OLD PERSON IN AN OLD WORLD

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Abstract: Aging has become more accentuated than ever as a consequence of improved living conditions, better standards of living, improved health, the development of new antibiotics and targeted medication and due to the increase of health care quality etc. But it is not only us, as persons that we are getting old – so does the world around us, due to an increase ofelderly' population, which leads to a higher chance of becoming "old" in and "old world". These two aspects, together with the fact that socially, old age was and still is considered a "fragile" age, have created substantial premise for taking this stage of life into consideration. The goals of this article are to present certain delineations in this age group and to list the main changes that justify or refute the image of a fragile age. We will take into account the changes from the motor level, sensorial level, cognitive, health, emotional and social level. The last part of this article will be dedicated to the social perception of the elderly and the highlighting of the unjustifiably marginal character that the study of this stage of life possesses in the context of the psychology of human development.

Keywords: elderly, decline in old age, development in old age, elderly status.

Old Person

Currently, there is no consensus with regard to defining the concept of an elderly or old person. Certain definitions place old age as beginning from the age of 65 and continuing until the end of life(Kinsella & Phillips, 2005; Papalia, Olds, & Feldman, 2010); yet this approach is not universally valid, and therefore in certain cultures, the boundaries of old age are marked out differently. To this end, in developed and more aged countries (with a higher proportion of elderly persons), old age begins around 65, but in African countries and younger countries (with a significant proportion of younger persons), this may begin even with 15 years earlier (Crampton, 2009; World Health Organization- Definition of an older or elderly person).

However, currently, especially in more advanced societies, where the impact of new social dynamics in which persons have a higher probability of living long after the age of 65(Administration on Aging, 2012; Dobriansky, Suzman, & Hobes, 2007; Kinsella & Phillips, 2005; United Nations, 2004) due to medical advances, hygienic conditions and high living standards(Crampton, 2009; Wilmoth, 2000), it increased the need to further delineate old age into sub-stages. A 65-year-old elder can not be compared to a 95-year-old one, especially because age progression is associated with several aspects that interfere with independence in self-management (Gist & Hetzel, 2004; Papalia et al., 2010; Schoenborn, Vickerie, & Powell-Griner, 2006; Vlachantoni, Shaw, Willis, Evandrou, Falkingham, & Luff 2011). To answer these challenges, subdivisions of old age have been created: the younger olds (from 65 to 74), the middle-olds (from 75 to 84) and the oldest olds or thelongevity stage for those of over 85 years of age(Papalia et al, 2010). However, neither the sub-groupings of old age, nor the definitions of old age in general have benefited by any consensus. For example, according to

Kinsella and Phillips (2005), a person at the longevity stage is aperson whose age is equal to or more than 80 years.

Old World

Regardless of the age we take into account at the onset of old age, what is already all too evident in demographical statistics can no longer be ignored: that the population of the world is older than at any other time in the pastof humankind (Crampton, 2009; Dobrianskyet al., 2007; Wilmoth, 2000), and this tendency of aging is set to intensify(Administration on Aging, 2012; Prentice, 2006; United Nations, 2004). These aspects also hold true for Romania, where the population is aging, and it will continue to do so. According to the National Institute of Statistics (2012), in 1985, the percentage of the elderly in Romania was 9%, placing Romania alongside Malta, Slovakia and Poland among the countries with a proportion of the elderly under 10%; yet, also according to the Office of National Statistics (2012), in 2035, Romania will see this proportion rise to a value around 23%. Nevertheless, these values are far from being the greatest in Europe; to the contrary, they place Romania at the lower end of the spectrum, alongside countries such as Ireland, Luxembourg, Slovakia, Cyprus and the United Kingdom.

The "oldest" countries in the world are Italy and Japan with 19%, Germany or Greece also feature in the list of oldest countries with values around 18%, but the majority of European countries have percentages around 15% (Kinsella, & Phillips, 2005).

