The Positive Psychology of Ageing

This Wiki is about the Positive Psychology of Ageing. We will start out by informing you about 'the ageing population', how different societies come to view the elderly and how this may positively or negatively affect their well-being. You will then be able to find out more about what Positive Psychology tries to do when it tackles the issue of "old age" as well as how it goes about enhancing older people's well-being.

The Ageing Population

'The ageing population' is explained by demographers as the phenomenon occurring due to the 'median age of a country or region rising as a result of rising life expectancy and/or declining birth rates'. According to *the Oxford Institute of Population Ageing,* population ageing occurs due to two seemingly integrated factors: 'increased longevity' and 'declined fertility'. Although Jones (2013) claims that 'declined fertility' is the main driver of the ageing population, this cannot be stated without some comment on how longevity could have had a 'knock-on' effect on this, basic biology explains this simply; as people become older they also become less fertile. The aging population has become of increasing interest within the field of positive psychology and research has examined many theories of the

positive psychology of aging all of which will be discussed later along with societal applications of these theories and the impact of these changes within society.

Societal Views on the Elderly

Although population ageing is wide spread around the world it is most advanced in more developed countries, in particular Europe and Asia and has a different effect in both westerns and eastern societies.

Western Society

Culturally a 'western society' can be defined including all cultures that are directly derived from and influenced by European Cultures. Western culture follows individualists' belief that the individual need is greater than the group as a whole and this dictates social policy and aptitudes of the individual. Social Cognitivists have identified a difference in cognition due to these societal beliefs.

As stated by the *Oxford Institute of Ageing* the UK national population age structure (like most Western cultures) has aged continuously over the past century, measured by the increase of people over 60 and the decrease of people under 15; although demography is difficult to predict the UK is expecting over 25% of their population to be over 60 by 2025. Therefore policies and initiatives to care for the older generation have been put in place, although this would seem a positive move for the well-being of the elderly in the news, and in fact on parliament websites, the tone is generally very negative including statements that elderly care and pensions 'costs the tax payer' (www.parliament.co.uk) and 'highly impacts social services and the NHS' (The Independent). This and other implications are discussed in *4.a.*

Eastern Society

Culturally an 'eastern society' can be defined including all cultures that are derived from and influenced by East Asia. Eastern culture follows the collectivist viewpoint valuing cooperation with each working towards the

family or group goals therefore social policy follows these beliefs, for an example see 'Communism in China'

How it affects their wellbeing

Good well-being includes a good or satisfactory condition of existence that is characterized by health, happiness and prosperity. Good well-being in the elderly includes good mental and physical health, feelings of safety and security as well as integration in society. Positive and negative effects of the societal views on the elderly are discussed below.

Positive Effects on well-being

Charitable giving has been seen to have a profound effect on well-being. In a government review of the topic Halpern (2010) actually explains how human genetics are programmed to release serotonin when they have done something for somebody else, in particular someone that they identify with (for a similar discussion about group identification see *3.c*). Therefore it makes sense that charitable giving is mutually beneficial to all involved. In a claim by Kahana and colleagues (2013) this appears to have a stronger benefit when helping the elderly as most humans can identify with issues of elderly relatives and general *fear* of reaching old age themselves. Consequently, charities specifically set up to help the elderly are advertising these mutual benefits in their ad campaigns, for example, 'Help The Aged' offer services to benefit the elderly as either a direct result of volunteering or as a results of collective fundraising. Services include 'ending loneliness', 'healthy eating, exercise, warm homes, family and relationship building etc.'. To me however it appears that such services and positive focus on theses areas of personal life would not only benefit the elderly but in fact all generations, this is common theme throughout the majority of literature review in the next few sections.

