



M4X02244

Understanding old age

Lecture 1

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This module...

Lecture 1

Introduction to old age.
Sociological theories of old age
Social transitions

Lecture 3

Retirement
Assessment criteria

Lecture 2

Cognitive decline
Dementia



1. Assessment Component 1

Coursework: Portfolio (50%)

midday
Friday
29/03/19

Using three organisations (charity/support/ government), Produce a portfolio documenting the sources of advice and support available to older people living in supported housing..

2. Assessment Component 2

Coursework: 1,500 word written review (50%)

midday
Friday
15/03/19

Question: Using appropriate theory and empirical evidence, review a recent media story on the link between fitness and Dementia.

Media story: Dementia study links your risk with your fitness level

Available at <https://edition.cnn.com/2018/03/14/health/dementia-risk-fitness-study/index.html>

Gerontology and Geriatrics



Geriatrics – the branch of medicine specializing in the medical care and treatment of the diseases and health problems of older adults (disease related aspects)

Gerontology – the study of biological, behavioural and social phenomena from maturity to old age (healthy related aspects)



Ageing Research



Ageing studies lagged behind other lifespan research because...



Assumption that by the time adulthood is reached, personality is formed and no further developmental change occurs.

Assumed that both physical and psychological functions develop up to the point of maturity – then comes a decline in functioning – so why study this cohort.

The number and proportion of older adults was relatively small

Reasons for studying ageing



Scientific- adult development based on studies with young adults.

- But do the findings apply to older adults?
- If not, the studies may have limited scientific value.
- Different findings for young versus older adults can have significant theoretical implications.

Personal- give us insight into the changes we are experiencing/can experience.

- Help us to plan retirement
- Concern for others –friends and family

Practical- older adults are a rapidly growing cohort

- Health workers can anticipate increased contact
- Medical services to spend much of their time with elderly.
- Education- older adults
- Employers – in work for longer
- Manufacturing – older adult aids

Definitions



Chronological age - most common measure

Measured in units of time (months or years)

Biological age

Where people stand relative to the number of years that they will live (their longevity) E.g. someone lived to chronological age of 70 – considered biologically old at 65, another lives to 90, 65 not considered biologically old.

Social age

The views held by most members of society regarding what individuals in a particular chronological age group should do and behave. E.g. expectation – leave education by early 20s, marry by late 20s, have children in 30s and career by 40. someone who becomes a parent at 42- socially younger than a parent at 28.

Functional age

A person's competence to carry out specific tasks – comparison with peers. E.g. 85 year old still drives in the dark would be considered functionally younger than his chronological peers who have given up driving in the dark. This man might have severe arthritis in his legs and cannot walk around the block – beneath his peers.

Psychological age

How well a person adapts to changing conditions (cog, personal, social skills) those who can adapt are considered psychologically younger than those who find it hard.



Definitions

Subjective age

The chronological age people select to mark the onset of older adulthood is coloured by their own age or stage of adulthood.



Those in 20s think middle age starts in the 30s and older adulthood starts in the 50s but not later than 60s. Whereas, those in their 60s consider themselves to be middle-aged.

As adults become older chronologically, **the gap between their chronological age and their subjective age becomes wider** (Goldsmith & Heiens, 1992) – they feel younger than they are.

Also the gap between subjective age and actual age is wider for middle-aged and older adult women than it is for middle-aged and older adult men (Montepare & Lachman, 1989)

Definitions

The magic age of 65



The age 65 has come to signify the official age of entry into older adulthood

Increased to 67 – this may cause an increase in chronological age associated with older adulthood .

This can be traced back as far as the 1940s – the social security - provided economic security for those 65 and over in the form of a pension





Demographics in the UK



11.4 million people aged 65 or over

Over 23.2 million people aged 50 years and over, over a third of the total UK population



There are now 14.9 million people in the UK aged 60 and above

1.5 million people are aged 85 or over



In 2010, approximately 640,000 people in the UK turned 65; in 2012, it the figure was about 800,000.

The number turning 65 is projected to decrease gradually over the next 5 years to around 650,000 in 2017.



There are now more people in the UK aged 60 and above than there are under 18.

Demographics in the UK



The number of centenarians living in the UK has risen by 73% over the last decade to 13,350 in 2012.

When asked what stage of life they were currently in (given choices), 55% of 60-64 year olds said 'later life or old age', but 43% of them said 'middle adulthood'.

For 65-69 year olds, the split was 75% 'later life' and 23% 'middle adulthood'.

Yet people's ideas of when 'later life' started were quite early: in the 60-64 year old group, men said age 61 and women said 64; in the 65-69s, men said 62 and women said 66.9

Successful Ageing

Avoid serious, debilitating diseases and disability.

Maintain cognitive function.



Able to cope with physical, social, and emotional changes

Sense of control of their lives

Engage independently in most normal activities of daily living.





