

# Internet Use and Psychological Wellness during Late Adulthood\*

Julie Erickson  
*University of Manitoba*

Genevieve M. Johnson  
*Curtin University of Technology*

---

## RÉSUMÉ

Une population vieillissante est mieux servie par des services d'assistance sociaux, personnels et de la santé qui visent à maintenir et à maximiser l'autonomie personnelle. L'Internet offre des opportunités nombreuses pour les individus de tous âges de communiquer, d'accéder aux informations, et de se livrer à des activités récréatives. Un échantillon à base communautaire de 122 adultes de plus de 60 ans ont rempli un questionnaire qui a évalué les trois groupes de caractéristiques : (a) la fréquence et les modes d'utilisation de l'Internet, (b) le bien-être (la solitude, la satisfaction de vie, l'auto-suffisance, les soutiens sociaux, et la dépression) et (c) les données démographiques (l'âge, le revenu, l'éducation). Des corrélations significatives sont apparues entre les trois groupes de variables mesurées. Tout en contrôlant les différences démographiques, l'utilisation d'Internet et de l'autosuffisance demeurent significativement corrélés. Parmi l'échantillon des personnes plus âgées, celles qui ont utilisé l'Internet plus présentaient une plus forte perception de leur efficacité que celles qui ont utilisé l'Internet que rarement ou pas du tout.

## ABSTRACT

An aging population is best served by social, personal, and health support focused on maintaining and maximizing personal independence. The Internet affords numerous opportunities for individuals of all ages to communicate, access information, and engage in recreational activities. A community-based sample of 122 adults over 60 years of age completed a questionnaire which assessed three clusters of characteristics: (a) frequency and patterns of Internet use, (b) well-being (loneliness, life satisfaction, self-efficacy, social support, and depression), and (c) demographics (age, income, education). Significant correlations emerged between the three clusters of measured variables. Controlling for demographic differences, Internet use and self-efficacy remained significantly related. Among the sample of older adults, individuals who used the Internet more had higher perceptions of self-efficacy than those who used the Internet rarely or not at all.

---

\* Thank-you to Andrew Howell for much appreciated input.

Manuscript received: / manuscrit reçu : 28/06/10

Manuscript accepted: / manuscrit accepté : 08/03/11

**Mots clés :** personnes plus âgées, l'Internet, bien-être psychologique, vieillissement, courrier électronique, autosuffisance

**Keywords:** older adults, Internet, psychological wellness, aging, email, self-efficacy

Correspondence and requests for offprints should be sent to / La correspondance et les demandes de tirés-à-part doivent être adressées à:

Julie Erickson, M.A. candidate  
Department of Psychology  
University of Manitoba  
190 Dysart Rd.  
Winnipeg, MB R3T 2N2  
(umeric27@cc.umanitoba.ca)

---

## Internet Use and Psychological Wellness during Late Adulthood

Increasing longevity and declining fertility have shifted the age distribution of populations throughout the world towards older age groups (Sum, Mathews, & Hughes, 2009). Between the years 1950 and 2000, the

number of persons over the age of 60 tripled and by 2050 is expected to reach two billion worldwide (National Institutes of Health, 2007). Anticipated consequences of such a demographic shift include increased demand for health care and social services, and pressure on families to care for older persons (Martini,

Garrett, Lindquist, & Isham, 2007). An aging population is best served by social, personal, and health support focused on maintaining and maximizing personal independence. Psychological wellness during late adulthood decreases the need for out-of-home care and increases a person's quality of life (Prohaska et al., 2006; Seeman, Lusignolo, Albert, & Berkman, 2001).

### Psychological Wellness during Late Adulthood

The construct of well-being reflects a rather large collection of states that range from objective functional health to subjective perceptions of life quality (George, 2010). Subjective well-being most often refers to a positive orientation towards life and is generally based upon such feelings as happiness, morale, positive affect, and life satisfaction. Such various measures are interrelated and may constitute a single dimension (Slocum-Gori, Zumbo, Michalos, & Diener, 2009). Diener (1984) conceptualized psychological well-being as primarily a subjective evaluation of life satisfaction and high positive affect relative to negative affect. Subsequent approaches to Diener's delineation of psychological wellness have included *hedonia* and *eudaimonia* (Waterman, 1993). Hedonic conceptualizations of well-being emphasize pleasure seeking and pain avoidance whereas eudaimonic approaches emphasize living well and actualizing individual potential (Deci & Ryan, 2008). Ryff (Ryff, 1995; Ryff & Singer, 2008) used an eudaemonic framework to inform a model of psychological well-being encompassing six dimensions: (a) positive evaluations of self and life (*self-acceptance*); (b) a sense of continued growth and development (*personal growth*); (c) the belief that life is meaningful (*purpose in life*); (d) satisfying relationships with others (*positive relationships*); (e) the capacity to manage life and the surrounding world (*environmental mastery*); and (f) self-determination (*autonomy*).

Ryff's conceptualization of psychological well-being has been applied in several investigations with older adults (e.g., Chen & Persson, 2002; Laukka, 2007), although its validity has been questioned because of strong correlations among the six dimensions (Springer, Hauser, & Freese, 2006). Thus, while theoretical orientations to psychological wellness vary, common elements are apparent including (a) a general satisfaction with oneself and life, (b) the presence of supportive and enriching interpersonal relationships, (c) a perceived ability to meet personal demands of one's environment, and (d) a greater occurrence of positive, as opposed to negative, emotional states such as loneliness and depression.

Despite theoretical variability, a considerable volume of research has explored the correlates of psychological

wellness during late adulthood. Well-being, variously defined, has been related to positive social and physical outcomes such as (a) quality of family relationships (Ryan & Willitis, 2007); (b) physical health (Penedo & Dahn, 2005); (c) decreased disability (Freyne, Keough, Kelly, & Wrigley, 2005; McAuley et al., 2006); and (d) lower mortality rate (Gerstorf, Ram, Rocke, Lindenberger, & Smith, 2008; Lyyra, Tormakangas, Read, Rantanen, & Berg, 2006). Behavioural correlates of well-being during later life include, but are not limited to, (a) religious involvement (Jang, Borenstein, Chiriboga, Phillips, & Mortimer, 2006); (b) volunteerism (Van Willigen, 2000; Windsor, Anstey, & Rodgers, 2008); and (c) engagement in leisure activities (Menec, 2003). Chow (2010) reported that education level, use of medications, physical mobility, and perceived financial needs were significantly associated with physical well-being during late adulthood, while gender, marital status, education, and physical mobility were significantly related to psychological well-being.

The indicators of subjective well-being in later life are associated with several background factors. Meta-analyses show that age, income, and education are positively related to subjective well-being, whereas female gender is negatively related (Pinquart & Sorensen, 2001). African-Americans (Yang, 2008) and Hispanic Americans (Barger, Donoho, & Wayment, 2009) score lower than White Americans on various measures of subjective well-being. Litwin and Shiovitz-Ezra (2010) reported that, independent of the effects of demographic and health confounds, older adults embedded in diverse and congregant social networks expressed a superior sense of subjective well-being as reflected, to varying degrees, in their levels of loneliness, anxiety, and/or happiness. Social networking, particularly among adolescents and young adults, has been facilitated by innovation in digital technologies (Ellison, Steinfield, & Lampe, 2007). Indeed, the convenience of the Internet has transformed many aspects of contemporary life (Johnson, 2007).

### Internet Use during Late Adulthood

Older adults comprise the fastest-growing Internet user group, and this trend is expected to continue as the cost of information and communication technology decreases and as a technologically savvy generation ages (Sum et al., 2009). Predictors of Internet use in late life include (a) higher education and greater income (Charness & Boot, 2009; Wright & Hill, 2009); (b) positive attitudes towards computers and the Internet (Wagner, Hassanein, & Head, 2010); (c) high computer self-efficacy and low computer-anxiety (Czaja et al., 2006); (d) good physical health (Kaye, 2000); and (e) cognitive functioning (Czaja et al., 2006).