Social integration refers to principles by which individuals or actors are related to one another in a society. As earlier mentioned, in general, people are much more charitable to those with whom they identify (see *3.a*) thus their wellbeing will improve as a result of this, this is just one way in which social integration benefits well being in general. More specifically however, Branscombe and colleagues (1999) expressed the importance of group

identification, particularly within minority groups, and how it positively affects well-being. Their study expressed the importance of group identification as a mechanism to relieve prejudice as well as diminish feelings of isolation that may in turn lead to prejudice feelings, or worse actions. The Laureate Group extends this theory in their study demonstrating how living in some form of assisted/communal living arrangement is significantly better than living at home alone for the elderly. This is interestingly contrary to most older peoples initial preference of 'I just want to stay at home' (this also benefits the health and wellbeing of family members). They claim that the sense of community identification in these homes sees to improve life satisfaction, this I completely agree with having been through this with my own grandparents.

Negative Effects on well-being

Social identification is the process by which we define ourselves in terms and categories that we share with other people. Based on the comments in 3.b it is unsurprising that a lack of social identification has a negative impact on health and well being for the older generation. As a somewhat minority group in most societies (although this will arguably change) the elderly face prejudice on a regular basis, some of which has been identified in *1.b.ii*. In order to cope with this studies including Weiss and Lang (2011) have found that identifying oneself as younger or as a member of a group will alleviate these feelings of prejudice. A perfect example of this can be found in Furman's (1997) book identifying the negative impacts of the 'Beauty Shop Culture' on the elderly. This book explains some difficulties older Jewish women may have when 'facing the mirror' in a culture that is literally obsessed with image and beauty. This culture has huge control over self-perception and as earlier mentioned feelings of insecurity, being different and not belonging have a hugely negative influence over wellbeing, this may then lead to further conditions. I personally would argue however that this is not solely applicable to the older generation; this could be easily backed up by the countless studies of adolescence and cultural influences etc.

Mental Health refers to a person's condition with regard to their psychological and emotional wellbeing. Although so far all comments on wellbeing have included a proportion of mental health I felt it important to include this in a separate section, as it is solely an interest in most research and involved its own literature review. *Depression* refers to feelings of severe despondency and dejection. According to 'Psych Central' the elderly are an extremely high-risk group for depression.

Depression is naturally associated with poor well being and poor functioning so there is no doubt that depressive symptoms and depression have a hugely negative impact on health and life satisfaction, not only of adults but anyone suffering. It is seemingly natural causes that make the elderly such a high-risk group however. The two main causes of depression in the elderly are loss and illness of a loved one. Interestingly a study by Pinquart at al. (2003, 2011) compared the impact of caring for an ill spouse and caring for an ill parent (or parent-in-law) and found the negative impact caring for an ill spouse was significantly greater than caring for an ill parent. Although one may argue that this is down to a 'natural circle of life' attitude it is interesting that the loss of a loved on at an older age (be that a spouse, friend or family member) has a greater negative effect on wellbeing than loss of a loved one at a younger age. This is explained in much greater detail in Pinquart's meta-analysis.

Approaches to Understanding Ageing

The Positive Psychology of Ageing

Scientists as well as lay people have been trying to understand the concept of ageing. The following perspectives help us understand how ageing affects individuals. These theoretical approaches also inform medical, political and psychological interventions aimed at improving the well-being of older people:

The *Biomedical Model of Ageing* focuses on the control of symptoms in old age or on how older people may delay disease. In other words, this approach concentrates on the absence of chronic disease and risk factors

for disease. This highly **medicalised model** emphasizes negative aspects of old age (Baltes & Baltes, 1990).

The psychosocial *Theory of successful Ageing* on the other hand tries to look at how older people may optimize their well-being by making age-related choices (Baltes et al., 1990). Here scientists suggest that "successful ageing" can be achieved if individuals choose to compensate for their loss or their reduction of abilities by adjusting to the new situation or by re-evaluating previously important goals. Although the framework of "successful ageing" does look at aspects of ability instead of disease, it is a theory that looks for successful **adaptation to age-related changes** (Baltes & Baltes, 1990) and can therefore be described as a theory that views age as a time of decline. Hence, the best that can be done is to make the most of what is left of one's ability (Ranzijn, 2002).

