

PERSONAL MEANING AND SUCCESSFUL AGING

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ABSTRACT

Personal meaning is defined as an individually constructed cognitive system that is grounded in subjective values and capable of endowing life with personal significance and satisfaction. Theories and empirical findings are presented that implicate the importance of personal meaning in promoting health and successful aging. When many of the major sources of meaning, such as work, social status, and activity are threatened or diminished, as in the case of advancing age, the question *Why Survive?* becomes urgent. One's health and life satisfaction importantly depends on whether this existential need is met. The main thesis of the present paper is that discovery/creation of meaning through inner and spiritual resources is a promising way of transcending personal losses and despair in old age. This paper also describes four strategies, namely reminiscence, commitment, personal optimism and religiosity, which may be used to maintain a sense of meaning in the face of illness, pain and personal death.

Successful aging has emerged as a rapidly growing area of gerontological research (Birren & Schaie, 1985; Butt & Beiser, 1987; Eisdorfer, 1983; Karuza, 1986; Novak, 1985; Palmore, 1979; Rowe & Kahn, 1987; Swensen, 1983; Williams & Loeb, 1968). Although the definition of successful aging is still being debated (Aldwin, 1986), there is some consensus that it can be measured by a relatively high level of physical, psychological, social functioning, and life satisfaction (Butler & Lewis, 1982; Wan, Odell & Lewis, 1982). The importance of a high level of adaptation and inner resources has also been emphasized (Hickey, 1980). It has also been proposed that people may be viewed as having aged successfully if they are better than the average with respect to any variable under study, and demonstrate little or no physiologic loss (Rowe & Kahn, 1987).

Given the above views, successful aging may be defined as a relatively high level of physical health, psychological well-being and competence in adaptation. As the word "success" implies, the accent is on personal responsibility. Successful aging is neither a privilege nor a right. It is an objective, a condition attainable by those who cope effectively with the changes that generally accompany growing old. From this perspective, one's capacity to adapt is considered

more important for one's health than all the external factors combined.

A derivative from the present conception is that even in periods of failing health, successful agers are still able to maintain a relatively high level of psychological health and life satisfaction. Thus, the key to a good old age is the process of successful adaptation.

A number of psychosocial factors relevant to successful aging have been investigated. In the '60s, the main issue was activity versus disengagement (Maddox, 1964; Rose, 1964). In the '70s, internal locus of control was considered essential (Langer & Rodin, 1976; Schulz, 1976; Reid & Ziegler, 1980). However, an increasing number of researchers have pointed out the limits of internal control in promoting healthy aging (Karuza, Rabinowitz & Zevon, 1986; Schulz, 1986; Wong & Sproule, 1984). It appears that in the '80s the focus has been shifted to personal meaning (Antonovsky, 1987; Birren & Renner, 1980; Cole, 1984; Karuza, 1986; Midlarsky & Kahana, 1986; Reker, Peacock, & Wong, 1987; Reker & Wong, 1988; Rosenmayr, 1980, Wong, in press).

The present paper reviews major theoretical perspectives of personal meaning, examines the evidence bearing on the role of personal meaning in health promotion and successful aging, and finally describes four major strategies to maintain a sense of significance in the face of personal loss, suffering and impending death.

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Personal Meaning Defined

Hocking (1957) has pointed out two kinds of personal meaning: the *specific* events that give rise to meaning and satisfaction, and the ultimate or *total* meaning from which specific aspects of life derives their meaning. Yalom (1980) has made the distinction between terrestrial meaning and cosmic meaning. Generally, philosophers are more concerned with the cosmic or ultimate *meaning of life*, while psychologists are more interested in *specific meanings in life*. A proper understanding of personal meaning should take into account both types of meaning (Reker & Wong, 1988).

A number of definitions have been proposed. Weisskoph-Joelson (1968) conceptualizes meaning as an interpretation of life. Antonovsky (1979, 1987) considers meaning as integral to a sense of coherence. Cole (1984) emphasizes the importance of recapturing traditional cultural values. Rosenmayr (1985) defines meaning as "cognitive content that provides emotional satisfaction and the knowledge that one's actions correspond to one's goals in a way that can be clearly formulated" (p. 199). Frankl (1963) regards the will to meaning as a universal human motive. Similarly, Maslow (1968) considers it one of the basic human needs. Baird (1985) stresses the fact that meaning must involve the pursuit of objects that provide satisfaction, because "without subjective satisfaction, meaning is incomplete" (p. 119).