According to the United Nations (2004), Sierra Leone has one of the lowest life expectancies, 34.2 years; but in 2300, it will go on to overtake the percentage of the country we currently consider the one with the greatest life expectancy, Japan. Life expectancy in Sierra Leone is estimated to rise to 88.6 years in 2300; a value that would be considered one of the lowest, because Japan, which in 2000-2005 had the highest life expectancy of 81.6 years would climb to a probable value of 106.3 years. Next to Japan, there would be other "centenarian" countries such as Malta, Germany, Luxembourg, Spain, Sweden, Belgium, France, Austria, Korea, etc.

In Romania, the average female lifespan was 77.5 years, while the male lifespan was 70.1 years in 2011, a 2-year increase for women and a 1.9-year increase for men since 2005(Ciuchea et al., 2012).

All the data that underscore the "graying of the world" inevitably lead to the next question:

What Does It Mean To Be Old?

As in each stage of human development, to be elderly or to reach old age it means some acquisition and confrontation with certain characteristics that set this age group apart from the others.

Motor level. Reaction time in old age can decrease, since it is associated with changes at the level of the dopaminergic system(Papalia et al., 2010). These cause their movement patterns to become slower, and the older a person becomesthe greater the chances of increased difficulty has, 50% of adults over 85 have difficulties covering distances of 800 meters, 46.2% struggle with making more than 10 steps, 16.1% find it difficult to sit for more than 2 hours, and 50% experience strain in stopping and bending over(Schoenborn et al., 2006). This also

implies some difficulty in carrying out essential daily activities: 44% of adults over 80 have difficulty in performing activities around the home; 27% struggle with preparing meals; 11% find it hard to eat independently and 24% have problems dressing themselves(Ervin, 2006).

Sensory processes. Hearing deficiencies appear with an incidence of 58% among the elderly aged 85, and the prevalence of vision deficiencies reaches 30.3% at the age of 85(Schoenborn et al., 2006).

Cognitive processes. At the cognitive level, a decline can be identified, but this depends by many factors, and the variance from one person to the other is very high. A longitudinal study (Schaie, 2005) revealed that inductive reasoning, spatial orientation, perceptual speed and verbal memory decrease, but numeric facility and verbal ability of elders are more elevated than in younger age groups. At the same time, the study revealed that cognitive decline in last elderly generations is slower than in previous ones. New generations of elders have higher levels of cognitive performance than past generations (in comparison to their own parents): recent generations have only shown decline in two out of the six abilities listed at the time their own parents had been of the same age. Lifestyle preceding old age (intellectually stimulating activities) and the intellectual and educational level of a person are frequently associated with cognitive activity in old age (with its deterioration or retention)(Engelman, Agree, Meoni, & Klag, 2010; Scarmeas et al., 2003; Scarmeas & Stern, 2004; Stern, 2009; Verghese et al., 2003); however even so, according to Plassman, et al. (2008) 22.2% of American adults over 70, i.e., 5.4 million people suffer from cognitive deterioration (not accounting for cognitive deterioration associated with dementia). At the same time, studies show that stimulation of cognitive processes by activities and training can facilitate regaining past levels or reducing decline(Ball, Edwards, & Ross, 2007; Schaie, 2005).

Health. General health may worsen in old age due to higher prevalence of certain somatic disorders. For example, more than half of the elderly are hypertensive and have arthritis; approximately 30% suffer from heart disease; cancer occurs in over 20% of the elderly, with similar values for diabetes(Administration on Aging, 2010), while Alzheimer's affects over 20 million of the elderly around the world(Brookmeyer, Johnson, Ziegler-Graham, & Arrighi, 2007). Incidentally, the aforementioned chronic and degenerative disorders are among the main causes of death occurring in old age, while in past centuries, these had been infectious diseases(Frieden, 2013).