Approximately 45 per cent of Canadian adults between ages 65 and 74 are online whereas 21 per cent of individuals aged 75 and older are online (Statistics Canada, 2009). The United States, European Union, and Australia have observed similar percentages of older adults using the Internet (Jones & Fox, 2008; Peacock & Kunemund, 2007; Sum et al., 2009). The majority of older adults who use the Internet do so on a daily or weekly basis and spend at least five hours per week online (Statistics Canada, 2009; Sum et al., 2009). However, the extent of Internet use in late life varies among age groups. The baby boom generation typically spends more time online than older adults who were born before this cohort (Statistics Canada, 2009).

Reportedly, older adults engage in much the same activities online as younger adults do but to varying extents (Wagner et al., 2010). Communicative uses of the Internet, such as email, instant messaging, and online communities, are particularly popular for older adults, due in large part to helping maintain familial relationships and enabling social support (Thayer & Ray, 2006). Compared to online communication, older adults use the Internet to seek information less frequently (Wagner et al., 2010; Wright & Hill, 2009). Nonetheless, online information particularly related to physical health is commonly sought by older adults in an attempt to make more-informed decisions (Flynn, Smith, & Freese, 2006). Older adults also engage in leisure activities online, such as playing games, listening to music, and watching television, albeit less often than online communication and information applications (Sum et al., 2009). Given the extent to which digital technologies have revolutionized many daily functions (Arnaldi, Boscolo, & Stamm, 2010), the role of the Internet in late adulthood is of increasing concern.

### **Psychological Wellness and Internet Use during Late Adulthood**

The literature to date examining the relationship between Internet use by older adults and psychological and social wellness has yielded inconsistent findings, and as a result, the nature of this relationship remains ambiguous. Correlational data has reported predominantly positive links between the use of information-communication technologies and well-being, variously defined. Chen and Persson (2002) examined both older and younger Internet users in relation to Ryff's (1995) conceptualization of psychological well-being. Older Internet users scored significantly higher than older non-users on measures of personal growth and purpose in life. Similarly, Blit-Cohen and Litwin's (2005) survey of community-based older adults linked computer use

to greater personal satisfaction and more-positive attitudes towards aging.

Use of the Internet for communication purposes (e.g., email and online communities) has been positively related to social aspects of well-being in late life, such as perceptions of social support. Wright (2000) surveyed older Internet users and found that those who frequently participated in online communities experienced less life stress and were more satisfied with their support networks than those who infrequently participated in online communities. Likewise, Sum, Mathews, Hughes, and Campbell (2008) demonstrated that older adults' use of the Internet for communication, but not for information seeking or commercial activities, was correlated with lower levels of loneliness. Given that correlational data does not permit causal conclusions to be drawn, experimental research is necessary to determine the nature of the relationship between technology utilization and wellness in late life. Causal relationships between computer and Internet use and positive psychosocial outcomes in late life have been reported, such as (a) increased social support (Cody, Dunn, Hoppin, & Wendt, 1999); (b) positive attitudes towards aging (Cody et al., 1999); (c) life satisfaction and self-control (Shapira, Barak, & Gal, 2007); and (d) fewer symptoms of depression and loneliness (Shapira et al., 2007).

Concurrently, however, research has failed to detect a relationship between technology utilization and wellness in late life. Upon reviewing the literature, Dickinson and Gregor (2006) concluded there is no evidence to suggest a relationship between computer use and wellness among older adults. Additional experimental research by Slegers, van Boxtel, and Jolles (2008, 2009) which utilized a rigorous, randomized controlled trial design also concluded that use of the computer and Internet does not have a direct influence on physical, emotional, or psychological well-being.

The body of literature examining relationships between Internet use and wellness during late adulthood is undermined by inconsistent findings and also by a lack of ecological validity. For example, although several investigations have examined Internet use in relation to aspects of psychological wellness, such research has narrowly defined well-being (e.g., Sum, Pourghasem, and Hughes, 2008; Wright, 2000). Within the context of research on Internet use, descriptions of well-being during late adulthood should be consistent with the literature (e.g., Greenfield & Marks, 2004; Keyes, Shmotkin, & Ryff, 2002; Ryff, 1995) yet inclusive of other dimensions of wellness that have been linked to technology utilization in previous research, such as decreased loneliness and depression. Such a conceptualization of well-being should include life satisfaction,

self-efficacy, social support, and decreased loneliness and depression.

There is, as yet, scant evidence that specific uses of the Internet relate to certain aspects of well-being. Moreover, previous research has focused primarily on communicative technology; it is not clear whether other types of Internet use would also be related to different facets of well-being. For example, there is evidence linking communicative use of the Internet and social aspects of well-being in late life borne out by findings of, for example, (a) social support (Cody et al., 1999; Sum et al., 2008); (b) greater social capital (Sum, Mathews, Pourghasem, & Hughes, 2008); and (c) less loneliness (Sum et al., 2008).

Comparatively little examination has been made of how Internet use for other purposes, such as information seeking, may relate to certain aspects of psychosocial functioning in late life, such as self-efficacy. Czaja et al. (2006) demonstrated that self-efficacy beliefs specific to computer skills were a significant predictor of technology utilization among older adults. It may be that a general sense of self-efficacy is linked to Internet use by older adults in that efficacy beliefs may increase the likelihood that an older person would learn a new skill such as using the Internet. Conversely, older Internet users may feel more empowered or efficacious as a result of having access to the large amounts of information online and the ease of access to social networks.

Finally, while empirical research on older adults' use of the Internet has frequently included analysis of variables such as age, education, and income, demographics have been given relatively little weight in the analysis of the relationship between Internet use and well-being (e.g., Chen & Persson, 2002; Sum et al., 2008). Older adults who use the Internet are more likely to be younger, and to have higher income and greater education than older adults who do not use the Internet (Czaja et al., 2006; Fox, 2004; Statistics Canada, 2009). Increased financial resources and higher levels of education are also associated with well-being (Cheung & Chan, 2009; Kaplan, Shema, & Leite, 2008). Demographic characteristics have been included as covariates in the context of Internet use and well-being in older adult populations (e.g., Slegers et al., 2008); however, the proportion of variance in Internet use accounted for by both demographic characteristics and well-being has not been established.

## Research Questions

Our investigation, reported in this article, addressed three related research questions:

1. Is there a relationship between Internet use and psychological wellness (e.g., life satisfaction, social support,

self-efficacy, low loneliness, and depression) during late adulthood?

2. Are different types of online activities (e.g., communication, information seeking, and entertainment) differentially related to aspects of psychological wellness (e.g., life satisfaction, social support, self-efficacy, and reduced loneliness and depression) in older adults?
3. What are the patterns of relationships among demographic variables (age, income, and education), Internet use, and well-being in late adulthood?

## Method

### Participants

We surveyed 122 community-based adults over 60 years of age, who volunteered to complete a questionnaire on Internet use and well-being (females = 81, males = 41). The age cutoff of 60 was selected to enable sufficient comparisons between distinct age-groupings across the latter half of life (e.g., 60–69, 70–79, and over 80). Of the participants, 32 per cent were between the ages of 60 and 69 years, 43 per cent were between 70 and 79 years, and 24 per cent were 80 years and older. Regarding marital status, 38 per cent of participants reported that they were married, 35 per cent reported being widowed, 11.6 per cent reported being divorced, 9.9 per cent reported being single, and five per cent reported being separated. Over half of participants (52.9%) reported living by themselves, 38.8 per cent reported living with a spouse, and 8.3 per cent reported living with a partner or roommate. Almost 80 per cent of the sample reported that they were retired (77.9%), 8.6 per cent reported working full-time, 4.5 per cent reported working part-time, 7.4 per cent reported being retired and working part-time, and 1.6 per cent reported being unemployed.

