Chapter 1

Introduction
1.1 Meaning of Aging

Aging is the process of getting older and is characterized by changes in the biological, psychological and social functioning of an individual. A significant feature of these changes is marked by decline and deterioration.

From birth until death, human beings undergo dramatic changes which can be categorized into anabolic (building up) and catabolic (breaking down) processes. During the early years of our lives, particularly first two decades, the anabolic processes are at work whereas in the later years particularly in the old age, the catabolic processes operate on the human machinery. The subtle balance between the two processes can be observed during adulthood when a fine balance between anabolic and catabolic processes is rather notable (Becker, 1959).

Birren and Renner (1977) proposed a definition of aging. According to them, aging refers to “regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age.” Their view of aging excludes disease and disability and takes into consideration changes which occur with the passage of time. Disease can occur at any age and therefore, the process of aging is characterized by decline and deterioration and not disease.

After a gap of eight years, Birren and Cunningham (1985) stated, “The psychology of aging is concerned with differences in behavior, changes in behavior with age, and patterns of behavior shown by persons of different ages in different periods of time.”

Two years later, Rowe and Kahn (1987) coined the term ‘normal’ or ‘usual aging’ to indicate the diversity in functioning which people experience due to age. In their opinion, normal aging includes the inevitable consequences (physiological, psychological and social) of growing older. They also pointed out that age related decline should be separated from disease.
1.2 Demography of the Aging Population: Present Status and Prospects

The number of elderly people is increasing at a fast pace. According to an estimate by United States Census Bureau (An Ageing World, 2008) the number of older persons over 65 years of age will almost double from 506 million in 2008 to 1.3 billion over the next 30 years. Thus, during this period the elderly population is expected to increase from 7% to 14% of the total population.

According to the report, “Aging in the 21st Century: A Celebration and a Challenge” submitted by the United Nations Population Fund (UNFPA) and HelpAge International (October 2012), as a sequel of tremendous increase in the elderly population, the ageing society requires new approaches to healthcare, retirement, living arrangements and inter-generational relations. The report highlights the importance of addressing the needs of older persons. According to this report by 2050, 80% of the world’s older people will live in developing countries and the population over 60 years old will be larger than the population under 15. It is pertinent to note that in 2010 there were 23 aged economies; by 2040 there will be 89. The report further points out that over 1/3 of world’s older persons will live in China and India, and India will be the home to 1 out of every 6 of the world’s older persons by 2050. This segment of the population requires appropriate government policies, strategies and laws to ensure their wellbeing.

According to the report “Global Health and Aging” of World Health Organization, “In 2010, an estimated 524 million people were aged 65 or older—8 percent of the world’s population. By 2050, this number is expected to nearly triple to about 1.5 billion, representing 16 percent of the world’s population. Although more developed countries have the oldest population profiles, the vast majority of older people—and the most rapidly aging populations—are in less developed countries. Between 2010 and 2050, the number of older people in less developed countries is projected to increase more than 250 percent, compared with a 71 percent increase in developed countries.”

The WHO report further points out that “Aging is taking place alongside other broad social trends that will affect the lives of older people. Economies are globalizing, people are more likely to live in cities, and technology is evolving rapidly.
Demographic and family changes mean there will be fewer older people with families to care for them. People today have fewer children, are less likely to be married, and are less likely to live with older generations. With declining support from families, society will need better information and tools to ensure the well-being of the world’s growing number of older citizens.”

The report “Situation Analysis of the Elderly in India” (June 2011), of the Central Statistics Office of the Ministry of Statistics and Program Implementation of the Government of India has also noted that “the phenomena of population aging is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during the last two decades but the problems arising out of it will have varied implications for under developed, developing and developed countries. In India, the size of the elderly population, i.e. persons above the age of 60 years, is fast growing, although it constituted only 7.4% of the total population at the turn of the new millennium. For a developing country like India, this may pose mounting pressures on various socio-economic fronts, including pension’s outlays, health care expenditures, fiscal discipline, saving level etc. Again, this segment of population faces multiple medical and psychological problems. There is an emerging need to pay greater attention to aging related issues and to promote holistic policies and programs for dealing with the aging society.”

