor, 1991). Social cognition is the study of how people make sense of their selves and of the world around them; a process that remains virtually unchanged throughout adult development (Fiske & Taylor, 1991; Salthouse, 1991). One's knowledge about the world is stored in schemas, which are like filing cabinets of mental information organized by themes and categories, and are accessed when making inferences about the world (Fiske & Taylor, 1991). Schemas represent general knowledge, rather than knowledge of a specific episode in a specific context (Smith, 1998). One may possess, for instance, a schema about aging in general, another about what life should be like in old age, but not one about being 87-years-old in Kalamazoo on a July night. Schemas are accessed during subjective well-being appraisals, including when comparing oneself to others and when responding to a survey question about subjective well-being (Diener & Fujita, 1997; Michalos, 1985; Schwarz & Strack, 1999,1991). An exploration of schemas, memory and learning, will further explicate the appraisal process.

SCHEMAS AND MEMORY ACTIVATION

Schemas guide how individuals perceive their environment, process that information as cognitive data and make inferences from it (Fiske & Taylor, 1991). They also direct how mental data are encoded and represented in one's memory and how new information is assimilated into existing knowledge (Figure 2). Encoding is the process of converting sensory-perceptual activation into cognitive data (Nurius, 1993). Cognitive data that have been placed into existing and developing schemas become memory. For example, assume that you have an older adult client who visits her doctor and is diagnosed with osteoporosis. She hears the doctor's statements and encodes the words into mental data, which enter her working memory. From there, the long-term memory is activated (Nurius, 1993). Schemas in the long-term memory that possess relevant data will be activated, and this will stimulate a network or cluster of related schemas, such as one about illness triggering others about aging and health (Fiske & Taylor, 1991). The interconnectedness of existing knowledge, such as objective knowledge about a specific disease and subjective knowledge about one's own health, serves as a pathway to trigger clusters

FIGURE 2. Basic Model of Memory and Schema Structure



of schemas. The ability to process interrelated data allows one to consider simultaneously multiple life domains. For instance, the woman in our example may activate schemas containing beliefs about health, health and aging, her own history of health behaviors and perceptions of being old.

In older adults, studies have produced unclear findings regarding memory storage and input across time (Salthouse, 1991). Memory mechanisms in older adults are relatively saturated with stored experiences and this may reduce memory capacity. However, the memory process remains unchanged. Cognitive impairments, such as dementia, alter schema activation and memory retrieval, thereby compromising one's ability to appraise aspects of life.

When appraising situations and interacting with others, schemas are concerned with personal conceptions of the way things "usually work." Data consistent with existing schemas are stored in long-term memory. With time for reflection and additional input, schematic change can occur. It is difficult for people to alter their personal theories, assumptions and beliefs about the world, even when confronted with contradictory evidence. Schemas organize cognitive elements into relatively persistent structures and individuals seek schema-consistent information (Smith, 1998; Fiske & Taylor, 1991). If our elderly client, for example, is provided with additional information about the development and treatment of osteoporosis and others in her social network support these facts, her updated beliefs about aging and health will alter her schemas. Our client may have developed schemas about aging through childhood experiences and portrayals of the elderly in the media. Her schema about health may have developed through statements about illness from her mother when she was a child, later to be altered by information from her doctor and her own beliefs about how her body functions. As our client receives education about living with osteoporosis and she finds support for these facts, such as

that from a peer also diagnosed with osteoporosis, this cognitive data may alter her persistent schemas about health and aging. The next section of this paper discusses four persistent schema types, which are self-schemas, role schemas, person schemas and goal and trait schemas.

TYPES OF SCHEMAS

Self-Schemas and Role Schemas

Traits and behaviors consistent with one's self-perception are stored in the self-schema. The client with osteoporosis might perceive herself as active and strong and her new diagnosis is aschematic, because it inserts a component of physical fragility to her self-perception. Self-schemas, however, are tenacious and people naturally identify traits that they perceive as consistent with this schema (Fiske & Taylor, 1991). Rather than perceive herself as frail, our client likely will identify aspects of her life that correspond with the contents of her existing self-schema, such as the fact that she remains active in her local senior center. During cognitive appraisal of subjective well-being, one's current self-perception may be compared to existing self-schemas (Fiske & Taylor, 1991; Michalos, 1985). Interventions to improve subjective well-being, such as life review therapy, help individuals to reconcile the gap between their current state and existing self-schema. This tenacity of the self-schema will be important to the later discussion about the development of a sense of cohesion and the life review process (Cohler & Galatzer-Levy, 1990; Coleman, 1999; Hausman, 1980).