With respect to education, 52 per cent of the participants reported starting or completing a university or college education, 11 per cent reported starting or completing technical school, 20 per cent reported completing high school, and 14 per cent reported not having a high school diploma. Concerning income, 10 per cent of participants reported an annual income of less than \$20,000, 47 per cent of participants reported an annual income between \$20,000 and \$40,000, 22 per cent of respondents reported an annual income between \$40,000 and \$60,000, and 21 per cent of respondents reported annual incomes exceeding \$60,000.

The distribution of age, marital status, living situation, employment status, education level, and annual income within this sample resembles 2006 census data for the city in which recruitment occurred, indicating that the sample is representative (Statistics Canada, 2007). The majority (59%) of respondents reported good physical health while 24 per cent reported excellent

health, 16 per cent reported *fair* health, and 1 per cent reported *poor* health.

### Measures

#### Internet use

Adapted from the scales developed by Johnson (2007, 2008), Internet use was measured with 12 questionnaire items. One item assessed frequency of Internet use: *never* (0), *monthly* (1), *weekly* (2), or *every day* (3). Duration of Internet use was also assessed: *never* (0), *less than one year* (1), *one to five years* (2), and *more than five years* (3). The remaining 10 Internet use questionnaire items queried the extent of Internet use for the purposes of communication (email, chat rooms, instant messaging, and online communities), accessing information (search engines, accessing public and private information), and entertainment (music, movies, games). Respondents rated these 10 items on a 4-point scale ranging from *never* (0) to *often* (4).

#### Well-being

The questionnaire included 100 items that assessed five separate constructs related to well-being: (a) loneliness, (b) life satisfaction, (c) self-efficacy, (d) social support, and (e) depression. Loneliness was measured with the complete 20-item UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980). Items such as "I feel isolated from others", or "I lack companionship" were rated on a four-point scale ranging from *never* (0) to *often* (3). Total scores could range from 0–60, with higher scores indicating greater degrees of loneliness. Cronbach's alpha of the scale was found to be 0.89, suggesting the scale measured a single construct (Russell et al., 1980). The validity of the UCLA Loneliness Scale has been supported by several lines of empirical evidence (Hartshorne, 1993; Mahon, Yarcheski, & Yarcheski, 1995; Russell et al., 1980) and has been used with older adult populations (Green, Richardson, Lago, & Schatten-Jones, 2001).

The questionnaire included the 18-item Life Satisfaction Index (Neugarten, Havinghurst, & Tobin, 1961). Participants responded to items such as "as I look back on my life, I am fairly well satisfied" and "these are the best years of my life", with either *agree* (1), *disagree* (0), or *unsure* (0) as possible choices. Total scores could range from 0–18, with higher scores indicating greater degrees of life satisfaction. Cronbach's alpha of the scale was found to be 0.79, suggesting the measure reflected a single construct (Wallace & Wheeler, 2002). The Life Satisfaction Index has been validated for use in geriatric populations (Helms, Goffin, & Chrisjohn, 1998).

Self-efficacy was measured with 18 items drawn from the Self-Efficacy Scale (Sherer et al., 1982). Items from

the social self-efficacy subscale were excluded. Items such as "I am a self-reliant person" and "when I decide to do something, I go right to work on it" were rated as *agree* (3), *disagree* (2), or *unsure* (1). Total scores could range from 18–54, with higher scores indicating greater self-efficacy beliefs. Cronbach's alpha of the modified scale was found to be 0.86, suggesting that a single construct was being measured (Sherer et al., 1982). Both the criterion and construct validity of the scale has been established (Sherer et al., 1982). The Self-Efficacy Scale has been used in previous gerontological research (e.g., Singh et al., 2005).

Social support was measured with the 23-item Social Support Appraisal Scale (Vaux et al., 1986). To be consistent with the self-efficacy scale, items such as "I am well liked" or "I can rely on my friends" were rated as *agree* (3), *disagree* (2), or *unsure* (1). Total scores could range from 23–69, with higher scores indicating stronger subjective appraisals of social support. Cronbach's alpha of the modified scale was found to be 0.89, suggesting that a single construct was being measured (O'Reilly, 1995). Vaux et al. (1986) provided evidence for the validity of the 23-item measure, and subsequent research applied the Social Support Appraisal Scale to older adults (e.g., Coen, Swanwick, O'Boyle, & Coakley, 1997).

Depression was measured with the Beck Depression Inventory (Beck, Steer, & Brown, 1996). Each of 21 items has four possible choices reflecting different intensities of depressive symptoms, and they were scored accordingly, for example: "I do not feel sad" (0); "I feel sad much of the time" (1); "I am sad all of the time" (2); or "I am so sad or unhappy, I can't stand it" (3). Total scores can range from 0–63, with higher scores indicating more severe depressive symptoms (Beck et al., 1996). Cronbach's alpha of the scale was found to be 0.90, suggesting that a single construct was being measured (Steer, Rissmiller, & Beck, 2000). Evidence from Richter, Werner, Heerlein, Kraus, and Sauer (1998) suggested that the 21-item inventory is a valid assessment of depression. The Beck Depression Inventory has been used extensively with older adult populations (e.g., Scogin, Welsh, Hanson, Stump, & Coates, 2005; Segal, Coolidge, Cahill, & O'Reilly, 2008).

#### Procedure

Individuals in late adulthood were invited to participate in the research study. Participants were recruited from a variety of groups in Edmonton, Alberta. Over half (53%) of the sample consisted of individuals from seniors' centres, 33 per cent were from continuing education programs, and 14 per cent were from community organizations. There were no significant age, income, or education differences between recruitment sites. Permission was granted to

visit each participating organization and provide verbal and written information about the study to older adults present. Individuals who expressed interest in participating were asked to complete a questionnaire that measured Internet use, well-being, and demographic variables. In the majority of cases (82%), the questionnaire was completed in the presence of the principal investigator. Due to time constraints, a minority of individuals ( $n = 20$ ) returned the questionnaire to the principal investigator by post.

## Results

Of the 122 older adults sampled, 57 per cent reported using the Internet every day, 12 per cent used the Internet weekly, 6 per cent were online monthly, and 25 per cent had never used the Internet. More than half the participants (53%) reported using the Internet for at least five years, whereas 16 per cent reported being online for the past 1–5 years, 6 per cent had been using the Internet for less than one year, and 25 per cent reported never using the Internet. Table 1 presents the proportion of respondents selecting each questionnaire item response option. Nearly 60 per cent of respondents (59.8%) reported using email *often* whereas a substantially smaller percentage of respondents (4.4%) reported using instant messaging to the same degree. Over one-third of participants (35.3%) reported accessing online public information *often* (e.g., news and weather), and a comparable proportion (28.3%) *frequently* accessed private information (e.g., banking). Playing online games were the most frequently reported form of entertainment, with nearly one-fifth (19.1%) of participants reporting gaming daily.

Consistent with Johnson (2007, 2008), participant ratings of the 10 specific Internet use items were summed to reflect a score for the three categories of online behaviour including (a) communication (email, online

communities, instant messaging and chat); (b) information access (search engines, public and private information access); and (c) entertainment (movies, music, and games). Communication scores could range from 0–12, information access scores could range from 0–9, and entertainment scores could range from 0–9. Participant ratings of all 10 specific Internet use items were also summed to yield a *total Internet use* value. Total scores could range from 0–30. Table 2 displays the descriptive statistics for each category of Internet use. The information category yielded the highest average (4.28), reflecting frequent online information seeking among the older adults surveyed. The entertainment category displayed the lowest average (1.88), indicating lesser use of games, movies, and movies online. Table 2 also displays the descriptive statistics for each measure of well-being, including loneliness, life satisfaction, self-efficacy, social support, and depression. Mean scores were particularly high on the self-efficacy and social support scales, and low on the depression scale, reflecting a high-functioning sample with respect to well-being.