The psychologist Ranzijn (2002) explains that compensating for loss in ability is only one part of ageing. He argues that research should be concentrating on positive gains and evolving strengths in old age. Ranzijn relates to a relatively new approach to ageing that emphasizes subjective constructs of well-being - this leads us to the *Positive Psychology of Ageing*.

Arguing the Case for "The Positive Psychology Of Ageing"

Suggested Reading -->

If you want to understand the core idea behind the positive psychology of ageing, then you should read this article:

Ranzijn, R. (2002). Towards a Positive Psychology of Ageing: Potentials and Barriers. *Australian Psychologist*, 37 (2), 79-85.

Even though the paper is a little bit dated, it explains why the relatively young science of positive psychology should be applied to the science of ageing.

The key points that you will take from this theoretical piece of writing are:

It is necessary to apply positive psychology to *gerontology* (the science of ageing) because of:

1. The current over-emphasis on negative aspects of older age

2. Negative attributes of old age are easier to measure (e.g. declining cognitive ability) than positive attributes (hence: the scientific literature refers to negative attributes a lot)

3. Scientists must take older people's environment into account when measuring their abilities

4. There is a lot of empirical evidence for the potentials older people have (see examples in "Research Evidence" section)

5. Positive Psychology could enhance well-being of older adults by creating better understanding of old age and by helping to remove constraints (within individual, within society)

The Philosophy behind "The Positive Psychology of Ageing"

Seligman and Csikszentmihalyi (2000) describe positive psychology as a "science of positive subjective experiences, positive individual traits, and positive institutions". Positive psychology tries to enable individuals and society to develop their potentials.

The **positive psychology of ageing** can be seen as a **psychological resource model** of ageing (Hill, 2010). Rather than focusing on pathology or losses that need to be compensated for, positive ageing looks at the **potentials** of older people. Positive ageing is concerned with **growth at an older age**. Whilst other theorists might still try to improve the life of older people by helping them to stay the same, positive psychologists dare to go one step further and ask the question: "How could we support older people evolve and grow?" (Belsky, 1999).

Positive psychologists assume that valued subjective experience can help people of old age optimize their well-being (Seligman et al., 2000). It must be stressed that positive psychology does **not see age-related decline, pain, loss, disappointment, or grief as non-existent**. Positive psychology acknowledges that many of those transitions are due to the

increasing age. **However**, positive psychology is optimistic in terms of dealing with those negative aspects of old life by recruiting latent (Hill, 2010). It is suggested that older people may **learn to change** their personal **focus** by learning new strategies of how to become more accepting. A person may be helped to shift their expectations according to their changed abilities. The older person may learn not to expect that he/she can still drive to the shops and back by themselves (Hill, 2010). Accepting declining functioning does not mean that older people should not try to change what can be changed. Controlling symptoms of disease or preserving physical fitness are clearly endorsed by positive ageing proponents (Hill, 2010).

In sum, Positive psychology of ageing aims to establish techniques that enable individuals to **modify life routines** in order to **maintain psychological well-being by recruiting latent potentials and by responding flexibly to age-related changes** (Hill, 2010). Additionally, it is seen important to empower older adults' optimistic decision making processes whilst teaching acceptance of inevitable changes of ageing. In other words, positive psychologists claim that the older generation's mental and physical health can be improved by changing perspectives - within the individual and within society. Those claims seem particularly attractive when considering today's increasing proportion of older adults in society. Particularly applied psychologists will need to understand those clients' strengths better in order to support them (Ranzijn, 2002).

Is There Sound Evidence to Back Up Positive Psychology's Claims to Enhancing Old Age, or are these Claims Wild and uncritical?