Theories of Ageing



Biological Theories

address the anatomic and physiologic changes occurring with age.



Psycho-Social Theories

explain the thought processes and behaviours of aging persons.



SOCIOLOGICAL THEORIES OF AGING



Disengagement Theory

Activity/Developmental
Task Theory

Continuity Theory

Age Stratification
Theory

Person-Environment Fit
Theory

Changing FOCUS of Sociological considerations of aging:



60's focus on
losses and
adaptation to
them



70's broader
global, societal,
and structural
factors influencing
lives of OA's



80's-90's
exploration of
interrelationships
between OA's and
their physical,
political,
environmental &
socioeconomic
mileau



Disengagement Theory



Cumming & Henry--1961

No longer supported

Aging seen as a developmental task in and of itself, with its own norms & appropriate patterns of behaviour

“appropriate” behaviour patterns involved a mutual agreement between OA’s and society on a reciprocal withdrawal.

Activity Theory (Developmental Task Theory)

Havighurst,
Neugarten, Tobin
~1963

“Activity is viewed
by this theory as
necessary to
maintain a person’s
life satisfaction and
a positive self-
concept”. (p.27)



Activity, cont'd



Theory based on assumptions:

- 1) it's better to be active than inactive
- 2) it is better to be happy than unhappy
- 3) an older individual is the best judge of his or her own success in achieving the first two assumptions

Continuity Theory



How a person has been throughout life is how that person will *continue* through the remainder of life

Old age is *not* a separate phase of life, but rather a continuation and thus an integral component



Age Stratification Theory

Riley--1985

Society consists of groups of *cohorts* that age collectively

The people & Roles in these cohorts change & influence each other, as does society at large

Thus, there is a high degree of interdependence between older adults & society





Person-Environment Fit Theory

Lawton, 1982



As a person ages, there may be changes in competencies & these changes alter the ability to interrelate with the environment

Significant implications in a society that is characterized by constantly changing technology

Individuals have personal competencies that assist in dealing with the environment:

ego strength

level of motor skills

individual biological health

cognitive & sensory-perceptual capacities

PSYCHOLOGICAL THEORIES OF AGING



Maslow's
Hierarchy of
Human Needs

Jung's Theory
of
Individualism

Erikson's Eight
Stages of Life

Peck's
Expansion of
Erikson's
Theory

Selective
Optimization
with
Compensation

Break

Social transitions

1. Social change
2. Social support



Social Transitions – Interactions

Socio-emotional selectivity theory lifespan model - the reduced social activity often seen in old age reflects a lifelong selection process (Carstensen, 1991, 1995).

Close social relationships are maintained, superficial ones are filtered out.



Number of individuals in a person's social network may be smaller in older adulthood than it was in young adulthood

Cartensen, Gross and Fung (1997)

Two goals or motives when it comes to social interactions these are **information seeking** and **emotion regulation**.



Information seeking

Acquiring information is a prominent motive for social interactions early in life when we are **reaching out** to meet new people from home we will ultimately select a spouse or life partner or form long-term friendships.



Social interaction also helps us mold how we perceive ourselves.



Early in life we **gather information about potential careers and interests** we want to pursue in the future. Acquiring such information = interactions with new people or novel partners. **Later adult hood, less need for this.**

Important goal in adolescence and young adult hood is **identity formation**. In later adult hood, there is less motivation to develop identity, so we prefer to spend time with familiar partners at home we can rely to **affirm who we are.**

Emotional regulation



Pleasant social interactions fulfilling emotional needs. Emotional fulfilment becomes more important in older adulthood.



Older adults prefer to socialise with familiar partners because they place great importance on the positive feelings that come from intimate and gratifying social interactions.



There is less guarantee of experiencing positive effect in interactions with novel partners.

Emotional regulation



Choice of social partners also influenced by the perception of time (Carstensen, 1999).



Perceived open ended time or unlimited

- Our main motivation is acquiring information and we seek out new (novel) partners.
- Perceived limited time – **emotional regulation** becomes the primary motive.
- Older adults may prefer interactions with emotionally meaningful and familiar social partners because they feel that the amount of time they have left is limited.



Fredrickson and Carstensen (1990)

The importance of time related to preference for social partners.



Young and older adults were told to imagine having **30 minutes of leisure time** with no pressing commitments, and they were instructed to select whether they would prefer to spend that time with the family member (**familiar partner**) or a recent acquaintance (**novel partner**)

They manipulated anticipated endings.

This study was replicated in Hong Kong (Fung, Carstensen, Lutz, 1999).

So when time is limited young and older adults selection of familiar partner is similar.

Results
65% of older adults chose familiar partner compared to 35% of younger adults.

But when young adults were told to imagine they were preparing for a cross-country move, leaving family and friends behind, 80% selected familiar partner.