In India, we already have 100 million people in 60 plus category. According to the International Institute of Population Sciences, the 60 plus population will go up to 174 million in 2026. By 2050, according to various estimates, India’s 60 plus population is expected to make up about 14% of India’s total population.

In the words of Mahalingam, “India and China will also face one common problem. Economists and social scientists also predict that unlike the developed nations in the West, which became ‘rich’ before they aged, developing nations like India will age before they become rich. Therefore, developing countries like India and China may struggle to provide expensive pension and social security programs like the affluent Western nations do today.”

These projections point out the importance of studying the various issues pertaining to the aging population.
1.3 Theories of Aging

1.3.1 Disengagement Theory

Cumming and Henry (1961) propounded the disengagement view of aging. The disengagement theory emphasizes the “withdrawal” of the aging person from the “social interaction” and views it as a natural and a universal process. Cumming and Henry opined that aging is “an inevitable mutual withdrawal or disengagement resulting in decreased interaction between the aging person and others in the social system he belongs to. The process may be initiated by the individual or by others in the situation. When the aging process is complete, the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterized by a greater distance and an altered type of relationship.”

The three main characteristics of this withdrawal (disengagement) from social system are as follows-

1. It is a natural process
2. It is a universal process
3. It is inevitable

This theory also suggests that younger persons displace the aging individuals, who remain no longer useful. The aging individuals are aware and conscious of decline in their capacity and understand that the time to live is limited. This results in a self generated process of withdrawal.

Disengagement implies the loss of roles, restricted social mobility and relationships. Therefore, the disengagement (withdrawal) adds to self reflection, transcendence, spiritual experience and high level of self absorption as a result of the detachment from social roles, relationships and obligations. Retirement from service marks the journey of an aging individual into a life of self detachment from the busy and materialistic life.

1.3.2 Activity Theory

The Activity Theory was proposed by Robert Havighurst (1963). The basic tenet of this theory is that normal and successful aging involves the preservation of the
activities and attitudes of middle age. It views aging as an extension of middle age and indicates that the norms for middle age and old age are common.

This theory suggests that it is important for aging individuals to be active in order to remain psychologically and socially fit. Aging extends from middle age and continues into the later years of a person’s life. The four main postulates of the activity theory are:

1. A high level of activity will ensure a lesser experience of role loss.
2. A high level of activity is associated with greater availability of support for the aging individual in order to maintain role identity.
3. Self concept is positively and directly related to role support.
4. A positive self concept is linked with greater life satisfaction and a high level of activity is related with better life satisfaction.

Blace (2012) emphasized the importance of activity theory of aging and has indicated that engagement in activities indicate high level of life satisfaction. His work shows that elderly are capable of doing work and remaining active in labor sector.

### 1.3.3 Continuity Theory

The Continuity Theory asserts that there is a high degree of continuity in the stages of life. The aging individuals maintain stability in their lifestyle, self concept and personality (Neugarten, 1968), which they developed over the years as they move into older years of their lives. It suggests that there is no discontinuity with age, rather a notable increasing consistency is observed. Changes in one’s life including retirement, death of spouse, migration and empty nest syndrome call for adjustment on part of the aging individuals. This requires decision making on their part to decide which roles need to be maintained and which ones to be discarded. Such decisions are affected by an individual’s past and lifestyle choices.

### 1.3.4 Exchange Theory

The Exchange Theory was suggested by James Dowd in the year 1975. This theory brings a fresh perspective in understanding the interaction (exchange) between the
aging individual and the society. According to this theory, aging is characterized by decreased social interaction, diminished power and power dependent relationship. Further, there is reduced capacity to bargain as the aging individual exercises less control over the environment.

1.3.5 Labeling Theory

The Labeling Theory has been mostly used in providing explanations for deviant behaviors. Bengston (1973) has indicated that the labeling theory can be employed in understanding aging as well.

This theory indicates that labels are often used for aging individuals. These labels play a decisive role in deciding how an aging person is treated by others. Identity, roles and social position are significantly determined by such labels. These labels are relatively permanent indicators of an individual’s newly acquired identity, and, once formed labels are difficult to change.

Van Willigen and Chadha (1999) in their book, ‘Social Aging in a Delhi Neighborhood’ opine that social aging means “the life-span process of change in the amount, content and meaning of a person’s social behavior produced by their adaptive decisions carried out in the structural context of the communities within which they live.” They further elaborate on five themes of social aging: life course perspective, cultural institutions, shaped by history, agency and power, and cognitive structures.