How come positive psychologists are so confident that they can apply their concepts to gerontology? Positive psychology's approach to ageing sounds promising and optimistic, but is there any reason for their optimism? In the following you can read about two main areas of research that seem to indicate that positive psychology can keep their hopes up and continue to attempt improving well-being in old age.

In Old Age Things Can Be Changed:

There is plenty of evidence showing that we do not have to give in to the idea of ageing in itself just causing disease and physical or cognitive decline. **Various studies show that older adults can** actually do something to **improve their physical as well as their mental health**. McMurdo (2000) showed that regular moderate exercise for about 30

minutes on most days could enhance people's **physical capacity** by 10 to 15 years. Other research demonstrates how people's attitudes and states of mind contribute to their physical well-being. Subjective self-ratings of health (i.e. what would you say your health is like these days) were found to be better predictors of morbidity and mortality than physical health assessments (Helmer, Barberger-Gateau, Letenneur, & Dartigues, 1999). Further, Reuters (2000) showed that individuals with coronary artery disease and an angry disposition are at a higher risk of worsening their **heart condition** than those with the same heart problems not displaying anger frequently. Other research shows that positive mood and taking part in enjoyable activities is more strongly related to self-rated health than are functional ability and medical indicators (Benyamini, Idler, Leventhal, & Leventhal, 2000). Levy, Hausdorff, Hencke, and Wei (2000) 62 - 82 year old men and women were exposed to hearing either **positive stereotypical, age-related words** like "wise" or "insightful" or negative stereotypical words like "dependent" or "forgetful" whilst performing on a cognitive challenge task. Participants of the positive stereotype group were found to exhibit **reduced cardiovascular stress** whilst participants in the negative stereotype group showed increased cardiovascular stress. Considering the amount of negative stereotypical feedback older people receives in today's society, we can only imagine the extent to which they are affected by this kind of environment.

In conclusion, although all of these studies do not show that psychological well-being causes physical well-being, a strong link between the two can be clearly detected. Positive psychology is therefore quite right when assuming that improving their psychological well-being can enhance older adults' physical health.

There are strengths older adults can recruit:

Positive psychologists claim that qualities acquired with age and life experiences can help older adults buffer against mental illness and enhance personal well-being (Baltes, & Baltes, 1990; Duckworth, Steen, & Seligman, 2005). Hence, the positive psychology of ageing wants to **point to and enhance the strengths and potentials old age can bring**. In their review on "Emotion in Late Adulthood" Strongman and Overton (1999) explain that emotion is one of the dimensions that does not have to decline in old age. These authors state that the ability to **regulate emotions** could be seen as a central theme for resilience in old age. Old age could be a phase during which people learn to regulate their emotions even better. Strongman and Overton go even further by claiming that this period in life could be a time of increased emotional intelligence when people are increasingly sensitive to emotional underpinnings of their social interaction

and when people are able, more than ever, to regulate their own emotional reactions. All of this may lead individuals to enhance their experiences in late adulthood. Various research testing younger and older adults in problem solving tasks during stressful situations supported Strongman and Overton's argument (Blanchard-Fields, & Coats, 2008; Castensen, Pasupathi, Mayr, & Nesselroade, 2000). Overall, older adults are found to be better at regulating their own and sensing others' emotions than younger adults. One study by Dittmann-Kohli (1990) demonstrated that older adults use optimal strategies to create positive meaning. The research compared young and elderly people completing self-describing statements. The older adults altered the content and standards of self- and life evaluation statements in a way in which they achieved self- and life acceptance. In comparison to the younger participants, older adults exhibited less self-criticism and viewed life goals as having been obtained. Dittmann-Kohli concluded that these **acceptance strategies** which resulted in the **construction of meaning** helped the older participants cope with their life circumstances in an optimized manner. Another possible gain in old age would be wisdom. **Wisdom** can generally be defined as the ability to think and act using knowledge, experience, understanding, common sense, and insight. Older adults clearly have had a greater chance than younger people to develop those cognitive, affective, and reflective qualities through their life experiences. Those older people who are perceived to be "wise" were found to be more satisfied with life and less depressed in old age than those who do not show rich factual and procedural knowledge, lifespan contextualism, relativism of values and life priorities, and recognition and management of uncertainty (Baltes, & Staudinger, 2000). Finally, Ranzijn & Grbich (2001) argue that older adults possess the ability to **appreciate the beauty of life** and do therefore have a higher potential to contribute to society by getting passionately involved in family and community life.