Related to self-schemas are role schemas that contain knowledge about normative behaviors within a given role, such as how an older person should behave and appear and often reflect social and cultural norms (Fiske & Taylor, 1991). Our client, who is active and strong, contradicts social perceptions and stereotypes of older women as frail and with diminished capacity. She may have reconciled this conflict between her self-schema and role schema by having social networks that include active seniors. This supports her self-schema and provides a reference group that validates her current role schema for older adults.

Person Schemas and Goal and Trait Schemas

Person schemas contain expectations regarding the psychology of particular types of individuals, with a focus on their traits and goals (Fiske & Taylor, 1991). Such schemas lead to expectations of other's behaviors, thereby facili-

tating interpretation of social situations. Our elderly client has specific beliefs about how a doctor should behave. If the doctor presents himself in a manner consistent with her expectations, such as self-confidence in his role as a medical expert, she likely will trust his diagnosis. If the doctor appears in a manner inconsistent with her expectations, such as wearing a torn shirt and being unsure of how to pronounce medical terms, her trust in the doctor will decrease and lead to either treatment non-compliance or a change in doctors.

Other person schemas relate more directly to self-schemas, such as beliefs about aged persons that inform the woman in our example about expected behaviors. The information that she holds in this person schema may be either consistent and validating, or inconsistent and conflict generating, or with mixed consistency and partial conflict (Fiske & Taylor, 1991). Once awareness of schema-related data begins, one determines if this mental data warrants additional attention; inconsistent and mixed consistency data generally require additional cognitive attention. For example, the conflict within her person schema between the belief that older persons socially withdrawal and that they remain active and vital will require additional mental attention if reconciliation is to occur.

Subtypes of person schemas are goal and trait schemas. One's family and culture, for example, may foster development of specific traits and goals, such as being honest and hardworking, striving to be financially successful and having a large family. Schematic beliefs direct one towards relevant matters, such as striving for academic success and saving and investing wisely to support a future family. Our client may have life goals of retiring at 65 years of age with enough money for frequent travel. Goal schemas likely influenced her work and savings patterns. Her recent diagnosis, with the fear of frailty, potentially threatens her goal of travel. Reconciling the gap between goals and current situation is part of older adult life task development.

PSYCHOSOCIAL DEVELOPMENTAL INFLUENCES

Older Adult Life Tasks

Life tasks are a focal point and means to represent the general progression of human development and they designate a coming together of the individual and her or his current life situation. Older adults ideally complete the life task of reconciliation that results in ego integrity, which is the acceptance of life as it is, has been, and will be (Erikson, 1950; Cohler & Galatzer-Levy, 1990; Coleman, 1999; Hausman, 1980). Reconciliation is the process of accepting remembered events that are inconsistent with one's self-concept, as well as

making internal peace with unachieved life goals (Carver & Scheier, 1990). The resolution of these schema-related conflicts results in ego-integrity (Coleman, 1999). The presented model of subjective well-being hypothesizes that life task completion and ego-integrity positively influences appraisal and, thus, subjective well-being. An elderly man, for example, who recognizes the inevitability of death, may wish to resolve strained relationships with his children. Age and life circumstance have prompted him to recognize these relationships as problematic and have produced his goal of reconciliation with his children. Although his life behaviors were inconsistent with his self-perceptions of being a good father and having a close family, in reconciliation he either accepts these discrepancies, or reduces these discrepancies, or does a combination of the two. If one of these occurs, the mental data in his schemas change, which potentially changes his subjective well-being as he accesses such schemas during life appraisal.

The discrepancy in actual versus desired states creates situational affordances, the conditions sufficient to prompt action, such as the life task of reconciliation (Cantor, 1994). Situational affordances may result from other later life issues, including accepting the finiteness of life and making peace with age-related losses. Virtually hundreds of dimensions of life situations exist, creating an endless possibility of situational affordances, which accounts for the many paths towards life task completion.

Erikson (1950) discusses the outcome of reconciliation as the development of "ego-integrity," the acceptance of life the way it has been and will be. In his age-based stages of development, he acknowledges the influence of environmental factors, while presenting single outcomes based on his studies of white males. The life task model, however, presents variability in the path to reconciliation and fails to be regulated by race and gender. The aged man in this example reaches ego integrity by either accepting the current form of his familial relationships, or changing elements of these relationships. The life task framework implies a process that challenges people to evolve and possibly challenge the way things are and will be. The man may find that he is unable to change his relationships with his children, but as he reconciles and accepts this fact he evolves and interacts differently with others.

