

AGING AND SENSE OF CONTROL ¹

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Summary.—Three groups representing different phases of the developmental lifecycle—12 senior citizens, 67 young adults, and 14 healthy middle-aged normal adults—were assessed using a multidimensional control inventory. Senior citizens had a healthy over-all sense of control comparable to those of the other two groups and a significantly lower (healthier) negative sense of control. They also were significantly more likely to endorse acceptance as a way of addressing areas of concern and to complement self as a source of control with a sense of control coming from others (including God, belief in a higher power).

There is a growing research literature indicating that a sense of control is important across the life span. Personal control can influence cognitive, affective and even physical well being (1, 3). One of the identified needs in research on aging is a precise, multidimensional measure of control. To address this need, over the past 15 years Shapiro and colleagues have developed and tested the reliability and validity of the Shapiro Control Inventory (5).

The inventory is a 187-item, nine-scale, paper-and-pencil measure. The score of each scale is based on the sum of item scores, divided by the number of items. The first four scales assess a person's over-all sense of control in the general domain (7-point in Likert format) and on 25 specific parameters (6-point), e.g., body, mind, interpersonal relationships, job, environment. The next four scales assess (4-point in Likert format) a person's modes of control—cognitive and behavioral strategies by which an individual seeks to gain and maintain control. There are two positive modes (positive assertive, positive yielding) and two negative modes (negative assertive, overcontrol and negative yielding, too little control). The inventory also assesses a person's motivation for control, including a desire for control scale (7-point in Likert format); and agency or source from which a person gains a positive sense of control: self or other (7-point) (5).

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In this study 12 senior citizens (M age 79.9 yr., $SD=5.5$), 6 men and 6 women, were recruited from a residential living situation and a foster grandparent program, and given the inventory. Their control profile was compared with those of a psychiatrically screened normal middle-age group ($n=14$, mean age 39.1 yr., $SD=9.7$) (6) and a group of young adults ($n=67$, M age 20.9 yr., $SD=3.7$). There were no significant gender differences within groups so the data are compared with gender combined. A Bonferroni correction for $p_{.05}$ was made with significance at $p \leq .003$.

Analysis showed that the senior citizens had the lowest score on over-all sense of control and showed no significant differences with young and middle-age groups on over-all general domain sense of control scale, the positive sense of control scale, the domain-specific scale score, and self as source of control. Further, as can be seen from Table 1, the senior citizens had the lowest score on the negative sense of control.

TABLE 1
MEANS AND STANDARD DEVIATIONS FOR CONTROL PROFILES OF THREE GROUPS OF DIFFERENT AGES

Scale	Young Adults $n=67$	Normal Middle-age $n=14$	Senior Citizens $n=12$	$F_{2,90}$	p
Negative Sense of Control					
M	2.85*	2.60*	1.65	11.55	.0001
SD	.85	.57	.70		
Acceptance as Preferred Mode for Addressing Concern, %					
M	34.6*	20.5*	80.2	13.39	.0001
SD	14.3	6.91	22.0		
Sense of Control from Others					
Family and Friends					
M	4.12	3.64	4.25	.89	ns
SD	1.24	1.45	1.64		
Government/Society					
M	2.42*	2.14*	3.83	7.02	.001
SD	1.10	1.10	2.19		
God/Higher Power/Spiritual Beliefs					
M	2.92*	4.43	5.50	14.46	.0001
SD	1.60	1.87	1.97		

*A *post hoc* Tukey test showed this group was significantly different from the senior citizens.

Scores for the senior group suggest they have learned acceptance and sense of control from others as additional ways to maintain a positive sense of control. For example, the seniors have significantly different scores than the other two groups regarding how they wish to address parameters of concern such as body weight, sexuality, interpersonal relationships, etc. Specifically, as can be seen from Table 1, they had significantly higher endorsement of acceptance as the preferred mode for addressing parameters of con-

cern. Also, in Table 1, seniors also had the highest scores on gaining a positive sense of control from others, including family and friends (nonsignificant), government and society, and God/a higher power/spiritual beliefs.

Clearly, all of life is not within active personal control. One might argue that this recognition may become especially clear with age as one is buffeted by the vagaries of life. Maintaining a positive sense of control throughout the lifespan may involve learning both to exert active control where appropriate as well as adapt to and accept what is beyond active personal control. In this way, individuals would learn valid global principles regarding congruence between their control-related beliefs (desire for control, self-efficacy), their actual behavioral skills and competencies, and the environmental affordances (2). Such valid global principles may be described as wisdom (4). One subset of such valid global principles would be to recognize when self as source of control needs to be complemented by others as a source of control and when active change strategies to gain control need to be complemented by a yielding and accepting mode of control. In this way, the control profile of the senior citizens in our sample appears to reflect the "wisdom to know the difference" embedded in Reinhold Neibuhr's prayer: to have the courage to change what they can (a positive assertive mode of control) and the serenity to accept what they cannot (or should not) change (a positive yielding mode of control).

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