From the above definitions, one can readily identify three basic components of personal meaning. The *cognitive* component refers to one's beliefs and interpretations of the world as one sees it. It attempts to make sense of one's experiences and it primarily consists of ascriptions of meaning to events, activities and life as a whole. The *motivational* component refers to the pursuit as well as attainment of personal goals that are consistent one's subjective values, needs and wants. The *affective* component refers to the feelings of fulfilment or satisfaction that come from the conviction that one's life is worth living. In short, *personal meaning may be defined as an individually constructed cognitive system, that is grounded in values and is capable of endowing life with personal significance and satisfaction.*

Meaning—the hidden dimension of health

Frankl (1963, 1967, 1969) may be credited as the first major psychotherapist to make meaning

the cornerstone of diagnosis and treatment of mental illness. The fundamental postulate of his logotherapy is that meaninglessness lies at the very root of neurosis and depression. It is worth pointing out that logotherapy is more than psychotherapy. It is also a theory about human motivation. Frankl asserts that the "will to meaning" is a significant and universal human motive. Based on his personal experiences in a Nazi concentration camp, he discovered that meaning in life, derived from commitment, optimism and transcendence of self-interests, enables a person to maintain his/her sanity and integrity under the most adverse conditions. Conversely, failure to find meaning may lead to neurosis even under favourable conditions. His basic thesis has been confirmed by clinical observations, but has not yet been subjected to systematic empirical tests.

While logotherapy has been influential in Europe, it has failed to make major inroads into the mainstream North American psychology, largely due to the *Zeitgeist* of behaviourism. Only in recent years do psychologists in this continent begin to take personal meaning seriously. Notable among them are Maddi (1970) and Klinger (1977). Maddi (1970) has reported that failure to find meaning leads to existential sickness. However, *unlike Frankl who believes that there is an ultimate meaning to be discovered*, Maddi emphasizes that individuals must *create* their own meanings through symbolism, imagination and judgement. Symbolism is an active cognitive process that organizes the welter of personal experiences into coherent categories. Imagination is the creative process of generating alternative representations of real experience. Judgement is an evaluative process, having to do with value/moral decisions. Together, these three mental processes afford satisfaction to one's deep-rooted need for meaning and coherence. Klinger (1977) conceptualizes that personal meaning derives from the pursuit of socially endorsed incentive objects. It is through commitment to valuable incentives that one experiences meaning in life.

Recently, Wong (in press) proposes an attribution perspective of meaning. According to this view, an individual functions both as a naive scientist and a lay philosopher in dealing with personal crisis. Causal attributions enable the individual to predict and control future difficulties, while existential attributions enable the individual to find meaning and purpose in suffering.

While an increasing number of theorists recognize the important role of personal meaning in well-being, very few empirical studies have been conducted to directly test their notions. However, some indirect evidence is available. For example, Antonovsky (1979, 1987) has documented that a sense of coherence provides a buffer against stress and stress-related diseases. Wong (in press) has reviewed several studies that substantiate the importance of existential attributions in coping with loss and pain. Reker, Peacock & Wong (1987) have found that Future Meaning, Life Purpose and Life Control subscales of the Life Attitude Profile are positively correlated with perceived psychological and physical well-being. Several papers have linked meaninglessness to drug addiction (Padelford, 1974), and alcoholism (Jacobson, Ritter and Mueller, 1977). It has also been shown that existential/ontological stresses, such as meaninglessness, purposelessness and boredom with life, are correlated with both trait and state anxiety (Ruznisky & Thauberger, 1982).

Personal meaning and successful aging

The relevance of personal meaning to successful aging was recognized by leading gerontologists, such as Butler (1963) and Birren (1964) more than two decades ago. According to Erickson (1963), the major developmental task in old age is to achieve *ego integrity*, which is characterized by the feeling that one's life is worthwhile and significant. The alternative to ego integrity is despair. An individual who has achieved ego-integrity is described as "having a balanced investment in self as well as in others, and as having moved from concerns with things to ideas, from actions to meanings" (Birren & Renner, 1980, p. 28).

