

Psychosocial Factors that Promote Successful Aging

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There are several psychological and social factors that have been linked to increased individual life expectancy and quality of life in older adults. While the majority of attention in the life extension and successful aging field has focused on physical factors such as exercise, diet, sleep, genetics and so on, there is a growing body of evidence that suggests that psychological and sociological factors also have a significant influence on how well individuals age (Warnick, 1995).

Warnick (1995) believes that adjusting to the changes that accompany late adulthood and old age requires that an individual is able to be flexible and develop new coping skills to adapt to the changes that are common to this time in their lives. Aging research has demonstrated a positive correlation between someone's religious beliefs, social relationships, perceived health, self-efficacy, socioeconomic status, and coping skills among others to their ability to age more successfully. The term successful aging has been defined by three main components: "low probability of disease and disease related disability, high cognitive and physical functional capacity, and active engagement with life" (Rowe & Kahn, 1997).

Baltes and Baltes (1990) suggested that the term successful aging appears paradoxical, as aging traditionally brings to mind images of loss, decline, and ultimate death, whereas success is represented by achievement. However, the application of the term, successful aging, they argue forces a reexamination of the nature of old age as it presently exists. "An inclusive definition of successful aging requires a value based, systemic, and ecological perspective, considering both subjective and objective indicators within a cultural context" (Baltes & Baltes, 1990). With medical advancements and

improvements in living conditions people can now expect to live longer lives than ever before. But, the prospect of merely living longer presents many problems. This fact has led researchers to investigate the psychological aspects of aging, with a goal of making the additional years more worth living. There is a great deal of information that leads us to be hopeful about the prospective quality of life in late adulthood and old age.

Religious beliefs, spirituality, and church participation have been the focus of numerous studies involving older adults. Various studies have associated religiousness with well-being, life satisfaction or happiness (VanNess & Larson, 2002). Although it will be necessary for future research to more clearly specify which dimensions of religious participation are beneficial to which outcomes (Levin & Chatters, 1998), it appears that certain aspects of religious participation enables elderly people to cope with and overcome emotional and physical problems more effectively, leading to a heightened sense of well being in late adulthood. It is commonly known that suicide rates are higher among elderly people, and there is evidence that persons who engage in religious activity are more than four times less likely to commit suicide (Nisbet, Duberstein, Conwell, et al: 2000). The inverse association between religiousness and suicide rate in elderly individuals may be due to the fact that religious beliefs help elderly people cope with or prevent depression and hopelessness, which are established risk factors for suicide (Abramson, Alloy, Hogan, et al: 2000). The relationship between religiousness and successful aging is an extremely complex one. This makes it difficult to pinpoint which factors of participation in a religious organization lead to the increased sense of well-being, satisfaction, and happiness. It is possible that religiousness exerts its beneficial effects by creating positive emotions that stimulate the immune system. Or, it may provide access to social and psychological resources that buffer the impact of stress and aid ones ability to effectively cope (Ellison, 1995).

Membership in religious organizations also provides older individuals with a social network from which to draw emotional support and encouragement, while enhancing one's ability to adapt to change and buffer stress (Levin, Markides, Ray, 1996). Research has shown that social networks, such as those commonly found in religious organizations are associated with positive health outcomes in older adults, including lower risk of mortality, cardiovascular disease, cancer, and functional decline (Seeman, 1996). The relationships that are fostered within the church or religious group serve for many as a replacement for the social groups that they engaged in at work before retirement. In addition, the attitudes that are learned from religiously committed peers may benefit one's health through encouragement of healthy behaviors and lifestyle lowering the risk of disease (Levin & Chatters, 1998).

One of the common threads that has been found to correlate with successful aging is the individual's socioeconomic status, particularly education and income levels (Meeks & Murrell, 2001). The relationship between education level and subjective well-being has been demonstrated consistently. Meeks and Murrell (2001) found that education did have direct effects on negative affect, trait health and life satisfaction. Their research concluded that higher educational attainment is associated with lower levels of negative affect, which is related to better health and increased life satisfaction (Meeks & Murrell, 2001). This may be due to the fact that "individuals with higher education levels benefit from the opportunities and resources related to educational attainment that produce accumulated success experiences and contribute to superior functioning in later life" (Meeks & Murrell, 2001). It is also possible that more educated people develop superior methods for problem solving and coping with change. Higher education levels have been shown to provide individuals with better occupational opportunities and social status through adulthood and greater financial stability during the transition to retirement. This

establishes education level as one's foundation for successful aging (Meeks & Murrell, 2001).

Material wealth and income have been shown to have a direct relationship to subjective well-being (Andrews, 1986). For many, the sense of well-being is especially effected by their feelings of income adequacy as they move into retirement. Many individuals face retirement with great anxiety due to the lack of sufficient savings to replace their income. The reality of living on a small fixed income limits the lifestyle and ability to adapt to the changes of late adult medical needs for many elderly people. People with greater resources at retirement have access to greater variety of opportunities and activities (Jurgmeen, & Moen, 2002). In addition, the access to surplus income allows for more recreation and less stress from financial concerns. This notion that wealth and well-being are related is also supported by a microeconomics theory that states that an increase in the income level of a society would lead, other things being constant, to greater well being (Easterlin & Christine, 1999). However, it is important to keep in mind that increases in individual income levels are relative to the changes in one's reference group (Lian & Fairchild, 1979). Increases in income are considered to be relative. In other words, if an individual's gains in economic status outpace the gains of the reference group then the individual will likely experience a greater sense of satisfaction. On the other hand, if their gains are equal to the average in their reference group, there will likely be no change. If the increases are less than the reference group then the result will be less satisfaction. Therefore, it may be important for many older adults transitioning to retirement to have adequate savings or other income in order to maintain or exceed their previous financial status. The relationship between education and income to successful aging is a complex one that involves numerous external variables. But it seems that there is conclusive evidence that both education and income levels help to prepare an individual for the changes that they will face in old age and

“influence on their ability to view aging as an opportunity for continued growth as opposed to an experience of social loss” (Steveink, Westerhof, Bode, et al, 2001).