Emotionality. Old age is characterized by development on emotional level, and this is evident by the level of well-being which elders report. They report greater level of well-being than in other ages(Isaacowitz, & Blanchard-Fields, 2012; Scheibe, & Carstensen, 2010; Urry, & Gross 2010), at the same time it seems that they are not putting too much effort to maintain and recover their well-being compared to younger persons (Blanchard-Fields, 2009). This is attributed to the fact that motivation under the influence of a limited time to live is directed towards seeking out significant and pleasant/gratifying emotions(Carstensen, Fung, & Charles, 2003). To this end cognitive processes select and process more positive information (Carstensen & Mikels, 2005; Isaacowitz, 2012; Isaacowitz & Blanchard-Fields, 2012).

Marital relationship. In old age, interactions with the life partner improve, meaning that these are viewed as being closer, more satisfying (Carstensen, Graff, Levenson & Gottman,

1996), involving fewer conflicts (Levenson, Carstensen & Gottman,1993; 1994; Birditt, Fingerman,& Almeida, 2005) and a greater degree of availability for talking problematic situations in a constructive manner and with less emotional cost(Carstensen, Gottman, & Levenson, 1995; Smith et al., 2009). However, there is also a greater tendency to accept the faults and imperfections in the relationship and the partner, and to appreciate the advantages(Carstensen, Isaacowitz, & Charles, 1999). All of these influence the rate of divorce in old age, because approximately 3% of Romanians have this status in old age, while the majority of the elderly are married (National Institute of Statistics – 2011 Census). There is yet another important factor in old age concerning the life of couples: the probability of the partner's life ending. 42% of the elderly encountered this situation and became widowed (National Institute of Statistics – 2011 Census). Going through the process of grief has serious implications on the physical state of the partner left behind(Dykstra & Gierveld, 2003; Stroebe, Schut, & Stroebe, 2007).

Relationship with adult children. Although the child rearing process is one of the most stressful periods for the couple(Carstensen et al., 1996), in old age, when they are adults and have left the family "nest", they become a source of gratification(Levenson et al., 1993), and the relationship with them begins to be regarded as one that contains more elements that are positive(Birditt et al., 2005; Winkeler, Filipp, & Boll, 2000).

Other social relationships. Generally, the elderly person will reduce the number of social contacts to the ones most significant(Lang, 2001) in order to enjoy the time they have left(Carstensen et al., 2003; Lang, 2001; Lang & Carstensen, 2002). However, beyond the quantitative reduction in social relationships, they also undergo a qualitative increase, since they are more associated with positive elements and are more gratifying than at other ages(Luong, Charles, & Fingerman, 2011). At the same time, the elderly, as opposed to the other ages, facilitate social relationships by a higher capacity for being conciliated and by the acceptance of the different perspectives that a situation might evince(Grossmanna, Varnuma, Parkb, Kitayamaa, & Nisbetta, 2010).

Social perception of the elderly

The perceptions of those around us with regard to elderly or to what itmeans to be elderdepends on the social context and its values. In Japan, beingelder represents a social gain, since the elderly are treated with much more respect than the young one (Papalia et al., 2010); however, in many Western countries, where the definition of old age overlaps with retirement(World Health Organization- Definition of an older or elderly person), the image of old age is much more nuancedtaking into account the pressure that this age group puts on financial systems involving pension and health care(Crampton, 2009; United Nations, 2004).

The modern age and industrialization are seen as turning points concerning the social perception of old age, because in traditional/agrarian societies, the elderly were the "heads of the family", the owners of goods, sources of knowledge and mediators in tense family and social conflicts; yet, with the transition towards modern societies, they have become individuals whose personal utility is sometimes questioned, because personal productivity is often evaluated in terms of one's status as an employee(Crampton, 2009).

