

Psychological portrait of an aging person— experiencing loss in late adulthood

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Original article

Abstract

Contemporary literature shows a growing interest in the topics of aging, old age or late adulthood. According to the WHO, late adulthood begins at the age of 60. We are not all equal in the face of passing time. Adapting to aging involves, among other things, the ability to cope with feelings of loss, which are a dominant part of the portrait of an aging person. The literature on the subject mentions experiences such as the loss of health, physical fitness, physical and sexual attractiveness. Changes at this stage of life also include aspects such as social and economic status, which is associated with entering retirement. The development of public awareness of health, hygiene, nutrition as well as medical advances and technological progress have led to an increase in average life expectancy. However, in order for the 'autumn of life' to be cheerful, it is important to be in good physical condition, have a positive mental attitude, accept aging and find elements in it, that will allow to enjoy this stage of life. The article describes the most important biological, psychological and social changes which aging people have to face. It also indicates how older people can adapt to these challenges and at the same time maintain a sense of meaning.

Keywords

- mental health
- grief
- development
- aging
- personality

Contribution

- A - Preparation of the research project
- B - Assembly of data
- C - Conducting of statistical analysis
- D - Interpretation of results
- E - Manuscript preparation
- F - Literature review
- G - Revising the manuscript

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Introduction

Late adulthood is another term for the aging period traditionally referred to as old age. Due to the increasingly rapid aging of societies, contemporary literature shows a growing interest in the topics of aging and old age. The boundary between middle and late adulthood (old age) is fluid and individually determined. However, according to the guidelines of the World Health Organization (WHO), late adulthood (old age) begins at the age of 60. According to Antoni Kępiński, old age is the autumn of life; it should be a period of fruition, but a person rarely feels that their life has been fruitful. Additionally, the term 'elderly' or 'old' usually has also negative connotations, especially in Western culture, as well as is associated with the stereotype of a 'typical' older adult, from whom society expects wisdom, gentleness and usefulness to others. In the colloquial sense, old age is what closes, defines and forces us to stop and put down roots, and therefore contradicts the expectations placed on us by the modern world.^{1,2,3} We are not equal in the face of passing time; the effects of aging are not uniform and old age also depends on an individual's life path. Therefore, it is important whether an older person has developed appropriate strategies for adapting to old age and external environmental conditions.⁴ The scientific literature here refers to various levels: psychological, physiological, economic and social. Adaptation to aging includes, among other things, the ability to cope with feelings of loss or deprivation, which are a dominant part of the portrait of an aging person.^{3,5,6,7} The literature on the subject mentions experiences such as loss of health, physical fitness, attractiveness and sexual appeal. Changes at this stage of life also include aspects such as social and economic status related to retirement and a decline in social, professional and family contacts. It becomes a real challenge to accept the changes and losses that have occurred, including the fact that such a person gradually loses physical capacity, begins to hear and see worse, walks slower, has less strength.^{7,8} The constant losses that characterize old age inevitably bring to mind the greatest and at the same time final loss of all—the loss of one's own life, which can be experienced as a lonely and unsettling encounter with the unknown. According to Melanie Klein's psychoanalytic thinking, suffering, loneliness and mourning are inherent in every human life. After reaching the age of 50 or 60, a person increasingly realizes that they should finish what they have started. Mitigating the feeling of a progressive narrowing of horizons, an older person reflects on what can still be created and passed on to those who will come after them.⁹

The purpose of this article is to present a psychological picture of a person in late adulthood, with particular emphasis on the experience of loss unavoidably associated with aging. The article also aims to present psychological mechanisms that allow older people to maintain continuity of their identity, as well as a sense of meaning and the possibility of further development despite inevitable losses and limitations.