Reconciliation and acceptance of life, though not inherently incompatible, possess an inherent tension. An individual may come to terms with a life situation such as limited income, while never reconciling the life events that have led to his or her current condition. Traumatic events may produce conflict in the attempt at reconciliation. An older adult survivor of the Nazi Holocaust, for instance, might find that mentally revisiting traumatic events produces aversive mental stress. If the positive meaning of reconciliation supersedes the

painful feelings associated with this process, then this life task can be accomplished.

The life task of reconciliation also has been characterized as gerotranscendence, an older adult's move "toward maturation and wisdom . . . the construction of a reality somewhat different from the view commonly held in mid-life" (Tornstam, 2000, p. 11). Like reconciliation, gerotranscendence occurs by accessing schemas and examining data in relation to one's current life situation. For instance, an older adult may examine his feelings of isolation while living at a nursing home compared to his expectations for later life. In the nursing home he has less independence, with his daily activities structured and routine. He can resign himself to this lifestyle without reconciling his current situation with his life expectations, which may create resentment towards the facility and its employees. Gerotranscendence occurs by examining and redefining his beliefs about retirement and his existing perceptions of independence and by altering the meanings that he attaches to nursing homes. This leads us to the importance of memory and how meaning is attached to life events and to life tasks.

MEMORY, MEANING AND LIFE TASKS

Older adult life task completion often is accomplished through the development of a life narrative, which is mental creation of a life story through the arrangement of memories in a manner that provides "meaning" and a sense of coherence for the individual (Cohler & Galatzer-Levy, 1990). Life narrative depends upon memory and the creation and alteration of schemas. Memory is an integrative and reconstructive structure that changes as individuals develop through life (Nurius, 1993). Narratives develop from a series of schemas that contain a lifetime of social events, moods and feelings, with various forms of attached meaning. The creation of a narrative is analogous to a pasting together of memory series, which are connected events stored with one's schemas. These events have attached meanings and the individual collectively re-appraises these events. A memory series may be altered to help reconcile self, person and goal schemas that are incongruent with one's current life situation.

Cognitive appraisal of one's narrative determines the degrees of meaning and coherence. Coherence is the "extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable" (Antonovsky, 1981). In the case of the life narrative, coherence also refers to the perception that events in one's life fit together in a manner that seems logical, predictable and meaningful. Our client with osteoporosis, for example, always considered herself to be an active per-

son who gets things done. This lifelong persistent sense of self, validated through her behaviors and feedback from others, creates a predictable sense of coherence. Her ability to negotiate activities of daily living, including social activities, has created a predictable and stable external environment. Feelings of internal and external coherence are threatened by a new self-perception of frailty, with the fear of losing her ability to manage the external environment, including the increased risk of hip fracture, which would result in more loss.

The framework of life tasks also provides a map for the “consuming activities” of an older adult (Cantor, Norem, Niedenthal, Langston & Brower, 1987). This is a frame of reference to interpret behaviors with regards to how they further life task completion. A frail elderly widow, for example, who slowly and methodically distributes her most beloved possessions to her family, may be doing so as a way of creating an internal peace and satisfaction as she accepts her pending death. The meaning of these events is shaped through their association with life task development.

PERSON AND ENVIRONMENT TRANSACTIONS

How individuals make sense of themselves and their world is intimately linked to their physical environment. Our osteoporosis client perceives herself as a youthful and active person, but her friends refuse to join her in walks to the Neighborhood Park that has become notorious for nighttime muggings. No daytime muggings have been reported and our client, unlike her peers, reasons that her environment is safe. This example highlights the individualized influence of the environment on appraisal and on the person. If our client assesses greater safety concerns that prohibit her walks and she lacks a viable alternative, she may reconsider her self-definition as an “active” person. Her self-schema will adjust to reflect her present realities and an age-related role schema of disengagement from activity could be validated. This change may be transient if future conditions allow her to return to previous schema consistent.

Activated schemas determine the appraisal process and schemas altered by person-environment transactions result in new appraisals. Our client had readjusted her self-appraisal based upon environmental conditions. This change in self-schema may broaden the discrepancy between her desired and actual states of being. The potential conflict between existing and emerging self-perceptions could be addressed in the life task of reconciliation. Life review therapy may facilitate such reconciliation.

