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Ageing Phase of Life

Though ageing is an inevitable process, it is still surrounded by misconceptions (Cavanaugh & Blanchard-Fields, 2011) and, often, by the negative attitude (Lee, et. al., 2007). Age-related changes are, primarily, associated with biological changes, changes in intelligence (Stuart-Hamilton, 2007), and social changes. Gerontologists and psychologists pay much attention to psychical and psychological changes in ageing people (Craik & Salthouse, 2008; Binstock & George, 2006), as their understanding is an important prerequisite for successful integration of ageing people in social life. Specialists agree that creating a positive image of ageing is a pivot step to establishing communication between the generations and creating harmonious community, so, it should be understood as an opportunity (Hilts, 1999), rather than a test.

It is obvious that understanding the phenomenon of a “smash ageing” is about the introduction of an open dialogue between psychologists and ageing people, which results in building a body of theoretical and practical knowledge important for entering “happy ageing” and establishing harmonious relations between the generations. The majority of specialists agree that the notion “successful ageing” implies avoidance of disease or disability, maintenance of physical and cognitive functions, and the active involvement in social life and interpersonal activities (Luszcz, 2004).

The objective of this paper is to trace physical, social, and psychological changes which occur in the life of the three individuals in their young-old and old-old phases of life; and to explore their experience of the “successful ageing”. The paper is structured the way so to present demographic information about the interviewees; physical, social, and psychological changes which occur in their lives; and brief analysis of these changes. The letter is important for “showing the formula” of “successful ageing” – the efficient integration of an ageing individual in social and cultural life of his/her community.

Interviewees

The following research covers the experience of the three interviewees in their young-old and old-old phases of life. All the interviewees consented to share their life-experience and feelings with the interviewer. The interviews were conducted at the interviewees’ places, in the calm relaxed atmosphere. Before the interview, all the participants were informed about the objectives of the research and the further utilization of its results. Below, is the brief demographic information about each participant.

1. N., 62-years-old, single female. The interviewee has a higher education and has been working as a teacher in the boarding school for 35 years. Currently, the interviewee is retired. She lives in her house alone and keeps in touch with her relatives on the phone. N. has an adult son and two grandchildren. She visits them regularly, generally, once a month. Her son and his family visits N. several times a year.

2. A., 78-years-old married male. The interviewee has a secondary education and has been working as a railroad worker for 40 years. The interviewee is retired and lives in his house in the country. He has two adult daughters who live separately. His elder daughter lives abroad,

and they keep in touch on the phone; while his younger daughter lives in the neighboring town, and they get together twice a month.

3. L., 75-years-old widowed female. The interviewee has a secondary education and has been working in the construction sector for 35 years. The interviewee is retired and lives alone; she has no children or grandchildren. Currently, the interviewee keeps in touch with her relatives on the phone; she visits her siblings living close to her place several times a month.

Ageing. Physical Dimension

The process of ageing is primarily associated with physical changes in a body. Starting at a cellular level, these changes affect almost all the human tissues and organs (Stuart-Hamilton, 2007). Cardiovascular diseases and respiratory problems can become constant companions of an ageing individual. For example, according to the data of the Center for Disease Control and Prevention (2007), in America, nearly one-fifth of people in young-old and old-old phases live with coronary diseases, while 60% of women aged 70 and older have osteoporosis. In Australia, older people often have diabetes and coronary diseases; depression is another constant companion of an ageing individual.

The physical decline is often explained by the changes on molecular level and, so, is an inevitable process. The experience, however, shows that these changes are individual (Sawchuk, 2009) and their negative effect can be reduced to minimum. Analyzing the factors accelerating the ageing process, specialists agree that physical activity and adequate diet (Perls & Silver, 1999) are the most significant prerequisites for “successful ageing”.