Conclusion: Considering the examples above it becomes clear that old age does not have to mean decline and giving up. There are health and well-being areas that can be changed with only little effort. Furthermore, positive psychology can emphasize the strengths and gains that are very much associated with old age. Recruiting such potentials by introducing changes to how we view and "do" old age could be promising. In the following section you will be able to learn more about how positive psychology applies its ideas to the actual lives of older adults. You may then form your own opinion on whether positive psychology can really change the field of gerontology....

Applications of Positive Psychology with respect to Ageing

The applications of positive psychology, especially in the area of gerontology, seek to increase well-being, self efficacy, optimism, gratitude and over all satisfaction with life. With an increasingly ageing population, this field of research and its practical application to society is incredibly important.

Positive psychology is tackling the common negative perception of ageing (see above) and is doing so through influencing the self-perceptions the ageing population hold about themselves, societal perceptions and the role of corporate and public policy.

Self-Perception
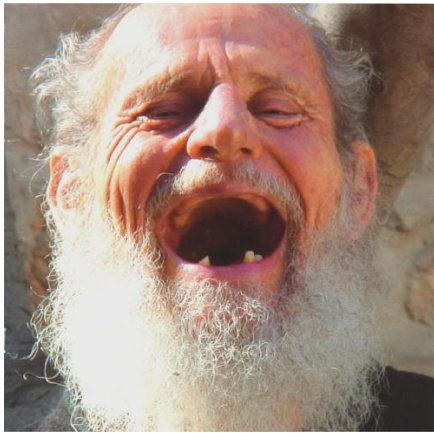
If a society at large believe that older people are senile, needy and useless then why should older people believe anything different? If this belief is adopted by the ageing population it becomes a self-fulfilling prophecy which ultimately leads to an ageing process much like the negatively portrayed one as described above. This is what necessitates the internal change to achieve a concept defined as 'successful ageing' which is a set of strategies and techniques to maintain a positive state of mind and engage in activities which lead to a more sound and healthy state of well-being (Centre for Confidence and Well-Being).

Negative aspects of ageing should not be emphasised. Instead, positives and strengths of the ageing process such as curiosity, love of learning, sense of fairness and forgiveness and self-regulation which all increase with age should take centre stage (Wood, Liney, Maltby, Kashdan & Hurling, 2011). Focussing more on these advantageous aspects of ageing - an individual's confidence in themselves increases and can act as a buffer against mental illness. In fact, research has found that holding

positive views about life expectancy and quality of life itself has led to an increase in longevity by 7.6 years illuminating the power of a positive self-concept and belief in self-efficacy (Levy, Ashman & Dror, 2000). Promoting this shift of focus to both the ageing population and society at large is central in overcoming the harmful stereotype of ageing.

Practically, there are many techniques that older people can adopt in order to bolster positive well-being - both physically and psychologically. Simple mental exercises on both memory and reasoning can lead to increased performance in both and by generally not adhering to the idea that mental decline is inevitable with age, older people can experience higher confidence in themselves and a subsequent higher quality of life (Ball et al, 2002). Another technique that can be adopted is Seligman's ABCDE learned optimism model. This can be applied to anyone but is particularly helpful to the ageing population where they can - due to negative stereotyping - fall into the trap of learned helplessness. The model is a five-step process that involves the reconsideration and future attribution of negative life events and putting them into a more positive perspective. Optimists have been shown to have overall better health across all dimensions so this technique can aid in achieving that goal.