Table 3 displays the correlations between self-reported Internet use and the five scales of well-being. There were significant correlations between measures of well-being and Internet use. Loneliness was negatively correlated with the communicative category of Internet use. Life satisfaction was positively correlated with all measures of Internet use, except for the entertainment category of use. Similarly, self-efficacy and social support were both positively correlated with all measures of Internet use except for entertainment. Depression was negatively correlated with all measures of Internet use except for entertainment.

Multiple regression analyses were performed to determine the extent to which the measures of well-being predicted Internet use. Collectively, loneliness, life satisfaction, self-efficacy, social support, and depression significantly predicted Internet use frequency in older adults ( $R^2 = .10$ ,  $F [5, 108] = 3.726$ ,  $p < .01$ ). However, within this model, self-efficacy was the only significant predictor of Internet use ( $\beta = 0.32$ ;  $p < .01$ ).

Table 4 displays the correlations between demographics (age, education, income) and the measures of Internet use and well-being. Age was negatively associated with almost every measure of Internet use. Age was also negatively correlated with social support. Income was positively correlated with all aspects of Internet use and four measures of well-being (life satisfaction, self-efficacy, social support, and depression). Education was positively correlated with every measure of Internet use except for entertainment. Education was also positively associated with self-efficacy. Multiple regression analyses were performed

**Table 1: Self-reported frequency of specific Internet use (%)**

Internet Use Items	Item Response Format			
	Never	Rarely	Sometimes	Often
Email	23.9	6.8	9.4	59.8
Chat Rooms	89.5	7.0	3.0	0.0
Instant Messaging	72.6	12.4	10.6	4.4
Online Communities	82.5	6.1	7.0	4.4
Search Engines	33.3	3.5	20.2	43.3
Public Information	32.8	8.6	23.3	35.3
Private Information	60.2	4.4	7.1	28.3
Music	62.1	13.8	19.0	5.2
Movies	78.3	13.0	5.2	3.4
Games	61.7	6.1	13.0	19.1

**Table 2: Descriptive statistics for categories of Internet use and measures of well-being**

Category	Mean	SD	Potential Range	Observed Range	$\alpha$
Communication <sup>a</sup>	2.96	2.35	0-12	0-10	—
Information <sup>b</sup>	4.28	3.38	0-9	0-9	—
Entertainment <sup>c</sup>	1.88	2.21	0-9	0-9	—
Total <sup>d</sup>	9.12	8.27	0-30	0-29	—
Loneliness	35.5	10.8	0.0-60.0	7.0-60.0	0.91
Life Satisfaction	11.9	3.6	0.0-18.0	3.0-18.0	0.79
Self-Efficacy	44.2	6.4	18.0-54.0	18.0-51.0	0.83
Social Support	61.7	9.6	23.0-69.0	23.0-69.0	0.91
Depression	6.2	4.9	0.0-63.0	0.0-25.0	0.80

<sup>a</sup> Summation of ratings on four items: email, instant messaging, online communities, and chat.

<sup>b</sup> Summation of ratings on three items: search engine use, public information access, and private information access.

<sup>c</sup> Summation of ratings on three items: movie, music, and games.

<sup>d</sup> Summation of ratings on all 10 items.

to determine the degree to which demographic variables predict frequency of Internet use among respondents. Higher income ( $\beta = 0.28$ ) and greater education ( $\beta = 0.22$ ) significantly predicted frequency of Internet use ( $p < .05$ ) whereas age did not. Collectively, income and education accounted for 24 per cent of the variance in Internet use frequency.

Because both Internet use and well-being were correlated with age, income, and education, partial correlations between all measures of well-being and Internet use were determined, controlling these demographic variables (see Table 5). Small yet statistically significant relationships between self-efficacy and several facets of Internet use remained, including (a) communicative Internet use, (b) online information seeking, and (c) total Internet use. No significant correlations were observed between self-efficacy and use of the Internet for entertainment purposes. Relationships between other measures of well-being and Internet use were non-significant when controlling for demographic variables.

## Discussion

Results of the current investigation provide information on Internet use among older Canadian adults and the relation of such use to well-being and demographic characteristics. In the current sample, only one in four older adults surveyed reported never using the Internet. This result is in stark contrast to

the frequently cited Pew Internet and American Life Project (Fox, 2004) which reported that approximately 38 per cent of adults over the age of 65 go online. Of the present sample, 57 per cent reported using the Internet daily. Over half (53%) of those surveyed had been using the Internet for more than five years. The elevated rate of Internet use may indeed suggest that a growing proportion of older adults use the Internet. Alternatively, the results may also reflect a non-random sample of participants. For example, some individuals who were approached to participate may have assumed they were not eligible because they were not Internet users. As a result, non-Internet users may be under-represented in the current sample of older adults, thus limiting the generalizability of the findings.

Participants reported most often using the Internet for purposes of communication and information access. Emailing and accessing private and public information were the most popular usages; older adults used instant messaging and chat rooms relatively less frequently. The lesser use of real-time online communication may partially reflect unfamiliarity, or perhaps mistrust, with these Internet applications. Alternatively, the cognitive resources required for such applications may be declining in old age (Charness & Boot, 2009). For example, psychomotor skills and information processing speed are known to decrease with age (Schaie, 1996).

**Table 3: Correlations between self-reported Internet use and measures of well-being**

Internet Use	Loneliness	Life Satisfaction	Self-Efficacy	Social Support	Depression
Communication	-0.19*	0.29**	0.44**	0.26**	-0.33**
Information	-0.16	0.22*	0.41**	0.27**	-0.29**
Entertainment	-0.03	0.08	0.15	0.21*	-0.09
Total Internet Use	-0.11	0.23*	0.42**	0.29**	-0.28*

\*  $p < .05$ . \*\*  $p < .01$

**Table 4: Correlations among demographic variables and Internet use and measures of well-being**

	Age	Income	Education
<i>Internet Use</i>			
Communication	-0.31**	0.36**	0.32**
Information	-0.38**	0.40**	0.35**
Entertainment	-0.10	0.30**	0.11
Total	-0.32**	0.45**	0.34**
<i>Well-Being</i>			
Loneliness	0.10	-0.13	-0.01
Life Satisfaction	-0.09	0.25*	0.09
Self-Efficacy	-0.17	0.32**	0.21*
Social Support	-0.18*	0.26**	0.12
Depression	-0.05	-0.20*	-0.17

\*  $p < .05$ . \*\*  $p < .01$ 

Online entertainment was reported less frequently by participating older adults than Internet use for communication and information purposes. Nonetheless, 20 per cent of respondents reported playing online games every day. The current sample of older adults expressed a unique pattern of Internet use. Although a portion of the online behaviour of older adults included the pursuit of leisure activities, it primarily reflected convenience, a finding consistent with other surveys of older Internet users (e.g., Fox, 2004; Statistics Canada, 2009).

Correlational analyses suggested a link between older adults' use of the Internet and dimensions of wellness (e.g., loneliness, life satisfaction, self-efficacy, social support, and depression). Significant correlations also emerged between demographic variables (such as income) and both Internet use and well-being, raising the possibility that the correspondence between Internet use and well-being may be an artifact of the influence of socio-economic status on both technology utilization and successful aging. After controlling for demographic variables, the relationship between self-efficacy and Internet use remained significant. In particular, efficacy beliefs were related to use of the Internet for communicating and accessing information but not for entertainment purposes. Therefore, the

predicted relationships between Internet use and well-being were, in part, confirmed.

The robust relationship between self-efficacy and Internet use is subject to interpretation. Results could indicate that greater perceptions of self-efficacy drive older adults to use the Internet, an explanation that is consistent with Bandura's (1982) conceptualization of self-efficacy as the expectation of personal mastery or success. High expectancies of success make an individual more likely to initiate behaviours such as learning a new skill. Older adults who perceive themselves as capable of using or "mastering" the Internet may be more likely to learn and continue using the Internet on a regular basis. Theoretical and empirical investigations have explored the role of self-efficacy beliefs in technology adoption, and it appears that, regardless of the age group, these beliefs are key antecedents in the decision to use the Internet (Adams, Stubbs, & Woods, 2005; Agarwal, Sambamurthy, & Stair, 2000; Czaja et al., 2006).