Continuity of the Self and the experience of passing time

According to scientific literature, the experience of time limitation can be a catalyst for human development, accelerating changes that occur in the course of life.¹⁰ The meaning of old age also lies in looking back at the past and accepting oneself. A sense of continuity of one's Self, despite the changes that have taken place in the body, as well as a sense of the passing of time, are particularly important. According to Erikson (1997), people face the challenge of rebuilding their ego in a changed reality by performing specific tasks. People of this age feel the need to reminisce about the old days, for example by looking at photo albums and watching videos from the past. According to Józef Pastuszka (1999), memories of the past undergo a kind of specific distortion—idealization, since they have lost many negative features. A positive assessment of one's own past does not mean that there were no negative events in an individual's life. It is more of an attempt to interpret life situations in a positive light. Król and colleagues (2016) report that seniors focus mainly on positive events from the past, what is worth to notice, still more on the past than on their current or future life situation.¹¹ A sense of resentment and dwelling on a negative past is more common in people who do not accept their own transience and the aging process.¹² However, Nosal and Bajcar (2004) report that older people tend to focus more on the present and less on the both past and future. Research by Sobol-Kwapińska (2007) has shown a significant correlation between life satisfaction and a focus on the present, as well as a weak correlation with a focus on the past and future.^{11,12}

Corporeality and health

As we know, the aging process is primarily a biological process that takes place at the level of the organism whose changes are degenerative and irreversible. During this developmental period, the experience of

one's own physicality is related to the individual's attitude towards her or his aging body.^{3,13} It is not uncommon for people to experience reactions of disbelief, denial or low mood when they notice the first signs of physical aging. People of this age face new, difficult challenges, such as accepting their face when they look in the mirror, their manner of movement, their pace, various physical ailments and limitations, deteriorating health and often also limitations in physical fitness. Scientific literature reveals the coexistence and interpenetration of two dimensions of corporeality: the subjective body and the objective body, which are most similar to each other in the stage of late adulthood. Clinical experience confirms that aging people often feel as bad as they look.¹⁴ According to the eminent historian of old age—Georges Minois—there are people who exaggerate their age-related ailments and older people who deny the changes in their bodies that have occurred with age, demonstrating their eternal 'youth' even at the cost of being ridiculous.^{15,16} For example, the results of research on contemporary patterns of femininity among aging Polish women (379 women; aged 64–84) confirmed that women very rarely thought about their own physical attractiveness, assessing that its peak was long behind them—in their third decade of life. No differences were found in the perception of their own physical attractiveness by senior widows compared to the attractiveness of married women of the same age. The respondents noticed signs of biological aging mainly in terms of skin changes (32.2%) and body fat (46.6%). Women paid attention to healthy eating and followed diets, while they focused less on improving their appearance. Furthermore, the conclusions from these studies revealed that most women were satisfied with their appearance because of their pretty faces (the highest average). The lowest scores were related to physical fitness and maintaining an appropriate (silhouette from years ago) body weight. The respondents most often based their identity on self-sufficiency, financial independence and health.³

The experience of aging is also associated with the overlap of pathological changes with changes that are natural for this age in the biological, mental, and social spheres of life. Havighurst for instance considered adaptation to declining physical strength and deteriorating health to be the most important developmental task in this period of life. However, the appearance of external signs of old age does not always entail a deterioration in physical condition or mental capacity.^{12,16} According to scientific research, the assessment of one's own health is influenced by health conditions such as memory disorders, pain, heart diseases, cancers, degree of disability and frailty syndrome, the

number of medications taken (multimorbidity), as well as non-health factors such as financial situation, living alone, availability of home nursing visits, availability of transport, e.g., to clinics or laboratories.¹⁷

The main essence of aging is therefore to accept changes in the structure and function of one's own body, according to Max Scheler, which can make it easier for an older person to accomplish developmental tasks in this period of life related to preparing to pass away. The last stage of life can be disturbing, not because of the idea of death itself, but because of the suffering or loss of autonomy associated with it.¹⁸