Generally, old age is viewed at social level in terms of the losses or processes that decelerate. Alternatively, as it has been mentioned in the previous chapter, there are several elements that develop in old age that permit a better performance and benefits, for instance well-being(Isaacowitz, & Blanchard-Fields, 2012; Scheibe, & Carstensen, 2010), social relationships(Luong et al., 2011) as well as problem solving in relationships (Grossmanna et al., 2010) etc. Two relevant examples are revelatory for the negative portrayal of the elderly, although both have their origins in papers related to human development literature: Albu (2007) places a pessimistic label on elderly persons, "ages of regression", and the sentence pertaining to the beginning of the chapter continues in the same vein, "considered to be ages of frailty and involution" (p. 89). Creţu (2009) in *The Psychology of Ages*, the chapter pertaining to old age begins with the following sentence: "after the age of 65 begins the last, unwanted, yet inescapable life cycle" (p. 362).

Old age remains a fringe area of study for human development psychology, although demographic evidence clearly shows the aging of the world(Dobrianskyet al., 2007; Kinsella & Phillips, 2005). This can be seen in psychology books, where more than half of the chapters take into account the development until the age of young adulthood, whole the dynamics pertaining to old age can be found "squeezed" into a fairly restricted number of pages.

Conclusions

Although for a long time, it has been thought that old age is a period of regression, a stereotypethat sometimes still lives on, it has been found that the elderly, just as any other persons in other age groups also display a fair amount of progress. Progress in old age manifests especially in segments that involve social relationships and emotional adjustment, given the fact that most of the elderly report increased well-being, fewer conflicts, higher tolerance and a greater willingness to solve issues arising in couple relationships and within the extended family, but also in relationships with those outside the family.

There is nevertheless some slackening in old age, especially at the level of reaction time and certain sensory processes. Some falloff at the cognitive level may also be mentioned. However, it must be mentioned that there are great fluctuations at the level of these degradations between different elderly persons, and these are associated with previous lifestyle (from intellectual stimulation to level of education, a healthy lifestyle and physical fitness). At the same time, more recent generations of the elderly are encountering less of a decline.

Society focusing only on the aspects that have encountered regression has caused old age to be regarded for decades as an age dominated by difficulties and shortcomings. All of these, alongside the tendency to equate, to a certain extent, retirement and the productivity of a person, have caused old age to be somewhat stigmatized at a social level.

Becoming aware of the need to maintain a healthy lifestyle at other ages, the advances in medicine that offer the possibility to control infectious diseases, the conditions of hygiene and several amenities have made it more probable for any person to reach old age, but have also caused the population of the planet to age. This will implicitly lead to a rethinking of what is acknowledged and expected from an elderly person.

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REFERENCES:

Administration on aging (2010). Older Americans: Key indicators of Well-being. http://www.agingstats.gov/Main Site/Data/Data 2010.aspx