Alternatively, the Internet could be causally linked to self-efficacy such that using this technology increases older adults' self-efficacy beliefs. When viewing the Internet as a tool to lead an independent life, remain in contact in family and friends, and make informed decisions, it seems plausible that older adults could perceive themselves as more efficacious as a result of using the Internet. To date, relatively few empirical investigations have examined the causal effect of older adults' Internet use on self-efficacy. Karavidas, Lim, and Katsikas (2005) examined the effect of computer training offered to a group of older adults and reported significant increases in self-efficacy as a result. In another study, Chu, Huber, Mastel-Smith, and Cesario (2009) provided Internet training, related to accessing health information online, to older adults. The Internet training resulted in significant increases in the older adults' *computer* self-efficacy. It is plausible that increases in computer self-efficacy could generalize to other types of efficacy beliefs. Igbaria and Iivari (1995) argued that computer experience positively affects self-efficacy expectations through providing opportunities for successful task performance and thus raising mastery expectations.

**Table 5: Partial correlations between Internet use and measures of well-being, controlling for demographic variables**

Internet Use	Loneliness	Life Satisfaction	Self-Efficacy	Social Support	Depression
Communication	-0.07	0.13	0.24*	0.10	-0.13
Information	-0.01	0.11	0.23*	0.08	-0.14
Entertainment	0.07	-0.05	0.05	0.14	0.05
Total Internet Use	0.03	0.08	0.24*	0.13	-0.12

\*  $p < .01$



Additionally, specific types of Internet use may differentially influence individual perceptions of self-efficacy. In our study, Internet use for purposes of communication and information, but not entertainment, was significantly correlated with self-efficacy. Likewise, the amount of time spent using the Internet may have a moderating effect on self-efficacy such that more time spent online leads to greater perceptions of self-efficacy. Recall that more-frequent use of the Internet was associated with higher levels of self-efficacy than individuals who were online less often.

The relationship between Internet use and self-efficacy in late adulthood could also be conceptualized as reciprocal. Self-efficacy influences older adults to use the Internet, and online experiences, in turn, reinforce and increase perceptions of self-efficacy. Such a reciprocal relationship between technology utilization and well-being was recently proposed from an ecological theoretical perspective by Johnson and Ptoplampu (2008). The impact of technology is mediated by several forces, such as family, school, and community characteristics. Technology in turn influences the individual's interactions with the immediate environment (e.g., email provides increased opportunity to maintain friendships). Internet use during late adulthood unfolds in response to opportunities and constraints associated with demographics (income, education, age) and psychological characteristics (self-efficacy). Clearly, Internet technologies have the potential to change, in fundamental ways, patterns of interactions either directly (e.g., online support) or indirectly (e.g., increased self-efficacy). While the relation between income, self-efficacy, and technology utilization during late life requires further investigation, results of the current investigation find support for the conclusion that Internet use, in its many forms and purposes, is a positive feature of successful aging.

By the nature of correlational research, the relationship between Internet use and self-efficacy could be explained by a third, unmeasured variable. Although the present investigation controlled for relevant demographic characteristics, other variables not currently measured could also explain the relationship between Internet use and self-efficacy. For example, cognitive functioning is predictive of both Internet use (Czaja et al., 2006) and self-efficacy (Seeman, McAvay, Merrill, Albert, & Rodin, 1996) in older adults. Therefore, further consideration of cognitive abilities in the context of technology utilization and psychological wellness in older populations is warranted.

### Limitations and Future Research

While the present study has shed light on the complex relationship between Internet use, psychological

well-being, and demographic variables during late adulthood, there are several limitations to be addressed. As previously alluded to, a non-random sample of older adults was utilized. Given that recruitment occurred at seniors' centres, continuing education groups, and community organizations, the participants surveyed were sufficiently mobile, independent, cognitively intact, and motivated to attend these groups. As a result, the data may disproportionately represent high-functioning older adults. Nonetheless, given that the relationship between Internet use and self-efficacy emerged within a relatively homogeneous sample of older adults, this relationship may be just as probable, if not more likely, to emerge in a larger random sample of older adults which would contain greater variability in well-being and Internet use.

Social desirability is a threat to the validity of all self-report measures. Participants may not have answered questionnaire items truthfully in order to be seen in a socially desirable way. For example, respondents may not have admitted to experiencing severe depressive symptoms out of fear of being labeled "depressed". As a result, data from the present study may underestimate the degree to which older adults experience depressed mood or loneliness and restrict the degree to which patterns of Internet use can be related to varying severities of depression and loneliness. Measures of social desirability have been included in self-report research and according to one meta-analysis, almost half of the research including such scales have found that social desirability influenced results (van de Mortel, 2008). As social desirability was not measured and controlled for in our study, it remains a potential threat to the validity of the results.

In light of the results and accompanying limitations, there are several avenues for further study. The relationship between Internet use and well-being during late adulthood deserves theoretical consideration. While Johnson and Ptoplampu's (2008) ecological model has provided a theoretical basis of the reciprocal relationship between Internet use and well-being in childhood, its application and validation in older populations has not yet been established.

Furthermore, a randomized, controlled experiment is needed to determine whether Internet use directly fosters a sense of self-efficacy in older adults and to clarify the moderating role other variables may play, such as type of Internet use (e.g., communicative versus entertainment) and amount of time spent online. Slegers et al., (2008, 2009) have examined the effect of computer and Internet use on older adults' cognitive functioning and well-being in two of the most methodologically sound experiments to date. Slegers et al. were unable

to demonstrate any direct benefit of computer or Internet use either on older adults' emotional and social well-being or on cognitive functioning. However, there was no attempt to examine the differential effect of certain types of Internet use, nor was there a direct assessment of self-efficacy. While our study necessitates experimental research that examines the affect of particular types of Internet activities (i.e., information seeking) on self-efficacy, conducting such research will become increasingly difficult as a greater proportion of older adults use the Internet and individuals who have never been exposed to computers or the Internet become ever more rare. Future research on Internet use could focus predominantly on older-old adults (i.e., older than 80) as this age group is likely to have a smaller proportion of Internet users and vulnerable persons within this age group may stand to gain the most from activities that promote self-efficacy.

