International Journal of Developmental and Educational Psychology
Psicología y valores en el mundo actual
INFAD, año XXIV
Número 1 (2012 Volumen 3)
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ISSN 0214-9877

THE PSYCHOSOCIAL DIMENSIONS OF AGING: A RESEARCH PROJECT WITH ITALIAN ELDERS, CAREGIVERS AND YOUNG PEOPLE AND ALSO SPANISH ELDERS

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Fecha de recepción: 13 de febrero de 2012
Fecha de admisión: 15 de marzo de 2012

ABSTRACT

The quick increase of life expectations is a typical phenomenon of developed world. The aging has been considered simply waiting period of the death for long time. Thus, today more never, it becomes extremely important to reflect upon possibility increasing the quality of life among elders. In ecological-systemic framework, one question extremely important is how to change social representations on elders and make meaningful the years of the old age.

According to designed scenery, we are going to carry out a research, which is going to be articulated in two studies: the first is going to carry out involving one group of elders and one group of young people; the second is going to carry out to make cross-national comparisons between Italy and Spain.

We are going to use a psychosocial questionnaire, which includes the following measures: a set of items regarding to model of resistance to change and the activities which an elder usually does during the day; free associations; Positive and Negative Affect Schedule; Temporal Satisfaction With Life Scale; WHO-QoL-Bref; Perceived Social Self-efficacy.

Results of our research will contribute to a better and more articulated knowledge regarding to elders and their lives.

Key words: aging, change, social representations, quality of life.

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THEORETICAL BACKGROUND

Over the course of the twentieth century, life expectancy at birth in the different parts of the world has increased by more than 30 years for both men and women, and in some parts of the developed world life expectancy has been almost doubled in these years.

This rapid and unprecedented increase in human life expectancy is associated with profound changes regarding medical findings, increasing average incomes, and improving housing conditions. So, with modern medicine and improved lifestyles, people tend to live even longer. On one hand, because the number of older people is increasing, accepting and understanding demographic challenges must be a priority for all governments. On the other hand, question extremely important is how make meaningful the years of the old age.

The aging has been considered simply waiting period of the death for long time. On the basis of previous scientific literature we may conclude that life does not necessarily become miserable when one gets old. Thus, today more never, it becomes extremely important to reflect upon possibility increasing the quality of life among elders. Both biomedical and psychological researches have already put their efforts together to get better the quality of live of the elderly for several years.

Many people are limited in their power and development in comparison to others, and this regards especially the older people. They are often directed on how pass their time or they behave, on what they eat or say. All of these can becomes a further indignity (Sanderson, 2000).

In the modern day world with its processes of rapid and continuous changing and a “multitude of voices” that allow for no fixity of meaning (Hermans, & Dimaggio, 2007), the progressive erosion of certainties on which the construction of Identity was based in the past, it becomes particularly important to understand how older people live with regard to their own life context and feel involved in processes change of their society.

Philosophers have discussed what is a good life and how we could live a good life for hundreds of years. However, the concept “quality of life” is of a more recent origin. At the first time, this term used in the 1970s. Since then there has been a growing interest in issues in medicine, nursing and other health care areas; the most important reason of this big interest is the growing number of elderly in the society. The issue regards both well-built and living with chronic diseases old people. For the elderly the task of health care is to live a good life rather than be freedom from disease or think not to possible decreasing capacities (Sarvimaki, & Stenbock-Hult, 2000).

As some researches underline the concept of quality of life is characterized by a dynamic and multiple nature (Walker, 2005). Its characteristics depend on specific “Weltanschauung”, so to do new categorisations of the realty can be difficult for the subject because the social approval involves a changing of one’s value systems (Tajfel, 1978).

The issue isn't linked to objective aspects, as the age. Actually, some research results, with regard to the comparison between different age levels, show that older people are satisfied with their lives more than young people (Henretta, & Campbell, 1976). The reason could be related to aspiration levels: younger adults may accommodate less due to their higher aspirations that may be fuelled by a bigger sense of recent achievements. Furthermore, life satisfaction decreases with age up to 50 or 60 years of age, but after it increases somewhat or remains stable (Mastekaasa et al. 1988). Functional capacity, perceived health, good housing conditions, active life style, and good social network are the most important factors that explain quite satisfactory perceived quality of life (Nilsson et al., 1998).