SOCIAL WORK INTERVENTIONS

Life Review Therapy

Life review is a “naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences and, particularly the resurgence of unresolved conflict” (Butler, 1963, p. 66). This unsystematic process occurs in all human beings at various points in life. The process is particularly strong for those faced with loss, including death, which is relatively imminent for the aged. Life review therapy is the clinician-assisted process of examining and accepting one’s place in the world through the appraisal of meaning in life events (Blanchard-Fields, Chen & Norris, 1997; Holosko & Holosko, 1991; Lewis, 1996; Parkinson & Manstead, 1993). As needed, the clinician guides the client in meaning identification. Wells (1998) discusses this beginning of a clinical relationship with older persons as “biographical work” to obtain a general overview of a client’s life history, such as birthplace, schooling and significant relationships. This progresses toward a more in-depth review of life events and related memories. The clinician supports the reminiscence process, providing empathy and helping to identify areas for reconciliation.

Reminiscence and life review rely on schemas stored in the long-term memory and the interconnectedness of schemas suggests that activation of one content schema trigger others with related content (Tun, 1989; Ong, 1982). This produces a thematic recall of life events, and these activated memories will ideally create a cohesive narrative process (Coleman, 1999; Cohler & Galatzer-Levy, 1990). It is possible that the clinician perceives these memories as disjointed, whereas the client perceives the memory series as connected. Questioning the accuracy of memory is not the clinician’s task; rather, the focus is on helping the client to reconcile disparities and to develop a sense of cohesion (Lewis, 1996). Discrepancy between the perception of the client and the clinician with regards to the cohesiveness of a memory series indicates an area for more probing questions and may indicate healthy recall and life review.

Life review therapy also can increase an individual’s subjective well-being. Life review has been shown to have a positive influence on life satisfaction and influences how one appraises life (Merriam, 1995). The changes in schemas that occur with ego-integrity and an enhanced self-concept influence a client’s positive evaluation of life constructs, thereby improving subjective well-being (see Figure 1).

SELF-SCHEMA AND LIFE REVIEW

Appraisal of one's self-concept, expectations and place in the world activates the self-schema (Blanchard-Fields et al., 1997; Holosko & Holosko, 1991; Parkinson & Manstead, 1993). During life review, expectations of the self-surface and bring an increased awareness of one's self in past and present situations. Expectations achieved are considered life successes and become salient to a positive self-concept. Unrealized expectations indicate areas for personal reconciliation, which can be facilitated with life review therapy. An elderly woman, for example, who received a PhD in the 1950s, finds great reward in her educational and professional successes. As an older adult she became a leader in her local senior community. Life review has illuminated the juncture of loss in social status and increased dependence, by making her keenly aware of her current residence, a nursing facility where she has become dependent upon others. Imposing self-awareness of these losses has challenged her self-schema and presented a discrepancy in need of reconciliation.

Increased self-consciousness can foster negative consequences, such as depression (Taylor & Brown, 1988). Clinical intervention can counteract this by prompting the client to interpret negative events with respect to the client's current life situation. The clinician asks probing questions to further the client's understanding of how these impact mood and feelings. The female PhD, in our example, spends a disproportionate amount of mental energy trying to reconcile the discrepancy between current reality and her schematic identity. She struggles to accept losses and increased dependence upon others. The social worker at the nursing home helps her to identify the feelings of grief and loss associated with her lifestyle change. The social worker also helps her come to peace with the change by facilitating reminiscence, placing her current situation into perspective with her past life and helping her to identify ways that she maintains her former sense of self, including her volunteer work at the neighborhood elementary school and serving on the resident's council of the nursing home. Positive experiences, such as her current activities, tend to be positively associated with ego-integrity (Sherman, 1994). As a result of intervention, discrepancies between her self-schema and current life situation have been minimized.

Altering schemas to accommodate one's current situation alters life appraisal processes. In the example above, the social worker helped the woman to identify how her current situation does reflect her existing self-concept. Changes in her self-schema allowed her to reconcile the gap between her current situation and her persistent existing self-concept. These changes in her self-schema alter the appraisal process by changing what she considers to be self-schematic. A woman who considered her life in the nursing home as unrelated to her self-concept has discovered that her activities are self-schematic,

and she appraises them as meaningful. The self-schemas that challenged her are connected to and share characteristics with age-related person schemas.

AGE-RELATED PERSON SCHEMAS AND RECONCILIATION

Old age carries with it physical, social and psychological changes associated with stigmas and stereotypes. In America, youth is beautiful and valued. Person schemas about old age include stereotypes, such as being lonely and crotchety, which are utilized during the cognitive appraisal process. Elements of an older adult's age-related person schemas are supported by members of social networks who share elements of these schemas. If for example, as an older adult you believe that poor health and frailty will regulate your social life, you may find yourself disengaging from activities, even if your schemas about old age include the possibility of an active life. If you adopt such behaviors and if family and friends support your emerging perceptions as frail, the portion of your schema that views elders as frail receives validation. Alternatively, you may resent others for the ways that they treat you and strive to maintain an active life.