Aging and changes in cognitive functioning

Compared to other aspects of psychological functioning in old age, regressive changes in cognitive performance are more pronounced.¹⁹ Many people over the age of 60 experience a decline in innate (fluid) intelligence, which decreases with age. This is in contrast to crystallized intelligence, which is the sum of an individual's life experiences and education, generally independent of age.^{20,21,22} Aging is accompanied by a decline in the speed at which mental operations are performed, a decrease in the ability to concentrate, an increase in susceptibility to distractions and a decline in the ability to learn new facts. Seniors also need more time to analyze alternatives, but they use strategies that help them avoid serious mistakes. They prefer to receive fewer alternatives and less information, and they prefer to use simple heuristics.^{23,24} According to Rowe and Kahn, the decline in mental functioning associated with aging is mainly due to brain disorders, most of which can be treated or prevented.^{24,25,26}

Depression in old age, caused i.a. by stress related to declining physical fitness and the loss of loved ones, may also be associated with changes in cognitive functioning. The loss of cognitive function without dementia is also referred to as a mild cognitive impairment. Compared to the normal aging process, dementia is characterized by more severe symptoms and a more dynamic course.²⁷

Research results published in the literature indicate that the passing of time does not only bring limitations or losses. An example of a psychological phenomenon whose changes in old age are not regressive is wisdom. In the literature on the subject, this concept refers to expert knowledge in the field of life pragmatics. According to scientific reports, the peak of wisdom occurs in the sixth and seventh decades of life.²⁵ With age, the

experience gained from everyday life, professional life or professional experience pays off if an active lifestyle is maintained, which is associated with compensating for deficits such as reduced reflexes or work pace.²⁴ Maria Straś-Romanowska (2004) stated that personal development still occurs during old age. Transcendent wisdom or the ability to discover the meaning of events in the context of the whole human experience as well as to transcend one's own limits, becomes an important aspect of aging.^{13,25}

Personality

The experience of old age is not equally difficult for every person. Here personality traits play a particularly important role. Accepting the limitations associated with the aging process is well described i.a. by the theory of power potential (according to R. Schulz et al., 1991). The well-being of aging individuals is most strongly associated with awareness of choice and a sense of personal control. These changes involve a shift from strategies of direct control over the surrounding environment to strategies of cognitive adaptation. Then the image of one's own 'self' is based mainly on the past and the ratio between success and failures.²⁸ The balance of affective experiences is negatively impacted by low extraversion and high neuroticism, as well as low conscientiousness, which hinders a positive assessment of one's life (according to the Big Five Model). Furthermore, the personality structure becomes less flexible during this period of life. In literature describing the so-called 'image of the elderly psyche', the following factors are mentioned: rigidity of views, lack of major interests, fear and anxiety about anything 'modern', weakened association and perceptiveness, lower sensitivity, emotional instability, but also so-called 'senile wisdom', thriftiness (often bordering on stinginess), a sense of social isolation, as well as an exacerbation of negative character traits.^{21,29} The authors also draw attention to the negative role of rigidity in late adulthood. It is understood as a form of resistance to change: even in situations where there is indisputable evidence that change would improve the mental well-being of an older person and contribute to improving her or his health. Fear of risk and the pursuit of security also increase with age, which is usually justified by the older person's past.³⁰ Changes also occur in personality – for instance a redefinition of roles in terms of masculinity and femininity. Jung suggested that in late adulthood, women strengthen their independence and activity, while men lose many of their typically masculine traits.

Changing certain roles can be challenging and sometimes threatening to relationships.^{30,31}