The quality of life has been recognized as a relevant issue, especially with regard to old age, but there is no agreement on what we should mean by the term. It is a multidimensional concept. It is related to larger domains, regarding physical, psychological, and social levels, and particular facets of quality of life: positive feelings, social support, and financial resources. The quality of life is fairly amorphous, multilayered, and multifaceted complex construct encompassing four main components, which interactive each other: objective environment, behavioural competence (including health), perceived quality of life, and psychological well-being (including life satisfaction) (Lawton, 1991). It seems essential to know which characteristics and factors influence the quality of life of the elders. In other words, it is necessary to emphasize the aspects which are chosen to define quality of life otherwise it would be impossible, or at least very difficult, to talk about a good life.

Beginning from its own definition of health (1948), the WHO (World Health Organization) defines the quality of life: "as individual perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (www.who.int). This is a construct which has various aspects: clinical and functional, social and psychological, and also nursing and care aspects. The WHO emphasizes the role played by personal perception about one's quality of life. Given the multidimensional nature of quality of life, researchers should focused on a specific domain rather than loosely using the general term "quality of life": in fact, it almost means nothing at all (Ranzijn, Luszcz, 2000).

According to Bowling (Zahava, & Bowling, 2004), it can distinguish macro-societal and micro-individual definitions on the quality of life. The former regards the role played by income, employment, housing, education, and other living and environmental conditions; the latter regards perceptions of overall quality of life, personal experiences and values, and furthermore well-being, happiness, and life satisfaction.

The quality of life seems strongly linked to the more general construct of subjective well-being; it is made up three components: positive affective appraisal, negative affective appraisal, and life satisfaction. On one hand, the affective appraisal is more cognitively driven; instead life satisfaction is more emotionally driven (Diener, Emmons, Larsen & Griffin, 1985). The life satisfaction is defined as a global assessment of a person according to his/her own chosen criteria in a particular domain of life (e.g. work, family, etc.) (Shin, & Johnson, 1978). Life satisfaction depends upon a comparison between one's life circumstances, internal standards, and criteria rather than an assessment of externally imposed objective standards (Diener et al. 1985, Pavot et al. 1991, Pavot, & Diener, 1993). According to Pavot's model, fairly interesting is Temporal Satisfaction with Life: the satisfaction is evaluated along a temporal continuum corresponding to past, present, and future time frames (Pavot et al., 1998).

The aging is the result of inevitable biological processes as well as various environmental and/or social factors. Social stereotypes on aging are one social factor, which has not received enough attention. Research results indicate that older people, subjected to negative stereotypes regarding their own physical and cognitive abilities, may cause a measurable decrease in performances (Horton et al., 2010; Desrichard, & Koptez, 2005). Social conceptualizations and attitudes towards

older people change with regard to different societies. In fact, in many traditional societies, older people are respected as "elders"; indeed, in other societies older women and men may be less respected. Risk is a structural marginalization of older people who are always valuated as less energetic and valuable. We could call these attitudes as "ageism". This concept emphasizes the stereotyping of/discrimination against individuals or groups for their age and distinguishes society in young and old. Ageist attitudes can portray older people as frail, "past their sell-by date", unable to work, physically weak, mentally slow, disabled or helpless.

Issue on capacities change and flexible thought is fairly interesting with regard to the elderly. In psychosocial literature is highlighted how older people are able to activate personal resources that had never had or had not sufficiently used (Cristini, et al., 2010).

If old age is the "site" of the second creativity, it becomes important change abilities aimed to redefinition of themselves and their own lives and building of new frame of the mind. Are the physiological decreasing functions always (directly) related to decreasing abilities to respond to the changes that life requires? Is it possible to think that older people have more resources than how we would believe? Is the resistance to change associated with the aging? Or is it a social stereotype only? In this framework, it is interesting to talk about change and, specifically, resistance to change (Oreg, 2006). It is a linked issue to social conceptualizations and stereotypes on old age, which influence the dimensions of social identity and perspectives life of the elders.