It stands to reason why the discovery/creation of personal meaning becomes the major developmental task in later years. Many sources of personal meaning, such as achievement striving, work, social status, activities and a sense of personal control are either threatened or reduced with advancing age. Butler (1963) observes that as the older person frequently feels a lessening of personal control, the search for meaning becomes crucial for adaptation. In a similar vein, Schulz (1986) points out that personal meaning becomes a major source of life satisfaction and personal growth in the face of disability and losses that often accompany advancing age; he also argues

that existential acceptance may be more adaptive for the elderly than active striving for personal control.

Oriental cultures tend to venerate the elderly for their wisdom and age. In contrast, Western culture values youth, vitality and economic productivity; it does not provide a valued role for the frail elderly and the dying (Butler & Lewis, 1982; Cole, 1984). Thus, there is an urgent need to answer Butler's (1975) question *Why Survive?* in Western society. Unless one can find meaning and purpose in spite of physical decline and suffering, one may find longevity an unbearable burden.

No one would question the benefits of trying to prolong years of vitality and to compress the time of poor health to a minimum period (Fries & Crapo, 1981). But how about those who for various reasons can not achieve this ideal? Furthermore, what happens when even the fittest eventually succumb to disabling illness? Is life still worth living then? Cole (1984) has presented a penetrating critique of the inherent weakness of an approach that devalues the frail and sick:

While many do live through their old age with personal vigor and integrity, many more suffer from segregation, desolation, and loss of self in a culture that does not value the end of life.

Today's 'enlightened' view of aging, which encourages older people to remain healthy, active, independent, etc., has yet to confront this crucial issue and therefore harbours potentially pernicious effects. As Erikson has proposed, human vitality requires a vision of the whole of life, in which each stage is infused with socially valued characteristics. The contemporary attack on negative stereotypes of old age does not achieve this. Aimed at liberating older people from images of passivity and debility, this attack frees (or subtly coerces) old people to retain the ideals of the middle-aged middle class. But what of the frail and poor aged who cannot and will not do so? Unless the attack on agism is amplified to address the existential challenges and tasks of physical decline and the end of life, we will perpetuate a profound failure of meaning (p. 333).

Although there is increased attention to meaning in old age (Buhler, 1961; Cole, 1984; Fisk, 1980; Karuza, 1986; Mildlarsky & Kahana, 1986; Rosenmayr, 1985), few empirical studies have been conducted to substantiate the role of personal meaning in successful aging. In a large-scale study of successful aging, Wong and Reker (1984) have found that successful agers are more

likely to show existential acceptance of things that cannot be changed, and more inclined to attach meaning and purpose to undesirable life events. Wong (1986) has also observed that successful agers are more likely to report personal meaning as a source of happiness. Finally, Reker *et al.* (1987) obtain positive correlations between indices of personal meaning and perceived well-being; they also find that life purpose and death acceptance increase with age.

Systematic research is needed to document the conditions and sources of personal meaning, and to determine how these variables impact physical and mental health. For example, Wong's (1989) research on implicit theories of personal meaning has revealed a wide array of meaning-generating factors that vary with age. More research is also needed to compare and assess various meaning-enhancing strategies.

Meaning-enhancing Strategies

In view of the above, personal meaning indeed represents a new perspective on the promotion of well-being of the elderly. It is perhaps the one of the few areas in which an individual can experience continued personal growth in the face of losses, pain and physical decline. A sense of meaning may be particularly important for the frail and the chronically ill, because it is perhaps one of the very few sources of motivation and life satisfaction that transcend physical constraints. Unfortunately, the existential needs for meaning in the elderly have not been taken seriously by health care providers and policy makers.

The main thesis of the present paper is that personal meaning contributes not only to the promotion of health, but also to the maintenance of morale in times of illness and disability. Thus, it behoves both the society and individuals to explore ways of enhancing personal meaning for later years.

Numerous possibilities present themselves, when one considers ways of increasing personal meaning. For example, education, work, activities and achievements are all sources of meaning. However, in this paper I will focus on four meaning-enhancing strategies, namely, reminiscence, commitment, optimism, and religiosity, which are especially relevant to the elderly.

Reminiscence. The prevalence and importance of reminiscence among the elderly has been recognized for some time (Birren, 1964; Butler,

1963, 1971, 1974; Lewis, 1971). According to Butler, life review is a universal process triggered by the realization of approaching dissolution and death. An important function of life review is to integrate unresolved conflicts of the past. Thus, life review plays a vital role in successful aging in that it gives meaning and significance to one's life, prepares one for personal death, and reduces fear and anxiety.