Your age-related person schemas and self-schemas, are activated during the life review process and in life appraisal to determine your subjective well-being. These schemas, in part, determine if later life tasks are identified and acted upon. If an elderly male accepts his current reality as consistent with age-related expectancies, he may have no motivation for life review. If his expectancies are not achieved, he might question, "Why have I lived so long to have only this. Older people should have more respect and more . . ." Perhaps he believed that retirement pensions and social security would provide adequate income for himself and his wife. Life review therapy may assist him in reconciling gaps between expectations and realities, such as helping him to identify places where he is treated with respect. He may review his lifetime savings patterns in relation to his current expenses, including rising costs of medical care. The clinical social worker may help him to understand his current situation in perspective with his expectations for later life. He may also benefit from more concrete and environmental interventions, such as obtaining assistance with money management, moving into a rent controlled apartment and having safety bars installed in his shower at no cost.

ENVIRONMENTAL-FOCUSED INTERVENTIONS

Interventions that target one's environment impact the life review process and cognitive appraisal. A link exists between one's environment and self-per-

ception, such as the woman afraid to walk in her local park who also begins to perceive herself as frail. Appraisal of one's environment and the congruence of such perceptions with self and role schemas occur in the life review process. The examples presented about life in a nursing home demonstrate how one's surrounding can challenge existing self-schemas and support role schemas.

Social gerontologists generally agree that autonomy and perceived control over one's life are associated with better mental and physical health (Schulz, 1976). Many community-based interventions assist older adults in remaining autonomous and safe in their own homes. A social worker, for instance, might coordinate cash assistance and perform a home safety assessment that helps an elderly couple to remain in their home. Health promotion and disease prevention programs, such as health education and an exercise program to reduce the risk of in-home falls, help to keep seniors autonomous and can enhance subjective well-being (Patrick, Grembowski, Durham, Beresford, Diehr, Ehreth, Hecht, Picciano, J. & Berry, 1999; Rizzo, Baker, McAvay & Tinetti, 1996). Social work interventions in nursing homes are commonly directed towards enhancing resident's autonomy, promoting freedom of choice and sense of control and increasing social interactions (Carstensen and Erickson, 1986; Kane, Caplan, Urv-Wong, Freeman, Aroskar, & Finch, 1997; Patchner & Patchner, 1991). By enhancing a client's ability to negotiate her or his environment, life appraisal is altered. An elderly woman, for example, unable to safely navigate the front steps to her home, participates in an exercise program that improves her ability to safely negotiate her environment. She, once again, perceives her environment as safe and her longstanding self-schema is validated as she regains autonomy.

CONCLUSION

Theories of social cognition and cognitive appraisal provide a framework to understand the life review process and subjective well-being. In later life, the schemas that one uses for appraisal are challenged and altered by the many age-related losses and coming to terms with these changes and with one's past, occurs in the life task of reconciliation. Creating a narrative and reminiscing about the past are paths towards reconciliation, a process that activates schemas, allows the client to work through discrepancies and enhances subjective well-being. A clinical social worker might intervene to facilitate the life review process and a case manager could assess a home environment for safety, two interventions that alter or support existing schemas. Information from these schemas, which the client shares, is content for the life review process and provides data for interventions. Social workers must be aware of the

cognitive processes by which clients respond to interventions. The cognitive structures, schemas and memory, that react to a social worker's interventions are also the structures used by the client when making a life appraisal. The cognitive appraisal process is a critical dimension to consider when designing interventions, for it is through cognitive appraisal that individuals evaluate their life situations and determine their level of subjective well-being. In the case of older adults, subjective well-being directly influences health and longevity.

NOTE

1. Subjective well-being, general well-being, quality of well-being, quality of life, life satisfaction, happiness and morale are concepts that have been used to represent a positive life evaluation (Andrews & Withey, 1976; Bradburn, 1969; Bush, 1984; Diener, 1984; Kozma & Stones, 1980; LaMon, 1972; Michalos, 1985; Neugarten, Havighurst & Tobin, 1961).

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DATE MANUSCRIPT RECEIVED: 05/17/00

DATE MANUSCRIPT SENT FOR BLIND REVIEW: 05/22/00

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