1.4 Ageism and Negative Stereotypes about Aging

The term ageism was first coined by the eminent American Psychologist Robert Butler in 1969. According to him, ageism is “a process of systematic stereotyping or discrimination against people because they were old.”

Traxler (1980) has defined ageism “as any attitude, action or institutional structure which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age.” In the opinion of Catherine Itzin (1986) ageism is “a system in which nobody can be seen to benefit because everyone is or once was, a child, and everyone (who survives) will eventually be an old person. And yet the
system - in which adults have rights and privileges which are denied to young people and old people - continues to the detriment of everyone.”

Thomas McGowan (1996) included negative stereotypes in understanding the formation of attitudes towards the elderly. He opined that ageism is “a social psychological process by which personal attributes are ignored and individuals are labeled according to negative stereotypes based on group affiliation. In American society elders are serotype as rigid, physically unattractive, senile, unproductive, sickly, cranky, impoverished and sexless.”

Stereotypes have been defined as the cognitive frameworks consisting of knowledge and beliefs about specific social groups and the typical or “modal” traits supposedly possessed by persons belonging to these groups (Judd, Ryan and Parke, 1991). There exist many negative stereotypes in the minds of the young people towards the aged persons. Levy (2003) on the basis of intensive review of literature has indicated that stereotypes about aging are internalized by younger persons which become self stereotypes when these persons themselves reach old age. In addition, when the elderly persons themselves have negative stereotypes about aging and their self, there overall positivity towards life is likely to be affected.

In another study conducted by Levy, Ashman and Dror (2000), it was seen that stereotypes of old age (both positive and negative) have impact on the will of people where the negative stereotypes were found to weaken elderly people’s will to live. It may be noted that when a person worries too much, it has negative psychological consequences like depression. Therefore, worry is a barrier to positive aging. As per the revised Penn State Worry Scale, the following items can be used to measure abnormal worrying in the elderly people:

- My worries overwhelm me.
- Many situations make me worry.
- I know I should not worry about things, but I just cannot help it.
- When I am under pressure, I worry a lot.
- I am always worrying about something.
• As soon as I finish one task, I start to worry about everything else I must do.
• I have been a worrier all my life.
• I have been worrying about things.

According to United Nations report titled, “Current Status of the Social Situation, Wellbeing, Participation in Development and Rights of Older Persons Worldwide” (August 2010), “As the number of older person increases, there is a growing awareness of the significance of active ageing, although ageist stereotypes still persist. Older persons are gradually being recognized for their considerable contributions to intergenerational caregiving, as well as their ongoing involvement in community life. Older persons have become a significant and growing political force, especially in developed countries, and organizations of older persons are helping to ensure that they have a greater voice in decision-making processes. Yet, literacy and educational attainment of current older populations are far below the general population, which contributes to their exclusion from fuller participation in society and development.”

The United Nations report has quoted a study conducted in the United Kingdom. The key findings of this study, as noted in the UN report, are:

• 48% of respondents viewed age discrimination as a serious issue;
• For people of all ages, ageism was experienced more commonly than any other form of prejudice;
• Stereotypes of older persons are common such as that they are “warmer”, more moral but less competent that younger people;
• Persons over 70 were perceived as posing a greater threat to society by placing burdens on the economy rather than by affecting others’ access to services or way of life. Younger people perceived this threat more seriously than older respondents.
• There is significant social separation between older and younger people. Respondents viewed people under 30 and over 70 as having little in common.
• While media images of older persons were generally positive, 51 per cent of respondents agreed that people over 50 are “written off as old”.
Nevertheless, positive psychology is of tremendous importance. The study of positive aspects of human behavior such as happiness, satisfaction with life, optimism and hope is relevant and vital.

1.5 Positive psychology

Psychology for many decades remained obsessed with the negative aspect of human emotions, thinking and behavior. By default most researchers investigated diseases, inflictions, loss and agony in both clinical and community samples.