- Administration on Aging Administration for Community Living. U.S. Department of Health and Human Services. (2012). *A Profile of Older Americans: 2012*. Retrieved from Administration for Community Living website:
 - http://www.aoa.gov/Aging_Statistics/Profile/2012/docs/2012profile.pdf.
- Albu, E. (2007) *Psihologia vârstelor*. Suport de curs Universitatea Petru Maior Tîrgu- Mureş. Ball, K., Edwards, J. D., & Ross, L.A. (2007). The impact of speed of processing training on cognitive and everyday functions. *Journals of Gerontology*. 62B (I),19–31.
- Birditt, K. S., Fingerman, K. L., & Almeida, D. M. (2005). Age differences in exposure and reactions to interpersonal tensions: a diary study. *Psychology and Aging*, 20(2), 330-340.
- Brookmeyer, R., Johnson, E., Ziegler-Graham, K., & Arrighi, H. M. (2007). Forecasting the global burden of Alzheimer's disease. *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, *3*(3),186-191.
- Carstensen, L. L., Fung, H. H., & Charles, S. T. (2003). Socioemotional selectivity theory and the regulation of emotions in the second half of life. *Motivation and Emotion*, 27(2), 103-123.
- Carstensen, L.L., Isaacowitz, D.M., & Charles, S.T. (1999). Taking time seriously: a theory of socioemotional selectivity. *American Psychologist*, *54*, 165-181
- Carstensen, L.L., Gottman, J.L., & Levenson, R.W.(1995). Emotional behavior in long-term marriage. *Psychology and Aging*, *10*(I),140-149.
- Carstensen, L. L., Graff, J., Levenson, R.W., & Gottman, J. L. (1996). Affect in intimate relationships: the development course of marrage. In Magai, C., & McFadden, S.H. *Handbook of emotions, adult development, and aging* (p. 227-247) San Diego: Academic Press.
- Carstensen, M.M., & Mikels, J.A. (2005). At the intersection of emotion and cognition: aging and the positivity effect. *Current Directions in Psychological Sciences*, 14, 117-121.
- Ciuchea, A., Badea, D., Pisică, S., Ioniță, A.C., Cambir, A., Bălteanu, L., Istrate, ... Ştefănescu, D. (2012). România în cifre
- 2012http://www.insse.ro/cms/files/publicatii/Romania%20in%20cifre_%202012.pdf.
- Crampton, A. (2009). Global aging: emerging challenges. *The Pardee Papers*, 6, 1-39. Cretu, E. (2009). *Psihologia vârstelor*. Iași: Polirom.
- Dykstra, P. A., & Gierveld, J.J. (2003). Gender and marital-history differences in emotional and social loneliness among dutch older adults. *Canadian Journal on Aging* 23(2), 141-155.
- Dobriansky, P. J., Suzman, R. M., & Hodes, R. J. (2007). Why population aging matters-a global perspective. Retrieved from http://www.nia.nih.gov.
- Engelman, M., Agree, E. M., Meoni, L. A. & Klag, M. J. (2010). Propositional density and cognitive function in later life: findings from the precursors study. *Journal of Gerontology: PsychologicalSciences*, 65B(6),706–711.
- Ervin, R. B. (2006) Prevalence of functional limitation among adults 60 years of age and over: Unites States, 1999-2002. *Advance Data from Vital Health Statistics*, No 375. Hyattsvill, MD: National Center for Health Statistics.

- Frieden, T. R. (2013). The state of aging and health in America 2013. Retrieved from National Center for Chronic Disease Prevention and Health Promotion website: http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf
- Gist, Y. J. & Hetzel, L. I. (2004). Whe the people: aiging in the Unites States. *Census 200 Special Raports*. Washington, DC: U.S. Census Bureau.
- Grossmanna, I., Naa, J., Varnuma, M.E.W., Parkb, D.C., Kitayamaa, S., &Nisbetta, R.E. (2010). Reasoning about social conflicts improves into old age. *Proceedings of the National Academy of Sciences of the Unites States of America*, 107, 7246-7250.
- Isaacowitz, D. M. (2012). Mood regulation in real time: age differences in the role of looking. *Current Directions in Psychological Science*, 21(4), 237–242.
- Isaacowitz, D. M., & Blanchard-Fields, F. (2012). Linking process and outcome in the study of emotion and aging. *Perspective on Psychological Science*, 7(1), 3-17.
- Kinsella, K., & Phillips, D. R. (2005). Global aging: the challenge of success. *Population Bulletin*, 60(1), 1-42.
- Lang, F. R.& Carstensen, L. L (2002). Time counts: future time perspective, goals, and social relationships. *Psychology and Aging*, *17*(1), 125–139.
- Lavenson, R.W., Carstensen, L.L., & Gottman, J.M. (1993). Long-Time mariages: age, gender, and satisfaction. *Psychology and Aging*, 8(2), 301-313.
- Lavenson, R.W., Carstensen, L.L., & Gottman, J.M. (1994). The influence of age and gender on affect, physiology, and their interrelations: a study of long-term marriages. *Journal of Personality and Social Psychology*, 67(1), 56-68.
- Luong, G., Charles, S.T., & Fingerman, K.L. (2011). Better with age: social relationship across adulthood. *Journal of Social and Personal Relationships*, 28(1), 9-23.
- National Institute of Statistics 2011 Census. *Recesământul Populației și al Locuințelor*. www.recesamantromania.ro
- Office of National Statistics (2012). Population Ageing in the United Kingdom, its Constituent Countries and the European Union. http://www.ons.gov.uk/ons/dcp171776_258607.pdf.
- Papalia, D. E., Olds, S. W., & Feldman, R. D. (2010). *Dezvoltarea umană*. București: Trei. Plassman, B.L., Langa, K. L., Fisher, G.G., Heeringa, S.G., Weir, D.R., Ofstedal, M. B.,
- Burke, J.R., ...Wallace, R. B. (2008). Prevalence of cognitive impairment without dementia in the United States. *Annals of Internal Medicine*. 148(6), 427–434.
- Prentice, T. (2006). Health, history and hard choices: funding dilemmas in a fast changing world fast-changing world. Retrieved form World Health Organization website: http://www.who.int/kms/initiatives/indiana.pdf.
- Scarmeas, N., & Stern, Y. (2004). Cognitive reserve: implications for diagnosis and prevention of Alzheimer's disease. *Current Neurology and Neuroscience Reports*. 4(5),374–380.
- Scarmeas, N., Zarahn, E., Anderson, K.E., Habeck, C. G., Hilton, J., Flynn, J., Marder, KK. S. ... Bell, K. L. (2003). Association of life Activities with cerebral blood flow in Alzheimer disease: implications for the cognitive reserve hypothesis. *Archives of Neurology.* 60(3), 359–365.
- Scheibe, S. & Carstensen, L. L. (2010). Emotional aging: recent findings and future trends. *Journal of Gerontology: Psychological Sciences*, 10, 1-10.
- Schaie, K.W. (2005). What can we learn from longitudinal studies of adult development? *Research on Human Development* 2(3),133–158.
- Schoenborn, C.A., Vickerie, J.L., & Powell-Griner, E. (2006). Health Characteristics of Adults 55 Years of Age and Over: United States, 2000–2003. *Advance Data.* 370, 1-32.

