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**Vaillant’s Contribution to Research and
Theory of Adult Development**

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Abstract: Vaillant’s recent synthesis of the findings of three longitudinal studies on aging adds new insights to our theories of adult development. These insights provide us with new sets of variables for quasi-experimental and even descriptive studies of successful aging. His frame of reference is fundamentally Erikson’s to which he adds two stages, Career Consolidation and Keeper of the Meaning. He arrived at his model inductively over years of qualitative and quantitative longitudinal observations.

Introduction

For those of us who yearn for solid theory and perhaps secretly long for an era when positivism reigned supreme, Vaillant’s recent synthesis of the findings of three longitudinal studies on aging adds new insights. His recent work (2002; Vaillant & Mukamal, 2001) attempts to synthesize findings of the Harvard (Grant Study) longitudinal study of adult development and aging, the Terman longitudinal study of adult development and aging of women and the Harvard longitudinal study of educationally disadvantaged, inner city males. His frame of reference is fundamentally Erikson’s (1963) model. To this model he adds two additional stages. Perhaps due to the influence of Levinson or simply because of his conclusions from more than 30 years of directing the Harvard study, Vaillant adds the stage of *Career Consolidation* after Erikson’s *Intimacy vs. Isolation*. He also adds a stage in later adulthood, after Erikson’s *Generativity*. This late adulthood stage he calls *Keeper of the Meaning*.

Successful Aging Described

Table I: How Vaillant’s Model of Adult Development Intersects with Erikson’s

Erikson’s Stage 5	Erikson’s Stage 6	Vaillant’s Interpolated Stage	Erikson’s Stage 7	Vaillant’s Interpolated Stage	Erikson’s Stage 8
Identity vs. identity confusion	Intimacy vs. isolation	Career consolidation	Generativity vs. stagnation	Keeper of the meaning	Integrity vs. despair

Vaillant’s model of adult development does not claim, as did Havighurst (1972) long before him, to be predictive, but descriptive of successful aging. His research relates Lindeman’s (1926/1989) insistence that adult education should help adults live better to

contemporary empirical research findings. In retrospect it is easy to see how both Lindeman and Vaillant's notions of adult learning and adult development parallel the motto of the American Gerontological Society--*to add life to years, not just to add years to life*. Summarizing one of his many longitudinal case studies, Vaillant (2002) concretizes Erikson's stage of integrity with the statement, "...his life reminds us that successful aging means not dying last, but living well."

Importance of Vaillant's Model of Adult Development to Research and Practice

Vaillant's model is important for future research in adult learning and development because in it he identifies new variables that we might have previously overlooked or avoided. These variables include educational level and physical health. Physical health according to Vaillant relates to exercise and body monitoring measured by weight at age 50. His illustrations of the effect of education alone on successful aging include the observation that a college cohort of men born from 1918 – 1932, enjoyed the same longevity as white males born in 2000. He also noted that a comparison of the college educated cohort with the inner city cohort revealed that the college cohort lived ten years longer than the inner city cohort that was educationally disadvantaged by comparison. The objective health of inner city men at 70 was the same as the Harvard and Terman participants at 80. Absence of physical disabilities at 75 for the educated cohorts compared to that of inner city men at 65. Vaillant explains the powerful influence of educational levels on objective health by inferring that higher educational levels simply imply more self-monitoring and more self-care combined with the avoidance of deleterious behaviors such as smoking and excessive alcohol consumption.

How was successful aging described? Vaillant measured well-being in late adulthood by describing what he called six functional domains:

- a) Physician-assessed objective physical of health.
- b) A subjective feeling of good health—do they say that they can carry out most tasks of daily living, climb two flights of stairs, walk two miles without resting?
- c) Length of time that participants were fully active without objective or subjective physical disabilities.
- d) Objective mental health measured by work, love, play, absence of psychiatric care
- e) Subjective life satisfaction, subjective satisfaction with marriage, job, children and friendships.
- f) Objective social support—evidence of friends? Was participant's atisfaction with wife and children mutual?

Application of Vaillant's Model of Successful Aging to Research

What value does this model have for future research in adult education and adult learning? Schaie and Willis (2002) point out the importance of looking at the psychological and physiological aspects of late adulthood when they point out that life expectancy at 65 is now nearly 15 years for men and 18 and a half years for women. They also point out that while the number of people requiring extensive care of the medical profession is just beginning to undergo an enormous increase, the number of those able to provide professional health care is either stagnant or decreasing.

Vaillant (2001) viewed the categories he used to assess successful aging not as predictors, but as "heuristic schema of successful aging for the new millennium" (p. 844). Hence, the need to put these categories or criteria in perspective and to use them, not predictors of successful

aging because his samples were biased, but as “heuristic schema” to help us as educators guide learners in better life style directions through education and counseling.