Employment status and retirement

'All the world's a stage, and all the men and women merely players; They have their exits and their entrances, And one man in his time plays many parts, (...)' [*As You Like It*, Act II, Scene VII] W. Shakespeare.³ An important task associated with late adulthood, accompanied by gains and losses, is retirement, ceasing to perform a professional role, and a change in the economic situation of the elderly person. The social position of the retiree also changes, as do her or his relationships with former colleagues. The elderly person is faced with the need to reorganize their own current life.³² Research published in scientific literature shows that people's experiences of retirement largely depend on how they perceive this period—as a relief or a torment? The more seniors feel negative 'psychological consequences' in connection with the end of their professional life, the greater their sense of hopelessness and lower their satisfaction with life. A higher level of life satisfaction was associated with interpreting retirement as a time of 'new opportunities' (e.g., further education or expanding social contacts). Retirees' perception of the benefits of ending their professional career in terms of 'liberation' (e.g., from getting up early in the morning or following their supervisor's orders) was also associated with more frequent healthy behaviors. Less pressure and lower levels of work-related stress were associated with greater opportunities to take care of oneself and loved ones, as well as more time for hobbies.³³ The researchers state that a decrease in social interaction is one of the most obvious signs of old age, especially after retirement.³⁴

Withdrawal from social life / changes in relationships with loved ones

The social network in late adulthood undergoes particular changes. Loved ones, friends and acquaintances pass away and the family structure shifts as well. The general need for social contact weakens, while bonds with loved ones are strengthened. According to the disengagement theory (Cumming, Henry, 1961), people

in late adulthood have a natural developmental need to withdraw from social life.³⁴ However, declining social contacts or withdrawal from professional life do not have to be a negative process. It can be a time of great satisfaction, filled with positive relationships and activities. According to reports by Edyta Bonk et al., higher levels of life satisfaction were observed in people who maintained extensive social contacts, including friends, colleagues, and neighbors (91.8%), and not only with their families (81.1%).³³ Positive interpersonal relationships have an impact on the overall development and meaningful spending of time together by older people. They also create opportunities for mutual assistance in the event of illness.³⁵ Late adulthood is also a period of many fundamental changes in relationships between spouses or life partners. These changes mainly result from the empty nest effect and retirement. Partners spend much more time together and have to reorganize their space and mutual relationships.³¹ Many of the married couples experience a 'second honeymoon' with satisfaction in the relationship increasing, especially when sexual intimacy is maintained. Relationships at this age are based more on loyalty, trust, and friendship than on passion, due to greater emotional maturity. What is worth to notice, research findings suggest that romantic love is just as possible in late adulthood as it is in youth.³¹

The experience of old age along with illness and the loss of loved ones

The fact of loss is often associated with pain and suffering, which cause anxiety, fear and a desire to escape. At this age, it is often inevitable to face illness and become involved in caring for a disease affected or infirm partner. A partner's illness also threatens the quality of the relationship and the psychological well-being of both partners. The role of caregiver is associated with feelings of helplessness, sadness, guilt and inadequacy in the face of a partner's problems and then, often the caregiver also needs psychological support. Nevertheless, caring for an affected spouse is a source of psychological benefits and the desire to provide care usually outweighs concerns about the difficulty and costs involved. The emotional attitude towards caring for a partner affected by a disease also depends on the type of attachment, as defined by Bowlby. The need for secure attachment is particularly evident in the relationship between the person in need of care and the caregiver (e.g. husband, wife, partner,