Birren (1964) stresses the importance for the elderly to reconcile between life as it has been lived and the life that might have been. Birren & Renner (1980) have also stressed that "evaluation of the events of life, the solving of one's unsolved conflicts and integrating them into a meaningful context, is a necessary part of good mental health in old age" (p. 28).

However, research on the adaptive benefits of reminiscence has yielded inconsistent results. For example, Oliveria (1982) found that high reminiscers were more satisfied with their past lives than low reminiscers. McMahon and Rhudick (1964) found a positive correlation between frequency of reminiscence and freedom from depression. At variance with these positive results, Perotta and Meacham (1981-82) found no evidence that reminiscence was effective in decreasing depression and increasing self-esteem. Similarly, Revere and Tobin (1980-81) found that many seniors reminisced at length without achieving self-acceptance.

LoGerfo (1980-81) has pointed out that one of the problems of reminiscence is that researchers often fail to distinguish various types of reminiscence. Both Merriam (1980) and Coleman (1986) have also criticized the over-simplistic view concerning the adaptive value of reminiscence.

Recently, Watt & Wong (1988, in press) find that only *integrative*, *instrumental* and *transmissive* types of reminiscences are associated with successful aging, while *obsessive* reminiscence is associated with unsuccessful aging. Integrative reminiscence is similar to Butler's life review. It is characterized by attempts to resolve past conflicts and discrepancies, to integrate life events into coherent patterns, and to find a place for oneself in the sea of humanity. Instrumental reminiscence includes remembering past episodes of solving life problems as well as drawing lessons from the past to solve a present problem. In transmissive reminiscence, an elderly person passes on the wisdom gained from a lifetime of learning to the younger generation. Obsessive

remembrance occurs when one ruminates on past failures and conflicts, and becomes a prisoner of the past (LoGerfo, 1980–81). The presence of obsessive remembrance may reflect failure of integration.

Lewis and Butler (1974) have suggested the following methods to facilitate life review: written or taped autobiographies, pilgrimages, reunions, genealogy, memorabilia, scrap-books, photo albums, old letters, summation of life work, and preserving ethnic identity.

Birren has developed the guided autobiography approach to promote successful aging (Birren, 1987; Birren & Hateley, 1985; Birren & Hedlund, 1987). This approach requires participants to write on major themes of one's past, such as family history, marriage, career, and to discuss these recollections with other members in the group. Available evidence suggests that such exercise improves the self-concept of participants.

Kaminsky (1984) has described the transformation that took place in those who took part in artistic workshops for seniors. Participants not only have the opportunity to develop their creative potentials, but also gain new insights about their own lives. Frankl (1963) has pointed out that creativity is a major source of personal meaning. Thus, both the creative and reflective aspects of autobiographic writing contribute to the discovery of meaning.

One of Dr. Birren's favourite statements is that you do not know where you are going, unless you know where you have been. In a sense, the future lies in the past, which contains major signposts and springs of inspiration. Remembrance can also provide simple pleasures as one cherishes some of the fondest memories. In sum, life review prepares one for the present and the future. It can provide a sense of fulfilment that comes from "resolution of personal conflicts, reviewing one's life and finding it acceptable and gratifying, and viewing death with equanimity. One's life does not have to be a 'success' in the general sense of that word in order to result in serenity. The latter can come from a feeling of having done one's best, from having met challenge and difficulty, and sometimes from simply having survived against terrible odds" (Butler & Lewis, 1982, p. 38).

Much can be done to promote well-being through remembrance. The above includes just a few of the ways of putting memories to good use. A more detailed description of a wide range of

remembrance therapies has been given elsewhere (Watt & Wong, in press.) Research is needed to assess the relative effectiveness of different remembrance therapies.

Commitment. A number of theorists have emphasized personal responsibility and commitment as an important route to personal meaning (Frankl, 1963; Klinger, 1975, 1977; Maddi, 1970). Commitment has been defined as the "pledging or binding of an individual to behavioural acts" (Kiesler & Sakamura, 1966) and has been linked to self-responsibility (Kiesler, 1975). Commitment, viewed as dedication to a task of personal significance and absence of alienation, is regarded as a major ingredient of hardiness (Kobasa, 1979; Kobasa, Maddi, & Kahn, 1982). It is worth mentioning that commitment means more than the pursuit of activities; it is also manifested when one is devoted to significant relationships, values, ideals or traditions.