These techniques in general are tools that can be employed to challenge the negative stereotype of ageing. Another common belief is that old people are useless. However, by encouraging them to take part in voluntary work for example, they are given a sense of purpose that is fulfilling for them and useful in society. Teaching to take control of your own life and through assistive techniques on how to keep healthy is vital in maintaining a positive self-concept.

Some events are set up specifically for this purpose. For example a 'Wisdom and Flamboyance' event was held in Oran Mor in Glasgow to focus on mental health in the ageing population centred not around the absence of mental issues but on healthy living and strengths which can be emphasised through useful techniques. Businesses and regular people alike attended this event with hugely successful outcomes with regards to the perception of ageing and more importantly a focus on 'successful ageing'.

With ageing comes declines - this is fact but these declines shouldn't be the defining characteristic of any person. Of course motor function will decrease due to the ageing of the body but even this can be countered as nearly all negatives of the process can. One study examined a nursing home who set up an exercise program for residents (mean age 87) and results showed a 100% increase in muscle tone, swifter walking and more fluidity and power in everyday movements (Bassey, 1997). These declines need to be viewed in a positive light and not so quickly adhere to common negative popular beliefs. Subjective happiness need not diminish with age. In fact a U-shaped function shows that happiness dips in mid-to-late forties but increases thereafter (Banks, Breeze, Lessof & Nazroo, 2006). You don't have to feel unhappy because you're old - just don't think that way and you won't!

Wider Society

Many of the techniques described to aid in the self-perception of older people can be rolled out to incorporate wider society and tackle the negative stereotype associated with ageing. The goal is to examine the application of positive psychology with respect to intervention for older people and not focus on pathologies and weakness but instead on strengths and virtues of an ageing population (Ho, Yeung & Kwok, 2014). Only through this can the perception of negative ageing be reversed.

Challenging what is taken for granted that old people are not as valuable in society as young people is a central problem in societal perception. Instead, by gaining knowledge from older people and their wealth of experiences a dual benefit is derived - learning takes place and the older person achieves a sense of meaning and worth. These very simple changes could bring about a lot of good were they implemented properly. This change similarly needs to reach mass media as a vehicle for perpetuating negative stereotypes of older people.

Even more education on the topic of ageing and specifically the concept of 'successful ageing' will help wider society understand and empathise more with the problems faced by ageing people and help in a shift in attitude. This should encourage people to value the contribution older people can make to their lives so that they can remain valued members of the community.

Corporate and Social Policy

Addressing internal perceptions and beliefs about an ageing population is important. However, unless it leads to practical and visible change then there is still work to be done. Thankfully, positive psychology has already played a role in changes in both social and corporate policy which address the problems associated with ageing. The Department of Health has adopted a new assessment process with respect to treatment and diagnosis that aims to put older people at the centre of their care (London).

An additional beneficial action is increasing the breadth of the term "well-being" to incorporate physical and mental health and not have it as a term to be used only when someone is suffering. Similarly, an expanded education on well-being and support for older people should be receiving attention, and in some areas of social policy, already is (Audit Commission).

However, there are still ways to go in implementing further change involving building on and creating new policies for both corporate and social environments. These include:

- More funding to be contributed to efforts at a local level involving older people and their resident communities in addition to research on how positive psychology initiatives could be implemented across the community to increase well-being.

- Affording older people more choice with regards to work and retirement where they could carry on to use their skills and retain a sense of purpose. Similarly, create more volunteering projects that older people can participate in and market these to them directly.

- Generating strategies to advance the development of skills that contribute to healthier older age. These encompass both physical and mental exercises in addition to mindfulness meditation that studies have shown reduces the thinning of the cortex associated with ageing.

From the 'Wisdom and Flamboyance' event in Glasgow many business representatives said that they would return and re-evaluate what they do with respect to older employees and change attitudes in their company which is a good sign suggesting that more of these events should be held.

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Key:

** Most recommended

* Recommended

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