Socio-emotional selectivity theory



So - SST predicts that **social preferences are related to the perception of time.**



Information seeking motives and novel social partners take precedence when time is unlimited.



In contrast, emotional goals and familiar partners are more important when time is limited.



In general, time is likely perceived as more limited in older adulthood than in the younger adulthood



(Carstensen and Fredrickson, 1998).

Social exchange theory.

Dowd (1975) – social interactions can have both rewards and costs.



Rewards entail positive feelings and costs may include unpleasantness experienced during the course of a social exchange.

We form a relationship if it is rewarding

We attempt to maximise our rewards and minimise our costs

We commit to the relationship if the outcome is profitable





Social exchange theory.



There is a **greater risk of incurring costs** if the interaction is with someone who is **not a close family member or friend**.



Power enters in when there is **imbalance** in a social exchange.



Over time such **compliance** becomes increasingly **costly**, if this continues, the cost **outweighs the benefits** and **the** less powerful partner may **withdraw** from the relationship.



The **less powerful** partner **values the exchange more** and thus feels **obliged to comply** with the demands of the more powerful partner.

Positive and negative aspects



Most research
concentrates on
positive aspects
(Lachman,
2003).

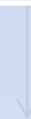
Women who reported lots of **negative relationships** did not necessarily have fewer positive ones; likewise, women who reported very few **negative relationships** did not necessarily have many positive ones.

In short, older women who have problematic relationships do not lack social skills because they have good relationships as well.

Rook (1984) asked relatively healthy, independent widowed women (aged 60 to 89) to...



identify people to whom they could turn for socialising and confiding in someone, for help when they are ill (positive relationships)



identify people who cause them problems such as invading privacy, breaking promises of help and provoking conflicts or feelings of anger (negative relationships)

Positive and negative aspects

Positive social exchanges create feelings of **well-being**.

Negative social exchanges are associated with feelings of **depression and loneliness**. They also play a role in poor psychological well-being (Sorkin and Rook, 2006) and poor physical health (Krause, 2006).

As individuals age – they become **more selective** in the social relationships.

They maintain ties with those that will **enhance their emotional well-being**.

Older adults report **fewer negative social exchanges**.

They **express less ambivalence** about close relationships (Fingerman, Hay and Birditt, 2004).

Older adults who strive to **maintain harmony and goodwill** in the relationship seem to experience **fewer and less intense stressful** interactions with others (Sorkin and Rook, 2006).

The connection between negative social interactions and negative feelings is especially strong when older adults are already experiencing multiple stressors for example losing a spouse or a friend, illness, retirement etc.

(Ingersoll-Dayton, Morgan and Antonucci, 1997).

Social ties in older adulthood.

Social convoys, social network and reciprocity.



Convoy model - we move through life both affecting and being affected by a plethora of people who play a central role in our network of social relationships and influence our well-being.



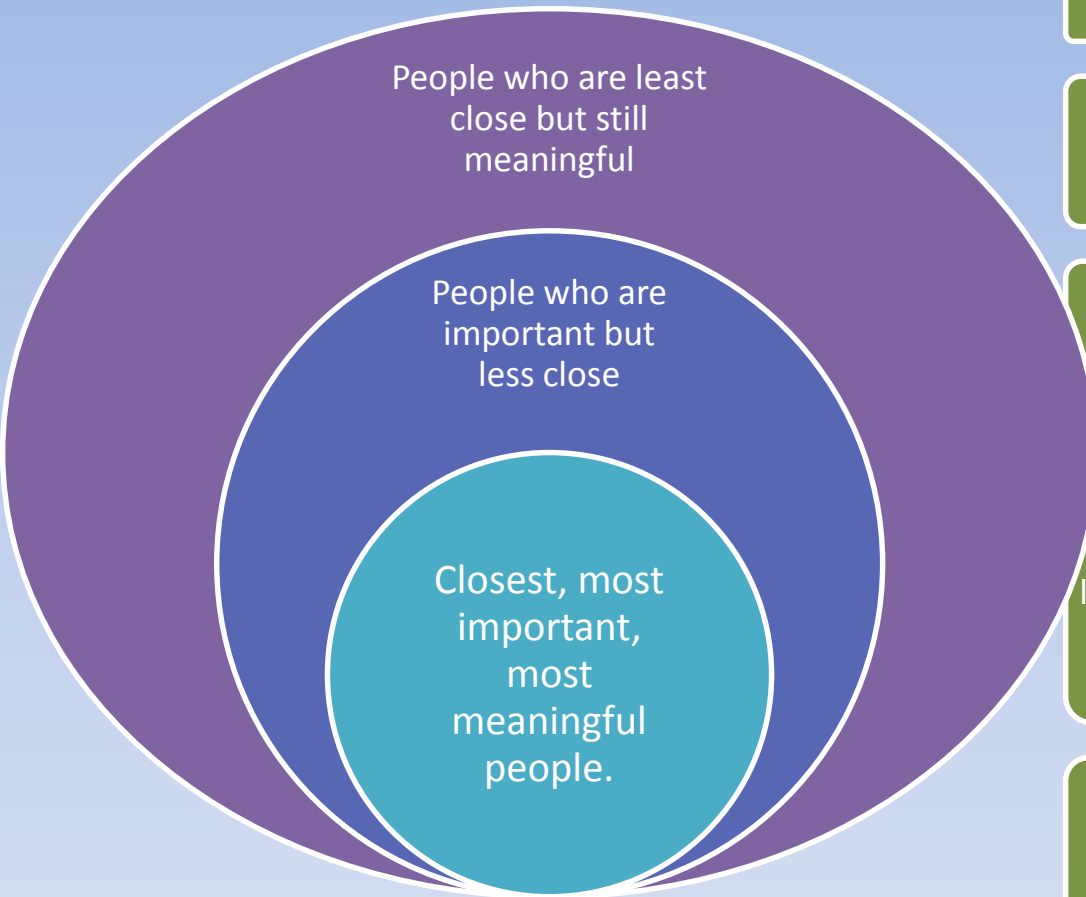
The social convoy – family and friends, close contact on a regular basis.