## References

- Adams, N., Stubbs, D., & Woods, V. (2005). Psychological barriers to Internet usage among older adults in the UK. *Medical Informatics and the Internet in Medicine*, 30, 3–17. doi:10.1080/14639230500066876.
- Agarwal, R., Sambamurthy, V., & Stair, R. (2000). Research report: The evolving relationship between general and specific computer self-efficacy- An empirical assessment. *Information Systems Research*, 11, 418–430. doi:10.1287/isre.11.4.418.11876.
- Arnaldi, S., Boscolo, F., & Stamm, J. (2010). Living the digital revolution – Exploration into the futures of the European society. *European Review*, 18, 399–416. doi:10.1017/S106279810000098.
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37, 122–147. doi:10.1037//0003-066X.37.2.122.
- Barger, S.D., Donoho, C.J., & Wayment, H.A. (2009). The relative contributions of race/ethnicity, socioeconomic status, health, and social relationships to life satisfaction in the United States. *Quality of Life Research*, 18, 179–189. doi:10.1007/s11136-008-9426-2.
- Beck, A., Steer, R., & Brown, G. (1996). *Manual for the Beck Depression Inventory-II (BDI-II)*. San Antonio, TX: Psychological Corporation.
- Blit-Cohen, E., & Litwin, H. (2005). Computer utilization in later-life: Characteristics and relationship to personal well-being. *Gerontechnology*, 3, 138–148.
- Charness, N., & Boot, W.R. (2009). Aging and information technology use: Potentials and barriers. *Current Directions in Psychological Science*, 18, 253–258. doi:10.1111/j.1467-8721.2009.01647.x.
- Chen, Y., & Persson, A. (2002). Internet use among young and older adults: Relation to psychological well-being. *Educational Gerontology*, 28, 731–744. doi:10.1080=03601270290099921.
- Cheung, H., & Chan, A. (2009). The effect of education on life satisfaction across countries. *Alberta Journal of Educational Research*, 55, 124–136.
- Chow, H.P. (2010). Growing old in Canada: Physical and psychological well-being among elderly Chinese immigrants. *Ethnicity and Health*, 15, 61–72. doi:10.1080/13557850903418810.
- Chu, A., Huber, J., Mastel-Smith, B., & Cesario, S. (2009). Partnering with seniors for better health: Computer use and Internet health information retrieval among older adults in a low socioeconomic community. *Journal of the Medical Library Association*, 97, 12–20. doi:10.3163/1536-5050.97.1.003.
- Cody, M.J., Dunn, D., Hoppin, S., & Wendt, P. (1999). Silver surfers: Training and evaluating Internet use among older adult learners. *Communication Education*, 48, 269–286. doi:10.1080/03634529909379178.
- Coen, R.F., Swanwick, G.R.J., O'Boyle, C.A., & Coakley, D. (1997). Behaviour disturbance and other predictors of carer burden in Alzheimer's Disease. *International Journal of Geriatric Psychiatry*, 12, 331–336. doi:10.1002/(SICI)1099-1166(199703)12:3<331::AID-GPS495>3.0.CO;2-J.
- Czaja, S., Charness, N., Fisk, A., Hertzog, C., Nair, S., Rogers, W., et al. (2006). Factors predicting the use of technology: Findings from the Center for Research and Education on Aging and Technology Enhancement (CREATE). *Psychology and Aging*, 21, 333–352. doi:10.1037/0882-7974.21.2.333.
- Deci, E.L., & Ryan, R.M. (2008). Hedonia, eudaimonia, and well-being: An introduction. *Journal of Happiness Studies*, 9, 1–11. doi:10.1007/s10902-006-9018-1.
- Dickinson, A., & Gregor, P. (2006). Computer use has no demonstrated impact on the well-being of older adults. *International Journal of Human-Computer Studies*, 64, 744–753. doi:10.1016/j.ijhcs.2006.03.001.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542–575. doi:10.1037//0033-2909.95.3.542.
- Ellison, N.B., Steinfield, C., & Lampe, C. (2007). The benefits of Facebook 'friends': Social capital and college students' use of online social network sites. *Journal of Computer-Mediated Communication*, 12, 1143–1168. doi:10.1111/j.1083-6101.2007.00367.x.
- Flynn, K.E., Smith, M.A., & Freese, J. (2006). When do older adults turn to the Internet for health information? Findings from the Wisconsin longitudinal study. *Journal of General Internal Medicine*, 21, 1295–1301. doi:10.1111/j.1525-1497.2006.00622.x.
- Fox, S. (2004 March). *Older Americans and the Internet*. Retrieved April 11, 2011 from Pew Internet and American Life Project website: <http://www.pewinternet.org/~/>

- media//Files/Reports/2004/PIP\_Seniors\_Online\_2004.pdf
- Freyne, A., Keough, F., Kelly, M., & Wrigley, M. (2005). A longitudinal study of depression in old age II: Depression and physical disability. *Irish Journal of Psychological Medicine, 22*, 94–100.
- George, L. (2010). Still happy after all these years: Research frontiers on subjective well-being in later life. *Journals of Gerontology: Series B, 65B*, 331–339. doi:10.1093/geronb/gbq006.
- Gerstorf, D., Ram, N., Rocke, C., Lindenberger, U., & Smith, J. (2008). Decline in life satisfaction in old age: Longitudinal evidence for links to distance-to-death. *Psychology and Aging, 23*, 154–168. doi:10.1037/0882-7974.23.1.154.
- Green, L.R., Richardson, D.S., Lago, T., & Schatten-Jones, E.C. (2001). Network correlates of social and emotional loneliness in younger and older adults. *Personality and Social Psychology Bulletin, 27*, 281–288. doi:10.1177/0146167201273002.
- Greenfield, E., & Marks, N. (2004). Formal volunteering as a protective factor for older adults' psychological well-being. *Journal of Gerontology: Social Sciences, 59B*, S258–S264.
- Hartshorne, T. S. (1993). Psychometric properties and confirmatory factor analysis of the UCLA loneliness scale. *Journal of Personality Assessment, 61*, 182–195. doi:10.1207/s15327752jpa6101\_14.
- Helms, E., Goffin, R., & Chrisjohn, R. (1998). Confirmatory factor analysis of the Life Satisfaction Index. *Social Indicators Research, 45*, 371–390.
- Igbaria, M., & Iivari, J. (1995). The effects of self-efficacy on computer usage. *Omega, 23*, 587–605. doi:10.1016/0305-0483(95)00035-6.
- Jang, Y., Borenstein, A., Chiriboga, D., Phillips, K., & Mortimer, J. (2006). Religiosity, adherence to traditional culture, and psychological well-being among African American elders. *Journal of Applied Gerontology, 25*, 343–355. doi:10.1177/0733464806291934.
- Johnson, G.M. (2007). College student Internet use: Convenience and amusement. *Canadian Journal of Learning and Technology, 33*, 141–157. Retrieved April 14, 2011 from <http://www.cjlt.ca/index.php/cjlt/article/view/26>.
- Johnson, G.M. (2008). Cognitive processing differences between frequent and infrequent Internet users. *Computers and Human Behavior, 24*, 2094–2106. doi:10.1016/j.chb.2007.10.001.
- Johnson, G., & Pupilampu, K. (2008). Internet use during childhood and the ecological techno-subsystem. *Canadian Journal of Learning and Technology, 34*, 19–28. Retrieved April 11, 2011 from <http://www.cjlt.ca/index.php/cjlt/article/view/172/168>.
- Jones, S., & Fox, S. (2009, January). *Generations online in 2009*. Retrieved from Pew Internet and American Life Project website: <http://pewinternet.org/Reports/2009/Generations-Online-in-2009.aspx>
- Kaplan, G., Shema, A., & Leite, C. (2008). Socioeconomic determinants of psychological well-being: The role of income, income change, and income sources during the course of 29 years. *Annals of Epidemiology, 18*, 531–537. doi:10.1016/j.annepidem.2008.03.006.
- Karavidas, M., Lim, N., & Katsikas, S. (2005). The effects of computers on older adult users. *Computers and Human Behavior, 21*, 697–711. doi:10.1016/j.chb.2004.03.012.
- Kaye, H.S. (2000). *Computer and internet use among people with disabilities*. Disability Statistics Report (13). Washington, DC: U.S. Department of Education, National Institute on Disability and Rehabilitation Research.
- Keyes, C.L.M., Shmotkin, D., Ryff, C.D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82*, 1007–1022. doi: 10.1037//0022-3514.82.6.1007.
- Laukka, P. (2007). Uses of music and psychological well-being among the elderly. *Journal of Happiness Studies, 8*, 215–241. doi:10.1007/s10902-006-9024-3.
- Litwin, H., & Shiovitz-Ezra, S. (2010). Social network type and subjective well-being in a national sample of older Americans. *The Gerontologist*. Advance online publication. doi:10.1093/geront/gnq094
- Lyyra, T., Tormakangas, T., Read, S., Rantanen, T., & Berg, S. (2006). Satisfaction with present life predicts survival in octogenarians. *Journal of Gerontology: Psychological Sciences, 61B*, 319–326.
- Mahon, N., Yarcheski, T., & Yarcheski, A. (1995). Validation of the revised UCLA Loneliness Scale for adolescents. *Research in Nursing and Health, 18*, 263–270. doi:10.1002/nur.4770180309.
- Martini, E.M., Garrett, N., Lindquist, T., & Isham, G.J. (2007). The boomers are coming: A total cost of care model of the impact of population aging on health care costs in the United States by major practice category. *Health Services Research, 42*, 201–218. doi:10.1111/j.1475-6773.2006.00607.x.
- McAuley, E., Konopack, J., Morris, K., Motl, R., Hu, L., Doerksen, S., et al. (2006). Physical activity and functional limitations in older women: Influence of self-efficacy. *Journals of Gerontology: Psychological Sciences, 61B*, 270–277.
- Menec, V. (2003). The relation between everyday activities and successful aging: A 6-year longitudinal study. *Journal of Gerontology: Social Sciences, 58B*, S74–S82.
- National Institutes of Health (2007). *Why population aging matters: A global perspective*. Retrieved April 11, 2011 from <http://www.nia.nih.gov/NR/rdonlyres/9E91407E-CFE8-4903-9875-D5AA75BD1D50/0/WPAM.pdf>.
- Neugarten, B., Havinghurst, R., & Tobin, S. (1961). The measurement of life satisfaction. *Journal of Gerontology, 16*, 134–143.