One of the most important aspects of how well individuals age is related to their ability to develop and maintain strong relationships and social support systems (Rowe & Kahn, 1998). It is also important to mention that solitude, or a lack of social interaction, is considered a major health risk factor (Unger, McAvay, Bruce, et al, 1999). Recent studies suggest that the effects of social ties on the risk of physical decline in elderly are greater in men than women. These studies also report that there is a strong relationship between social support or social networks to the probability to cardiovascular and all cause mortality for men (Berkman, Seeman, Albert, et al,1993). This gender difference could be explained by the fact that women devote a greater portion of their lives caretaking and developing friendships, so they are more accustomed to building and utilizing social networks. While men, in contrast, have devoted a greater portion of their lives to their careers, therefore, they have not developed the social networks or skills to utilize these networks that most women have (Unger, McAvay, Bruce, et al, 1999). In addition, social ties appear to be most important among elderly individuals with less physical ability (Unger, McAvay, Bruce, et al, 1999). It seems that people with physical disabilities have a greater need to develop friendships and support networks to assist them in coping with the limitations caused by their conditions. Friends and family provide them with a means to continue participating in social activities and complete the tasks of everyday living that they may be unable to accomplish on their own. This provides support for the belief that establishing strong social networks may increase not only quality of life, but quantity as well.

Social relationships and social support systems serve as protective factors in many ways (Bovbjerg & McCann, et al, 1995), (Krause & Borawski-Clarke, 1994). They

benefit individuals by enhancing self esteem, providing encouragement, and promoting healthy behaviors. It is also possible that social networks may provide more tangible assistance such as food, clothing, and transportation. This type of assistance enables an elderly person to remain socially active even though they may not have the means to do so on their own. It is also important to distinguish the difference between receiving support and assistance from friends or relatives as opposed to agency assistance. Possibly the most important source of social support comes from the family, which provides self-system mechanisms which increase an individual's subjective impression of life satisfaction. In addition families provide a system of support and interaction that may not be available from outside sources for some elderly people. All of these types of networks may prevent the degree of social isolation in old age, that is associated with depression and other psychological problems (Krause, 1991).

With all of the physical and psychological changes that people face in late adulthood i.e., decreases in vision, hearing, memory, etc., the ability to adapt to life circumstances that force aging individuals to move from one living style to another is an integral part of successful aging (Warnick, 1995). Simply maintaining the ability to perform the everyday tasks of living is not necessarily considered successful aging. Successful aging requires the maintenance of competence involving cognitive, personality, material, and social resources (Baltes & Lang, 1993). Adapting to these changes requires the use of flexible strategies to optimize personal functioning (Baltes & Baltes, 1990). The strategies that one may employ to cope with the changes that accompany the aging process may be limited not only by the individuals ability to utilize a new strategy, such as learning sign language or walking with a cane, but also by their perception of their ability to do so. Many elderly people will avoid using new tools to

adapt to change if they believe that they are unprepared to make such an adjustment (Slangen-DeKort, 2001).

Perceived self efficacy is defined as “peoples judgment of their capabilities to organize and execute the courses of action required to attain designated types of performance” (Bandura, 1986). People who believe in their ability will set higher goals for themselves and expect that they will be able to achieve these goals. Self efficacy has been found to influence the adaptive strategies used by older adults (Slangen-DeKort, 1999).

There are two dispositions besides perception of self efficacy that influence individuals ability to cope, these are flexibility and tenacity (Slangen-DeKort, 1999). Tenacity is defined by an individuals persistence with which they are able to remain focused upon their goals in the face of obstacles. Flexibility refers to ones ability to readjust goals based on new information. The research of Slangen-DeKort et al (1999) concludes that self referent beliefs regarding personal competence influence adaptive behavior and the choice of adaptive strategies. “The direct effect, which is strongest, implies that even if a person appraises a certain adaptation as the most optimal one, this adaptation may not be adopted when this person perceives that the required efforts exceed his or her personal competence. In this case, a less optimal alternative strategy will be embraced.” (Maddox & Douglas, 1973).

Given the enormous number of variables that are involved in determining how well an individual will age, it is impossible to point to one factor as being the most important. But, it is safe to say that ones ability to successfully age is determined to a great extent by their attitudes toward aging and growing old. These positive and negative attitudes will be the result of how effectively an individual is able to adapt to the physical, psychological, and social changes that will take place throughout adulthood. If

someone is able to accept the changes of life and look forward to the challenges that they present with hope and desire to change, then they will be better prepared to face old age. In addition, the relationships and beliefs that are developed across the life span will be relied upon in old age as a resource for support and assistance in coping. Upon examining research on successful aging, it seems that many of the concepts that are applied to earlier developmental stages are equally important in old age. For example, change, adaptation, personal growth, and cognitive function are aspects of development that may be as important in old age as they are in childhood development. In conclusion, it seems that the present and future of aging research may be used to develop medical and psychological interventions that will provide a more positive aging experience and well-being in old age.

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