More important is the approach given by Kitwood. Beginning from interest for dementia, he believes that being recognised, respected, and trusted as a person impacts on a person's sense of self (Kitwood, 1997). On one hand, he defines "malignant" the social psychology, which causes negative stereotypes. He emphasizes the importance of the quality of interactions between the healthcare professional and the person with dementia and how this interaction could influence the sense of personhood. He observes and brings into focus how the social context of a person's experience influences his state of behaviour (Kitwood, 1997; Bryden, 2002; Dewing, 2008). In this framework, beginning from the Rogers's concept of client-centred counselling, it is relevant to consider which feelings older people feel referring to themselves and also which are feelings toward the aging that the others (society) feel, because there is a strong interrelation between first and second.

Taken together, this scenery becomes fairly relevant because the social conceptualizations may also to build barriers to participation of the elderly.

Forging ahead, as we just underlined, despite many physical capacities do decrease as people grow older, knowledge, skills, and expertise compensate some loss in physical reserve capacity. Such efficacious outlook produces personal accomplishments and reduces stress and lowers vulnerability to depression. So, the quality of life is strongly linked to perceived self-efficacy: a strong sense self-efficacy increases human accomplishment and personal well-being in many ways. The self-efficacy is defined as people's beliefs about their own capabilities to produce designated levels of performance and influences over events of one's live. Such beliefs produce these various effects through four main processes, which include cognitive, motivational, affective, and selection processes (Bandura, 1994). The involvement in activities and perceived self-efficacy can contribute to the maintenance of social, physical, and intellectual functioning over the adult life span. Actually, people rarely use their full potential and so the elderly who devote the necessary effort can function at the higher levels than younger adults. It is very important to underline the strong interrelation between perceived self-efficacy and relationship network. In fact, because the typical changes of the old age (e.g. retirement, relocation, and loss of friends or spouses) are linked to interpersonal skills cultivating new social relationships can contribute to positive functioning and personal well-being. Furthermore the perceived social inefficacy increases older people's vulnerability to stress and depression both directly and indirectly by impeding development of social supports, which serve as a buffer against life stressors.

OBJECTIVES AND HYPOTHESIS

According to designed scenery, we are going to carry out a research with double objectives.

The former is going to explore psychosocial aspects on the aging regarding to both the elderly and social; specifically, we are going to explore subjective-feelings among different kinds of older people and social representation on ageing among young people and caregivers. Further we are going to focus on difference between Italian and Spanish context. Regarding to the elderly, we are going to explore following aspects: 1)the resistance to change as personality variable; 2)self-representations and conceptualizations on aging; 3)emotional feeling associated to their own past, actual, and future life; 4)perceived quality of life; 5)actual, past, and future satisfaction with life level; 6)perceived feeling Self-efficacy. Regarding to young people and care-givers we are going to explore following aspects: 1)the resistance to change as personality variable; 2)different conceptualizations on aging, and then 3)emotional feeling, quality of life, satisfaction with life and Self-efficacy attributed to the elderly.

We hypothesize that a better change capability could has positive effects on all of the considered measures (affective states felt towards themselves and the elders, perceived quality of life, satisfaction with life, Self-efficacy) regarding to two participant kinds.

The latter objective is going to compare two different social and cultural contexts: Italian and Spain, regarding to subjective experiences of older people and social conceptualizations on aging.

We hypothesize some differences between Italy and Spain: Spanish elders citizens could have a representation on their own condition (and also the aging) better than Italians.

METHODOLOGY

Participants

The research is going to be articulated by two studies.

Regarding to first study following participants are going to be involved:

a)one group of the elders who are going to chosen by gender, age level (third and fourth age), past profession, living, social, and housing conditions;

b)one group of young people (university students), balanced by gender and presence or not at least one old person within the family, and also one group of caregivers who are engaged in health and care of older people;

c)one group of care-givers engaged in a old people’s centre.

Regarding to second study, we are going to make cross-national comparisons between Italy and Spain. Specifically, two participant kinds are going to be involved:

a)one from a Spanish town, Olivença, whose the recent history has been influenced by its old people’s centre. A project was carried out in this context a few years ago; on one hand, it involved the elders to develop of specific territory, on other hand, it had effects on increasing of the quality of life of both the elders and all community.

b)one from an Italian old people’s centre.