- O'Reilly, B. (1995). The Social Support Appraisal Scale: Construct validation for psychiatric inpatients. *Journal of Clinical Psychology, 51*, 37–42.
- Peacock, S.E., & Kunemund, H. (2007). Senior citizens and Internet technology: Reasons and correlates of access and non-access in a European comparative perspective. *European Journal of Ageing, 4*, 191–200.
- Penedo, F., & Dahn, J. (2005). Exercise and well-being: A review of mental and physical health benefits associated with physical activity. *Current Opinion in Psychiatry, 18*, 189–193. doi:10.1097/00001504-200503000-00013.
- Pinquart, M., & Sorensen, S. (2001). Gender differences in self-concept and psychological well-being in old age. *Journals of Gerontology: Series B, 56B*, 195–213. doi:10.1093/geronb/56.4.P195.
- Prohaska, T., Belansky, E., Belza, B., Buchner, D., Marshall, V., McTigue, K., et al. (2006). Physical health, public health and aging: Critical issues and research priorities. *Journal of Gerontology: Social Sciences, 61B*, S267–S273.
- Richter, P., Werner, J., Heerlein, A., Kraus, A., & Sauer, H. (1998). On the validity of the Beck Depression Inventory. *Psychopathology, 31*, 161–168. doi:10.1159/000066239.
- Russell, D., Peplau, L., & Cutrona, C. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology, 39*, 472–480. doi:10.1037/0022-3514.39.3.472.
- Ryan, A., & Willitis, F. (2007). Family ties, physical health, and psychological well-being. *Journal of Aging and Health, 19*, 907–920. doi:10.1177/0898264307308340.
- Ryff, C.D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science, 4*, 99–104. doi:10.1111/1467-8721.ep10772395.
- Ryff, C.D., & Singer, B.H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies, 9*, 13–29. doi:10.1007/s10902-006-9019-0.
- Schaie, K. (1996). *Intellectual development in adulthood: The Seattle Longitudinal Study*. New York: Cambridge University Press.
- Scogin, F., Welsh, D., Hanson, A., Stump, J., & Coates, A. (2005). Evidence-based psychotherapies for depression in older adults. *Clinical Psychology: Science and Practice, 12*, 222–237. doi:10.1093/clipsy.bpi033.
- Seeman, T., Lusignolo, T., Albert, M., & Berkman, L. (2001). Social relationships, social support, and patterns of cognitive aging in healthy, high-functioning older adults: MacArthur studies of successful aging. *Health Psychology, 20*, 243–255. doi:10.1037/0278-6133.20.4.243.
- Seeman, T., McAvay, G., Merrill, S., Albert, M., & Rodin, J. (1996). Self-efficacy beliefs and change in cognitive performance: MacArthur studies on successful aging. *Psychology and Aging, 11*, 538–551. doi:10.1037/0882-7974.11.3.538.
- Segal, D.L., Coolidge, F.L., Cahill, B.S., & O'Reilly, A.A. (2008). Psychometric properties of the Beck Depression Inventory-II (BDI-II) among community-dwelling older adults. *Behavior Modification, 32*, 3–20. doi:10.1177/0145445507303833.
- Shapira, N., Barak, A., & Gal, I. (2007). Promoting older adults' well-being through Internet training and use. *Aging and Mental Health, 11*, 477–484. doi: 10.1080/13607860601086546
- Sherer, M., Maddox, J., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. (1982). The Self-Efficacy Scale: Construction and validation. *Psychological Reports, 51*, 663–671.
- Singh, N.A., Stavrinou, T.M., Scarbek, Y., Galambos, G., Liber, C., & Fiatarone-Singh, M.A. (2005). A randomized controlled trial of high versus low-intensity weight training versus general practitioner care for clinical depression in older adults. *The Journals of Gerontology: Biological Sciences and Medical Sciences, 60*, 768–776.
- Slegers, K., van Boxtel, M.P.J., & Jolles, J. (2008). Effects of computer training and Internet usage on the well-being and quality of life of older adults: A randomized controlled study. *Journal of Gerontology: Psychological Sciences, 63B*, 176–174.
- Slegers, K., van Boxtel, M.P.J., & Jolles, J. (2009). Effects of computer training and Internet usage on cognitive abilities in older adults: A randomized controlled study. *Aging Clinical and Experimental Research, 21*, 43–54.
- Slocum-Gori, S.L., Zumbo, B.D., Michalos, A.C., & Diener, E. (2009). A note on the dimensionality on the Quality of Life Scales: An illustration with the Satisfaction with Life Scale (SWLS). *Social Indicators Research, 92*, 489–492. doi:10.1007/s11205-008-9303-y.
- Springer, K., Hauser, R., & Freese, J. (2006). Bad news indeed for Ryff's six factor model of psychological well-being. *Social Science Research, 35*, 1120–1131. doi:10.1016/j.ssresearch.2006.01.003.
- Statistics Canada (2007). *Edmonton, Alberta (Code4811061) (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa*. Released March 13, 2007. Retrieved April 11, 2011 from <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>
- Statistics Canada (2009). *Online activities of Canadian boomers and seniors* (Report No.11-008X). Retrieved April 11, 2011 from <http://www.statcan.gc.ca/pub/11-008-x/2009002/article/10910-eng.pdf>
- Steer, R., Rissmiller, D., & Beck, A. (2000). Use of the Beck Depression Inventory-II with depressed geriatric inpatients. *Behavior Research and Therapy, 38*, 311–318. doi:10.1016/S0005-7967(99)00068-6.
- Sum, S., Mathews, R.M., & Hughes, I. (2009). Participation of older adults in cyber space: How Australian older adults

**CANADIAN JOURNAL ON AGING**  
General Information and Instructions to Authors

*Canadian Journal on Aging* is a refereed, quarterly publication of the Canadian Association on Gerontology. It publishes manuscripts on aging concerned with biology, health sciences, psychology, social sciences, and social policy and practice. The Journal welcomes articles reporting original research, as well as conceptual and theoretical papers which significantly advance knowledge or understanding in gerontology. Although focused on Canadian research, manuscripts from authors outside Canada are welcome. Authors are asked to bear in mind the multidisciplinary nature of the readership when writing their manuscripts. In particular, care should be taken to draw out the implications of the analysis for readers in other fields and other disciplines.

Journal space is also available for *Research Notes* and *Policy and Practice Notes*. A Research Note will be a brief report with theoretical or policy implications. A Policy or Practice Note will be a brief report with implications for improving practice or the delivery of a specific service. Either section can be used to present important case studies, psychometric reports, Canadian norms for standardized tests, assessment of methodological approaches findings from pilot and replication studies, and summaries of program evaluation studies. Authors should indicate clearly whether their submission is for Research Notes or Policy and Practice Notes. The maximum length for these submissions is 5,000 words plus references, figures and tables. Authors of a Note must indicate, when applicable, that a more detailed report will be provided upon request.