Martin Seligman is a contemporary figure well known for his work in the study of positive emotional states. He has been given the credit of popularizing positive psychology as a “movement” in various fields within psychology. The positive subjective experiences have temporal significance and are related to the past, present and future experiences of individuals as they age. Seligman has linked the dimensions of positive subjective experiences based on their function of temporality, i.e., contentment or life satisfaction with the past, happiness in the present and hope and optimism for the future. It provides an overarching and holistic overview of an individual’s life and the extent to which they are high or low on the dimensions of positive subjective experiences.

It is in order to quote Seligman and Csikszentmihalyi (2000):

“The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic.”
1.6 Conceptualization of Positive Aging

The researcher conceptualized Positive Aging as “the sustenance of positive subjective experiences comprising satisfaction with life in the past, happiness with the present and optimism and hope towards the future in the face of decline and loss as a result of aging”.

1.7 Social Support

Social support remains one of the most important and critically examined construct in psychology and gerontology. Extensive researches have been conducted in the past to summarize key issues and identify important dimensions of social support. Interesting findings have been reported in relation to social support derived from friends, peers and children post the retirement years.

Formal social relationships are based on community interactions between important role players such as mental health professionals, physicians, counselors, teachers, clergy members, among others. On the other hand, informal social relationships include family members, family friends, peers, neighbors and others. Formal and informal social relations can be distinguished on the basis of the degree/extent of formality involved in mutual interpersonal social interactions among the different members of a society. Social connectedness incorporates both the structural (quantitative) and functional (qualitative) aspects of social connections with the other persons in their social circle.

1.7.1 Divergent perspectives emanating from research in social support

Articulation of the concept of social support remains different for different researchers. There is variation in the measurement of the construct. However, most of the theoretical models guiding and guarding social support can be categorized into the following perspectives as indicated by Lakey and Cohen (2000) and Lopez and Cooper (2011):

- Stress and Coping Perspective (Stress Buffering Model)
- Social Constructionist Perspective (Social Cognitive Model)
- Relationship Perspective
These perspectives are briefly discussed below:

a. **Stress and Coping Perspective (Stress Buffering Model)**

It is the most widely quoted and researched perspective. Cobb (1976) has provided evidence that social interactions among people provides buffer (protection) to people from the negative repercussions caused by stressful life events. The coping mechanism of the individual is facilitated through the mediation of social support. Consequently, the negative effect of stress is reduced and the individual is in a state of well being.

b. **Social Constructionist Perspective (Social Cognitive Model)**

This perspective resorts to the sociological theories of knowledge which have received tremendous attention in the subject of psychology. It is based on the premise that reality is socially constructed. Vaux (1990) in his paper entitled, ‘An Ecological Approach to Understanding and Facilitating Social Support’ suggested that social support is a process which operates in an ecological context characterized by transactions between people and their social networks. He indicated that stress and wellbeing are related to support processes.

The social constructionist perspective is shown in Figure 1
c. Relationship Perspective

Enhanced social support and positive social interactions with other members in the community are likely to reduce negative feelings of isolation and loneliness.

It is pertinent to note that Carstensen (1992; 1999) has put forward a theory, called the ‘Socio-emotional Selectivity Theory’, which explains how age related changes can be the basis for a more satisfying, pleasurable and hassle free life and for stronger social support. He further explains the goals people choose to pursue as a function of the perception of time left to live. Younger individuals see most of their lives ahead of them and hence have an expansive perception of time whereas the aged individuals perceive time as limited as they see most of their life gone by. This in turn affects the goals and nature of activities people pursue.

According to the Socio-emotional Selectivity Theory, when older persons realize they have fewer years to live, their focus shifts from future to present. This transition involved a shift from knowledge related goals towards emotion related social goals. The thrust is on the enhancement of present life through meaningful social network of friends and family. Consequently, a circle of close relationships emerge which become a source of happiness, hope, optimism and humor for the elderly. These transformations are also seen as “adaptive mechanisms” of the older persons to cope with the inevitable decline and loss in later years of life. Majority of the Indian elderly live in overly protected shell of dependence and are not expected to exercise personal autonomy in everyday life activities. This is especially true for the elderly females who have long depended on masculine figures for the fulfillment of psycho-social needs. Also, it has been observed that the pattern/trend of dependence is more prevalent in the elderly retired from service sector as opposed to self employed or those who are land owners of family property. It appears that gender and financial security are important factors affecting the personal autonomy and positive subjective experiences of people as they age.