Insofar as commitment involves personal choice and initiative, it is similar to the construct of internal control. But commitment also has the additional meaning of *investment of time and energy and the affirmation of value*. Frankl (1963) points out that one may experience life as meaningful by embracing such ideals as truth, beauty and love.

Depending on one's interests, and resources, commitment can take on many different forms. It can be directed to the pursuit of pleasurable activities (Thurnher, 1975), social cause (Yalom, 1980) or helping others (Midlarsky & Kahana, 1986). The important thing is that one must be committed to something or someone in order to experience a sense of meaning. More importantly, one should be committed to life itself and personal growth, regardless of one's age. Zest for life is an inevitable by-product of commitment. One becomes truly alive only when one is committed to living in all its possibilities. John McLeish (1983) has shown the many different paths an individual can take to remain creatively absorbed in later years.

Since Schonfield's (1973) important work on future commitment and successful aging, very little research has been done in this important area. It remains a challenge for researchers and helping professionals to explore the potential benefits of various kinds of commitment on health status in the elderly.

Optimism. The connection between optimism and health has been noted for some time (Erikson, 1980; Frankl, 1963; Lewin, 1948; Stotland, 1969; Tiger, 1979). It is only in recent years that evidence substantiating this linkage begins to emerge (Reker & Wong, 1985; Scheier & Carver, 1985; Udelman, 1986; Wong & Reker, 1985).

The Future Orientation Survey (FOS) developed by Wong & Reker (1985) measures both the number of positive events expected and the confidence of each expectancy. Since the respondents itemize the events they look forward to, we can identify the exact sources of optimism. The score of optimism for each subject is the cross-product of the number of anticipated events and the mean confidence rating.

An important aspect of the FOS is that it differentiates between self-initiated and other-initiated events. The former includes events that are initiated and carried out primarily by oneself, such as various types of personal projects. The latter encompasses occurrences primarily initiated by others, such as the birth of a grandchild or visits from family members. These two loci of initiation reflect the two pillars of optimism. Self-initiated events reflect confidence in one's own efficacy, whereas other-initiated events reflect confidence in the benignity of the external world.

Absence of optimism or hopelessness has been linked to depression and suicide (Beck, 1967; Petrie & Chamberlain, 1983). Why should one continue living, when tomorrow is going to be just as bleak as today? This question becomes all the more poignant when one is chronically ill or disabled. Disability exacerbates the difficulties associated with aging and demands adjustment (Athelstan, 1981). Many older persons give up hope and become depressed because of illness or disability (Blaser, 1980; Rue, Dessonville, & Jarvik, 1985). Thus, a major task of rehabilitation for these seniors is to restore a sense of hope and meaning, without which death seems to be a more attractive alternative.

Indeed, life is worth living when there are dreams to be fulfilled, tasks to be accomplished, and new joys to be experienced. It is by looking into the future that we have the best chance of surviving present difficulties. No wonder Frankl (1963) states that "logotherapy focuses rather on the future, that is to say, on the assignments and meanings to be fulfilled by the patient in his future" (p. 152).

Fortunately optimism can be cultivated. There are many events one can realistically anticipate even in old age. Reading an interesting book, writing on some aspects of one's past, painting, music, gardening, learning something new, lending someone a helping hand. These future events need not extend into distant future. The simple act of planning for tomorrow or next week already enables one to tap into the motivational force of optimism. Apart from self-initiated events, one may also cultivate an externally oriented positive outlook, such as believing that someone will come to your aid, when you are in need, or something good will happen to you tomorrow.

Religiosity and spiritual well-being. By religiosity we mean both religious beliefs and practices. Religion has always been considered as a potential source of personal meaning. For example, William James (1902) believes that common events acquire deeper meaning in a religious context. Frankl (1963, 1969) emphasizes spiritual commitment as a basis for discovering the meaning of life and death. In recent years, there is a growing interest in religiosity and spiritual well-being in the elderly (e.g., Fowler, 1981; Hunsberger, 1985; Markides, 1983; Moberg, 1979; Reed, 1987; Steinitz, 1980).