but also child or sibling). The secure attachment model is an expression of the caregiver's desire to keep a loved one alive and is not a result of obligation. The avoidant attachment style is associated with negative emotions as well as reluctance to care for the one affected by a disease. The inability to find one's place in a new situation and excessive grief over the loss of a loved one, blaming oneself, is indicative of an ambivalent attachment style. The loss of a spouse is one of the most stressful and traumatic events in life and, according to reports, it ranks highest on the Holmes and Rahe SRRS scale, with the highest frequency of occurrence during this period of life (SRRS—Social Readjustment Rating Scale covers 43 stressful life events). Widowers and widows have significantly lower quality of life scores (over 10 years) than the control group and also have higher depression scores over 12 years.^{36,37} The loss of a spouse causes painful feelings of loss, anger, sadness, regret and loneliness. On average, the mourning period lasts from one to two years. According to Kielar-Turska, in the final stage of mourning, self-confidence and self-esteem increase, allowing you to start a new phase of life, which for many can be another opportunity for development. Here, social support plays an important role in the process of adapting to negative life events.^{36,38} The death of a spouse results in a change in social status and a transition from the married community to the community of singles. According to scientific reports, this change has a significant impact on the quality of life of older people. The world of singles is much more difficult and less secure for them than the stable circle of couples to which they previously belonged. Old friends drift away and members of the opposite sex overinterpret certain behaviors. Their own adult children frequently treat their parents like children. This forces the elder ones to look for new friends or change their relationships with existing ones, but it also gives them a chance to get involved in new relationships.³¹ Since women have a higher average life expectancy and men tend to marry younger women, widowhood affects women (50%) much more often than men (15%).³⁸ Despite this, men are more likely to remarry in late adulthood than women. Widowhood does not have to be a period of loneliness, painful longing for a long-term partner and a lack of joy in life. Some people can enjoy 'widow's freedom'; there are no contraindications or restrictions on entering into new relationships, which comes much easier to men, but is also desired by most women. The vast majority of widows surveyed (83%) missed their deceased husbands and this feeling of sadness and emptiness was their dominant emotional state. In addition, the belief that available partners

were unattractive (75%), fear of personality mismatch (12%) as well as concerns about the judgment of others (13%) were the most common reasons for not deciding to enter another relationship.^{3,31} Loneliness also resulted from the fact that friends can also be affected by various diseases, become infirm and eventually die. The psychological and social problems of old age affect the mental condition of older people, causing low mood, anxiety and fear.⁷ Therefore, in the context of the losses associated with old age, there is one important factor, namely the multitude of losses that seniors are confronted with.^{3,18,22,33}

The results of the latest scientific research have confirmed that both the aging process and psychological stress affect most of the body's systems. However, excessive and chronic stress is associated with accelerated aging.⁴⁰ Despite this, the crisis of loss known as aging can be an opportunity for constructive change and growth. The proper path through loss is through mourning. According to Elisabeth Kübler-Ross, this process consists of the following stages: denial, anger, bargaining, depression and acceptance. A person with an integrated personality accepts own age and gets used to the idea of passing away as if after a mission well accomplished.³⁹ In turn, despair and an increased fear of death are expressed by those who are unable to accept their lives and are unable to change them. These are people who experience feelings of guilt, regret or a lifestyle lacking commitment and passion. As Heidegger stated, accepting the inevitability of death is the foundation of an authentic existence. Therefore, the aging process should not be limited to seeking ways to avoid the negative aspects of old age, but rather to recognizing the inevitability of loss and even one's own death, as natural elements of human life.^{39,41}

The development of public awareness regarding health, hygiene, nutrition, as well as advances in medicine and technology, have led to an increase in average life expectancy. However, in order to enjoy a happy 'autumn of life', we need to be in a good physical condition, have a positive mental attitude, accept aging and find elements in it that will allow us to enjoy this stage of life.^{9,15,22,41,42} A person who ages positively learns what is important to them and then establishes a hierarchy of strategies for preventing loss, preserving and sometimes deepening these sources of meaning.^{12,43} Thus, getting older still can be a positive and valuable experience.

Conclusions

1. Aging is a diverse process and the quality of adaptation depends on one's personality traits, social support and life resources.
2. Acceptance of transience and positive reinterpretation of experiences promote psychological well-being.
3. Although old age is associated with numerous and various types of losses, it does not have to involve only regression—both life wisdom and reflectiveness, among other things, can increase the sense of self-esteem associated with their awareness (older people may then also become valued advisors for younger people as well as avoid mistakes themselves).
4. Social relationships play a key role in mitigating the effects of loss, illness and bereavement as well as create possibilities of finding a partner and happiness even in older age.
5. Critical events, such as retirement or widowhood, can lead both to crisis and emotional and social development depending on how such events are interpreted and coped with.

In summary, positive aging requires taking care of one's health, sustaining mental activity and maintaining relationships, as well as acceptance of inevitable changes.

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