- Smith, T.W., Berg, C.A., Florsheim, P., Uchino, B.N., Pearce, G., Hawkins, M., Henry, ... Olsen-Cerny, C. (2009). Conflict and collaboration in middle-aged and older couples: age differences in agency and communion during marital interaction. *Psychology and Aging*, 24(2), 259-273.
- Stern, Y. (2009). Cognitive Reserve. Neuropsychologia.47(10): 2015–2028.
- Stroebe, M., Schut, M., & Stroebe, W. (2007). Health outcomes of bereavement. *Lancet*, *370*, 1960-1973.
- United Nations, Department of Economic and Social Affairs, Population Division. (2004). *World Population to 2300* (ST/ESA/SER.A/236). Retrieved from: http://www.un.org/en/development/desa/population/publications/pdf/trends/WorldPop2300f inal.pdf.
- Urry, H.L., & Gross, J.J. (2010). Emotion regulation in older age. *Current Directions in Psychological Sciences*. 19(6), 352-357.
- Verghese, J., Lipton, R. B., Katz, M. J., Hall, C. B., Derby, C. A., Kuslansky, G., Ambrose, A.F.... Buschke, H. (2003). Leisure activities and the risk of dementia in the elderly. *The New England Journal of Medicine*, 348(25), 2508-2516.
- Vlachantoni, A., Shaw, R., Willis, Evandrou, R., Falkingham, M., & Luff, R. (2011). Measuring unmet need for social care amongst older people. *Polulation Trends*, *145*, 1-17.
- Wilmoth, J. R. (2000). Demography of longevity: past, present, and future trends. Experimental Gerontology, 35, 1111-1129.
- Winkeler, M., Filipp, S.H., & Boll, T. (2000). Positivity in the aged's perceptions of intergenerational relationships: a stake or leniency effect? *International Journal of Behavioral Development*. 24(2), 173-182.
- World Health Organization. *Definition of an older or elderly person. Proposed Working Definition of an Older Person in Africa for the MDS project.* http://www.who.int/healthinfo/survey/ageingdefnolder/en/.