Below is a table that relates questions used in our pilot study with criteria for successful aging identified by Vaillant (2001):

Table 2: Vaillant’s Model Applied to a Pilot Study on Successful Aging

Categories from Vaillant’s Longitudinal Study	Interview Schedule Used in the Pilot Study of the Successful Aging of Active Athletes 65 and older.
a) Physician-assessed objective health	Do you take any medications? Have you ever smoked Would you say that you are overweight? Underweight? Just the right weight?
b) Subjective good health	Do you play competitive sports? What do you do in the way of physical exercise? Can you climb two flights of stairs? Walk two miles without resting?
c) Length of time without objective or subjective physical disability	When did you begin to play competitive sports? Have you played consistently? Did you ever have a physical disability?
d) Objective mental health measured by work, love, play, absence of psychiatric care	When did you quit working? Do you still work? How many years of formal education did you complete? Do you participate in any form of continuing education? Are you an active Church-goer? Do you do paid or volunteer work?
e) Subjective life satisfaction	How long have you been married? Would you say you have a wide circle of friends? Or just a few friends that you see frequently?
f) Objective social support	How frequently do you see your children? Do you belong to any organizations that meet on a regular basis?

Other interesting variables in the Vaillant (2002) analysis of three longitudinal studies include volunteering for significant, other-embracing projects and expanding social contacts, which he categorizes as *Keeper of the Meaning*. Vaillant illustrates each of these stages with narrative data that he either collected or retrieved from archives of the 50 years of longitudinal data garnered from the three studies mentioned in the Introduction. His contribution provides a framework through which we can view adult development and aging in the contemporary postindustrial society.

Examples of Vaillant's Model Applied to a Pilot Study on Successful Aging

Vaillant's (2002; Vaillant & Mukamal, 2001) recent insights into adult development and aging provide us adult education researchers a theoretical framework to study adult learning in late adulthood. We are currently involved in a pilot study designed to probe further into his theory of successful aging on a local group of men and women. The local group of men and women participate in competitive sporting activities called the Senior Olympics. They are all over 65 years of age. As senior Olympians, they participate in competitive biking, running, swimming, basketball and softball. This group was chosen because they exemplified one of Vaillant's key variables—good physician-assessed health by age 50. Complete functionality and good health, according to Vaillant (2002) is based on self care which, in turn, is related to both educational level and continuing education. The other so called “heuristic schema” exemplified in this group is higher levels of either foundational or continued education.

If we just focus on objective social support and apply that criteria to our pilot study, we found that his so-called “heuristic schema” reveals an almost uncanny fit. For example two individuals in our pilot study who were observed over a seven-to-eight year period and who were fully functional and healthy at age 50 when they played competitive softball. However, these individuals have since withdrawn from competitive sports. Both have relatively high levels of education defined as a college educated. However, both have conflicting family relations the involved a divorce, remarriage and separation from children. When queried why they withdrew from competitive softball, they both cited physical disabilities. On the other side of this picture are three participants who underwent serious surgery that resulted in temporary physical disability after age 65. Yet, these three are all involved in competitive sports at this moment. All three have enjoyed very stable spousal relations and have frequent contact with their extended families.

Finally, the pilot interviews revealed extraordinary levels of volunteerism and community involvement. Community involvement is what Vaillant referred to as going beyond oneself and becoming other centered, a stage prior to Erikson's last stage of *Ego Integrity*. Vaillant referred to this stage as *Keeper of the Meaning*. In one of his many case history descriptions, *Keeper of the Meaning* was exemplified by the comparison of a wealthy single woman of high intelligence (IQ of 151) who took time to care for her parents with a relatively poor inner city man with an IQ of 82. In this comparison, he described the highly intelligent and wealthy woman as an ungenerative and isolated individual. Whereas a relatively poor, inner city subject had a happy marriage, was highly involved in community service. The inner city man Vaillant judged to be an example of successful aging, whereas the wealthy woman who had become self-absorbed was judged as an example of unsuccessful aging.

Finally, the pilot interviews revealed extraordinary levels of volunteerism and community involvement. We had not expected the *Keeper of the Meaning* stage to be so important in our pilot study. The oldest person in our pilot study, an individual 83 years old, not only continues to play competitive sports (an anomaly itself), but is highly involved in informal education through his involvement in Rotary International. In addition he volunteers at his community hospital once a week, volunteers for meals on wheels and for church related projects. Health problems have not been absent from this individual who had a triple bypass surgery at age 76. Two others had serious disabling illnesses in late adulthood, but they have successfully overcome their health challenges. One has had an operation on his knee, another acute and disabling appendicitis. But all three have bounced back, rehabilitated and are now fully functional at the highest level for their ages.

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