In an attempt to recapture nineteenth-century Protestantism's contribution to the meaning of aging, Cole (1984) observes that the view of life as a spiritual journey from this world to the next "encouraged individuals of all ages to locate themselves on the route to eternity, and preserved a strong incentive to live with the flow of time rather than against it. The voyage of life did not end when an individual ceased to be socially or economically useful; instead, his or her remaining time on earth became increasingly important, allowing final preparation for the judgement of God" (p. 330). He has also noted that in the early twentieth century, the instructions for achieving a "civilized" old age fall into two categories: "1. the maintenance of health, character, usefulness and activity as long as possible; and 2. the development of an inner spiritual and religious life to compensate for the physical and social depreciations of aging" (p. 332). In recent years, there is renewed interest in religiosity and spiritual well-being (Moberg, 1979).

The National Interfaith Coalition on Aging (1981) defines spiritual well-being as "the affirmation of life in relationship with God, self,

community, and environment that nurtures and celebrates wholeness" (p. 12). Such affirmation becomes vitally important when much that has meaning is threatened or lost in old age. When everything is lost, including one's health, the spiritual capability to reach out to God remains an effective weapon to combat meaninglessness and despair. In dying, the spiritual task of transcendence become even more important (Kemp, 1984; Lifton, 1979; Moberg, 1982; Reed, 1987).

Evidence continues to accumulate that religious beliefs are related to meaning in life (Crandall & Rasmussen, 1975; Soderstrom & Wright, 1977), life satisfaction (Blazer & Palmore, 1976; Hendricks & Hendricks, 1977); and death acceptance (Augustine & Kalish, 1975; Gesser, Wong, & Reker, 1987-1988).

Numerous methods are available to enhance religiosity and spiritual well-being. Counselling (Kemp, 1984), reading religious stories (Baird, 1985) and prayer are just some of the ways of affirming the dignity and value of the frail and the dying. When life is drawing to an end, and the world is receding into background, spiritual concerns may become dominant in one's consciousness. Religious beliefs often provide the courage one needs to face the end of the Journey and beyond.

Conclusions

Thomas Cole (1984) observes that "the scientific and technological progress permitting spectacular gains in longevity has been accompanied

by widespread spiritual malaise and confusion over the meaning and purpose of human life—particularly in old age. But how does a culture meet the existential needs of its old people?" (p. 329).

An individual's search for meaning is made easier to the extent that society supports such endeavours. Society as a whole can do several things to help. First, we need a social construction that endows old age with dignity and value in spite of illness and frailty. Secondly, social support can be provided to meet the existential needs of the elderly through meaningful personal contacts, caring for their spiritual well-being and re-affirming the positive role of old age.

At present, most of the societal resources have been directed to meeting the physical, social and economic needs of the elderly. While these efforts are essential, one must not overlook personal meaning as an important dimension of health and life satisfaction. Prolonging life without providing any meaning for existence is not the best answer to the challenge of aging. Greater research efforts are needed to provide a firm scientific basis for the application of personal meaning as a means of promoting successful aging.

Personal meaning appears to be a major source of life satisfaction as well as a buffer against stress. The discovery/creation of meaning seems especially important in successful adaptation to aging. The potential health benefits of meaning need to be explored both individually and collectively.

RÉSUMÉ

Le sens personnel se définit comme un système cognitif individuellement construit, basé sur des valeurs subjectives et capable de donner à une vie une signification et une satisfaction personnelles. Cet article présente les théories et les découvertes empiriques qui démontrent l'importance du sens personnel dans la promotion de la santé et un vieillissement serein. Lorsque plusieurs importantes sources du sens personnel telles que le travail, l'état social et l'activité sont menacées, ou diminuées comme c'est le cas chez les personnes âgées, la question "Pourquoi survivre?" devient une question urgente. La santé et la satisfaction d'une vie dépend alors grandement de la façon dont on répond à ce besoin existentiel. La thèse principale du présent article qui repose sur la découverte/création du sens personnel à travers les ressources spirituelles et internes est une façon prometteuse de transcender les pertes personnelles et le désespoir de la vieillesse. L'article décrit également quatre stratégies notamment la réminiscence, l'engagement, l'optimisme personnel et la religiosité, qui peuvent être employées afin de garder ce sens personnel face à la maladie, la douleur et la mort.

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