Materials

We are going to use two psychosocial questionnaires, one for elders and one for students and caregivers. The differences between the two questionnaires regard: background questions and the resistance to change scale. All other measure instruments are going to be same: older people are going to answer on what they think about themselves; instead students and caregivers are going to answer on what they think about the elderly.

The questionnaire includes the following measures:

-background questions on social and personal information (gender, age, previous profession, type of pension, marital status, housing conditions, place of residence, family members, activities and interests and frequency, social networks);

-a set of items are related to model of resistance to change. Oreg (2003) develops what he claimed to be the first instrument to specifically address individual resistance to change simultaneously looking at three dimensions of resistance: affective, cognitive, and behavioural. The resistance is not always and necessarily a negative event. It depends on nature of the change, surrounding environment and conditions in which the change occurs (e.g. "I usually think that the changes are negative");

-a set of Likert scales are relative to activities which an old person usually does during the day (e.g. "I spend much time home alone", "I usually go to centre for the elderly");

-three free associations on the representation of their own actual and future living conditions and on those of other elderly;

-affective experience feeling by the elders is going to measure using two Positive and Negative Affect Schedule (PANAS, Watson et al., 1988). One PANAS is going to be used in order to measure actual, past, and future feelings for oneself. PANAS is composed of two ten-item mood scales, one to measure positive affectivity and the other to measure negative affectivity. For PA, the higher the score indicates the greater tendency to experience a positive mood. For NA, the higher the score, the greater tendency to experience a negative mood. Examples of PA scale items are "active" and "enthusiastic", where the examples of NA scale items are "irritable" and "upset". Affect is measured on a seven-point scale ranging from *not at all* to *almost always*;

-Temporal Satisfaction With Life Scale (TSWLS) is a measure of life satisfaction developed by Diener and colleagues (Diener, et al., 1985). Life satisfaction is one factor in the more general construct of subjective well-being. Theory and research from fields outside of rehabilitation have suggested that subjective well being has at least three components, positive affective appraisal, negative affective appraisal, and life satisfaction. It consists of 5-items that are completed by the individual whose life satisfaction is being measured. According to Pavot's model, we going to use the Temporal SWL which has a 3-factor structure, with the factors corresponding to past, present, and future time frames (Pavot et al., 1998) (e.g. "If I had my past to live over, I would change nothing");

-WHO-QoL-Bref is a structured quantitative technique composed by 26 items subdivided in four areas, which represent the QoL: physical health, psychological health, social relationship, and environment (WHOQOL Group, 1993);

-Social perceived Self-efficacy (Bandura, 1994; Caprara, et al. 2000), an instrument that consists of 15 items and measures the beliefs which are related to his/her own ability to fit easily in environments and new social situations (e.g. "I don't feel discouraged after a heavy criticism").

Procedures

The modes of data collection, the method of contacting respondents, the medium of delivering the questionnaire to respondents, and the administration of the questions are variables that likely to have different effects on the quality of the data collected (Bowling, 2005). For this reason, we are going to put our efforts to guarantee the reliability of the results. The chosen materials for our research are self-report measures, which are going to administrate in face-to-face or in small group setting and with only the presence of a researcher in order to guarantee the reliability of results.

Regarding the elders, the questionnaires are going to administrate as a structured interview which allows for focused, conversational, and two-way communication.

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© INFAD y sus autores
ISSN 0214-9877

EXPECTED RESULTS

The rise of life expectancy emphasizes the problem how to maintain and also imporove quality of life during the aging. It is to rethink the old age in terms of older people's quality of life, reconsider the possible roles that they can actively play, working together with the society, interacting with the new generations also as witnesses of the past, cooperating actively in the management of the aging services, and furthermore supporting other in state of need elders.

Results of our research will aim to contribute better and more articulated knowledge regarding to the elderly and their lives. to find a new point of view on aging can be useful for fairly various objectives: 1)one of these concerns the opportunity improving older person's Self, as active citizen in the society and useful to others, 2)an other objective regards personal experience that can contribute strongly to improve care and health services, 3)the last, but not less important, regards the possibility to offer cheaper, but good quality, services to elders, which will rise, in a characterized framework by both the improving of life expectancy and of the aging services.

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