**1. Submission and acceptance of manuscripts**

*Canadian Journal on Aging* accepts manuscript submissions through the ScholarOne Manuscripts system at <http://mc.manuscriptcentral.com/cja-rcv>. For questions concerning "General Information and Instructions to Authors," please contact the Editor Margaret J. Penning at [cjarcv@uvic.ca](mailto:cjarcv@uvic.ca).

Submission of a paper to the CJA implies that it has not been published, nor is it under consideration by another journal; and if accepted by the CJA it is not to be published elsewhere (except as a conference proceeding) without permission.

**2. Manuscript preparation**

a. *Preparing the manuscript.* It is recommended that PC-compatible software be used; authors must supply their final version in Word. Articles should be printed double spaced. Articles should generally contain between 3,000 and 10,000 words. Number pages consecutively, including all pages. A condensed title for a running head, not to exceed 40 letters and spaces should be supplied, and up to six (6) key words for abstracting purposes.

b. *Title page.* As a separate document (not included in the Main Document file), authors must submit a titles page containing name of author, highest degree awarded, name and address of institutional affiliation, e-mail, fax, and telephone numbers as well as acknowledgements.

c. *Author anonymity.* The manuscript file (Main Document) must be anonymous, i.e., without any author details. The title of the manuscript, keywords, and abstract should be included in the Main Document file.

d. *Abstract.* Each author is required to furnish an abstract of not more than 100-150 words. A French translation of the abstract is necessary. The author may provide this or accept the expense of the translation of the abstract (\$50).

e. *Acknowledgements.* These should be included on the title page and will be incorporated in a preliminary note on the first printed page of the article.

f. *Notes.* All notes should be entered as endnotes and should appear immediately before the References. Footnotes are not acceptable.

g. *References.* The articles submitted should be written in either the American Psychological Association (2009, Sixth Edition) style or the Vancouver style of referencing. More information regarding this may be obtained by writing to the Editorial Office.

h. *Tables.* Tables should be submitted as separate files, ideally in Word table format.

i. *Figures.* Camera ready figures should be submitted with the final version of the paper in the following size: 43 picas/7 ¼ in. wide max. 58 picas/7 ¼ in. depth. Image files should be in \*.tif format. If figures have been created with Excel, please submit the original Excel file and the chart that has been generated.

**3. Author's alterations**

Alterations to page proofs which are not required to correct material will be charged to the author.

**4. Copyright**

Authors of articles or reviews accepted for publication will be asked to assign copyright, on certain conditions, to the Canadian Association on Gerontology.

**5. Sexist language**

Authors should avoid using sexist language in their manuscripts. For further clarification, please refer to the APA guidelines.

**LA REVUE CANADIENNE DU VIEILLISSEMENT**  
Renseignement généraux et protocole de présentation

*La Revue canadienne du vieillissement* est une publication trimestrielle de l'Association canadienne de gérontologie, dotée d'un comité de lecture. Elle publie des articles qui portent sur le vieillissement dans les disciplines suivantes : biologie, politique et pratique sociales, psychologie, sciences de la santé et sciences sociales. La Revue accepte les comptes rendus de recherches originales ainsi que les textes conceptuels ou théoriques qui font avancer de façon appréciable les connaissances ou la vision de la gérontologie. Bien qu'elle soit une revue canadienne, les auteurs d'autres pays sont encouragés à y soumettre leur travaux de recherche. On demande aux auteurs de tenir compte de la multidisciplinarité du lectorat. Il peut s'avérer particulièrement approprié de relier certains aspects de l'analyse à d'autres domaines de savoir.

Dans la revue, il a aussi de la place dans les sections Notes de recherche (*Research Notes*) et Notes sur les politiques et pratiques (*Policy and Practice Notes*). Une note de recherche est un rapport sommaire au plan théorique ou politique. Une note sur les politiques et pratiques est un rapport sommaire au plan de l'amélioration des pratiques ou de la prestation d'un service particulier. Chaque section peut être utilisée pour présenter des études de cas importantes, des rapports psychométriques, des normes d'essai canadiennes, une évaluation d'approches méthodologiques, les résultats d'études pilotes ou de réplique, et des résumés d'études d'évaluation des programmes. Les auteurs doivent indiquer clairement si leur objectif est une note de recherche ou une note de politique et pratique. Ces présentations doivent comprendre au maximum 5000 mots plus de références, des figures, et des tableaux. Les auteurs d'une note doivent indiquer, le cas échéant, qu'un rapport plus détaillé sera fourni sur demande.

**1. Présentation et acceptation des manuscrits**

*La Revue canadienne du vieillissement* accepte les soumissions de manuscrit par le système de ScholarOne Manuscripts à <http://mc.manuscriptcentral.com/cja-rcv>. Pour des questions concernant les «Renseignement généraux et protocole de présentation», s'il vous plaît contacter le rédacteur en chef, Margaret J. Penning, à [cjarcv@uvic.ca](mailto:cjarcv@uvic.ca).

La revue n'accepte que des manuscrits inédits qui n'ont pas été soumis à une autre revue. Les manuscrits acceptés par la RCV ne peuvent être publiés ailleurs sans autorisations (exception faites des actes de conférences).

**2. Préparation des manuscrits**

a. *Préparation des manuscrits.* On recommande l'utilisation de logiciels compatibles avec PC. Les versions finales doivent nous parvenir en Word, à double interligne (12 pt. font). Les articles qui ne doivent pas compter plus de 24 pages (ci-inclus les Références et les Appendices). Les auteurs sont priés de numérotter toutes les pages consécutivement (y compris la page de titre). Les manuscrits doivent être accompagnés d'un titre résumé qui servira dans l'entête contenant un maximum de 40 lettres et espaces, et six (6) mots clés pour le classement analytique.

b. *La page titre.* Comme un document séparé (non inclus dans le fichier du document principal), les auteurs doivent soumettre une page de titre contenant le nom de l'auteur, dernier diplôme obtenu, nom et adresse de l'affiliation institutionnelle, adresse électronique, numéro de télécopie, numéro de téléphone.

c. *Anonymat de l'auteur.* Le fichier du manuscrit (document principal) doit être anonyme, c'est-à-dire sans aucun détail de l'auteur. Le titre du manuscrit, les mots clés et le résumé devraient être inclus dans le fichier du document principal.

d. *Résumé.* Les manuscrits doivent être accompagnés d'un résumé de 100 à 150 mots. Il devra être accompagné d'une traduction anglaise, sinon les frais de traduction seront assumés par l'auteur (50 \$).

e. *Remerciements.* Les remerciements doivent être inclus sur la page de titre et sera intégré dans une note préliminaire en première page de l'article imprimé.

f. *Notes.* Les notes doivent figurer à la fin du texte, immédiatement avant la bibliographie. Nous ne pouvons accepter les notes en base de page.

g. *Références.* (maximum 40) Les références doivent être conforme au protocole de l'American Psychological Association (2009, 6<sup>e</sup> Édition) ou au protocole de Vancouver. Pour obtenir de plus amples renseignements sur ce point consulter la rédaction.

h. *Tableaux.* Les tableaux doivent être présentés sous forme de fichiers distincts, idéalement en format tableau de Word.

i. *Figures.* Les illustrations doivent être prêtes à photocopier et soumises en même temps que la version finale du texte. Format max. : 43 picas / 7 po ¼ lar. sur 58 picas / 7 po ¼ haut. Les fichiers électroniques contenant des images, doivent être en format TIFF.

**3. Modifications de l'auteur**

Les corrections effectuées par l'auteur à la lecture d'épreuve seront portées à son compte.

**4. Droits de l'auteur**

Les auteurs dont les articles ou les résumés sont publiés doivent céder, à certaines conditions, leurs droits d'auteur à Association canadienne de gérontologie.

**5. Formulation sexiste ou discriminatoire**

Les auteurs doivent éviter l'emploi de tournures sexistes ou discriminatoires. Pour, plus de précisions, s'il vous plaît consulter les lignes directrices APA.