Social network, the structural characteristics of one's social ties – number of people, sex, age, relationship, frequency of contact time (Antonucci, 1996).

Important for physical and psychological well-being (Fees et al., 1999) and some relationships are closer and longer lasting than others.

Three concentric circle (Antonucci, 1986)



Social networks offer social **support in various forms** - care in illness, financial, someone to confide in) (Krause and Barawski-Clark, 1994). With some networks they are just people we want to **spend time with**.

Reciprocity

Each individual gives as much support as he or she receives.

Non-reciprocal social exchanges one gives/takes more than the other.

Support bank – give more support than we receive as long as we are able to, later we may need more than we put in, so it is legitimate to withdraw from the support bank (Antonucci, 1996).

Fingerman and Birditt (2011) – overall older parents usually provide greater support to adult offspring than adult offspring provide for older parents.

Usually only in the final years of life, if old parents have health problems or crises, when there is a reversal of generational flow of support.

Social networks

Levitt et al. (1993) – asked **triads of women** - young adult daughters, their mothers and their grandmothers to **map their social networks** onto a concentric diagram. They also asked them to indicate the extent to which members of their network provides support of various types (giving reassurance, advice, care if ill etc.).

As predicted, the women in the older generation (grandmothers) reported giving less support than the younger women and their middle aged mothers did.



The grandmothers gave more support in the past, but receiving more now.

Family members were an important source of support for all three generations, but friends in the network declined from young to middle to older generation.



This study was bicultural (English-speaking or Spanish speaking) both groups showed similarity in network structure. Both placed family in the inner circle, but Spanish triads were more family focused with a greater proportion of family members in their support networks.

Thus, friends in younger generation help them to obtain independence from their families - however this changes later on in life to more reliance on family.

Kim, Zarit, Eggebeen, Birditt and Fingermann (2011)

Studied dyads of older parents (59 to 96 years of age) and their adult children (40 to 60 years of age) and found systematic **discrepancies in how the two generations perceived exchanges of support.**



Upward exchanges – adult children perceived giving more support to the older parents than the older parents acknowledge receiving.



Downward exchanges – older parents perceived giving more practical assistance and less advice than their adult children think they received.

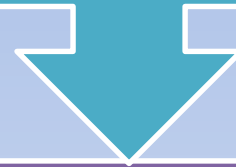


Such discrepancies in perception could contribute to **misunderstandings and resentment**, which could ultimately affect willingness to give support when it is clearly needed.

Social network size.



Chronological age and individual differences in personality play a role in the size of a network. Lang and Carstensen (1994) – Berlin, Germany – size of networks of those between the **ages of 70 and 104 was negatively related to chronological age**. In other words the **older the person the smaller the network**.



Oldest members reported a **decline in the number of social interactions**, but this was due mainly to the more **limited interactions** with people who were not considered to be particularly close.

Personality

Extroverts – larger social network than introverts. Even into the ninth decade (Lang, Staudinger and Carstenson, 1998).

Those more open to experience also have larger networks. Outgoing, sociable and those who seek new experiences tend to maintain larger networks.

- So...the social transitions experienced in older adulthood cover a range of different roles reversals and changes.
- We have covered ...
 - Socio-emotional selectivity theory lifespan model
 - information seeking and emotion regulation
 - Social exchange theory
 - Positive and negative interactions
 - Social convoys, social network and reciprocity

There are many more social interaction and transition processes involved in later adulthood – too many for today.

See the chapter on moodle that explores the changes in family relationships.