The experience of the interviewees proves the specialists’ findings. All the three interviewees admit that they have noticed changes in their physical well-being with age. For instance, 78-year-old A. admits that he experiences certain problems with the functioning of his

digestive system, while 62-year-old N. deals with the varicose veins. All the interviewees admit that health-related problems cause not only physical discomfort, but also result in depressed mood.

The interviewees admit that physical changes they experience have imprinted their way of life, for instance, reduced the number of trips and the amount of activities performed during the day. Though the interviewees note that they try to adapt their life to the changes happening, they find it complicated and, sometimes, disheartening. For example, the 78-year-old A. admits that he had to reduce the number of his visits to friends because of his health; awareness of this fact sometimes makes him irritated, which was noticed by his wife as well.

At the same time, the daily life of the three interviewees proves the idea that “older people have ample capacity to deal with the demands of everyday life” (Stuart-Hamilton, 2007, p. 33). All the interviewees agree with the idea that healthy life-style is their response to the challenges of ageing. All the three interviewees admit that they try to eat healthy diet which is understood as the basis of their physical well-being. The 78-year-old A. also highlighted the primary importance of physical activity for his health and self-esteem: “I feel much better when working about the garden or helping my grandchildren in the yard, rather than sitting in the four walls”. Obviously, the deliberate combination of physical activity and the involvement in friendly communication with relatives and neighbors (Binstock & George, 2006; Adams & Blieszner, 1995) is the key to “successful ageing”.

Ageing. Cognitive Dimension

The process of ageing is often associated with the changes in intelligence: “...ageing is popularly characterized as an increase in wisdom at the expense of a decrease in wit” (Stuart-Hamilton, 2007, p. 51). There is still no univocal answer to the question whether there are

significant changes in intelligence and ability through adulthood and later phases of a human life (Cavanaugh & Blanchard-Fields, 2011). Some researches show, that the period between the late 60s and 70s is characterized by significant ability declines.

The interviews with the participants of the following research prove this idea. Reflecting upon their talents and abilities, they underline that most new thing they learned before their 40s. Later, they tried to expand their knowledge in particular sphere. Most attempts to master new things at the age of 60s or later failed.

The 78-year-old A. learned to play chess at the age of 40. Later, he became the Candidate Master and taught children this sport. After he retired, at the age of 70, A. wanted to learn French, but his attempts failed quickly: the number of the new words learned was limited, and the results did not satisfy A. at all.

Almost the same story happened with 62-year-old N. who retired two years ago. The interviewee mentioned she was good at learning language. By the age of 40, she could speak Polish and French, but her attempts to learn Italian soon after retirement failed.

The situation with the 75-year-old L. differs from the situation of her peer-interviewees: being at the age of 50, she found her niche in learning religious literature. She endeavors to expand her knowledge in the field and does not feel need in expanding her knowledge horizons in other spheres.

Though there is no univocal answer to the question if elders can be good learners, and if intelligence declines with age (Teichner & Wagner, 2009), the story of the 78-year-old A. and 62-year-old N. reveals several typical obstacles preventing ageing people from learning new things:

1. Health-related problems may prevent from careful procession of sensory information. For example, hearing problems of 78-year-old A. prevent him from quick and correct perception and pronunciation of the new foreign words.
2. The lack of motivation and family support. 75-year-old L. admits: “I see no need in learning new things like painting, for instance, because I have no friends who are interested in this, and I do not know how I can use this knowledge in my everyday life”. Probably, if L. had children who supported her decision to learn something new, she would have a powerful motivation for the new achievements.
3. Ageing problems and health-related problems can result in the uncontrolled anxiety and refuse from new achievements. 62-year-old N. always wanted to read Nabokov’s *Lolita*. When she was young, she could not find the book in the bookstore; later, she had no time to read it. When she retired, she understood she had enough time to realize her little dream. Her son presented her the book, but she did not read it. She explained her decision: “I have poor eyesight and I do not want to spoil it worse”. Obviously, it is not the problem with the eyesight, but associated uncontrolled anxiety which prevents N. from expanding her knowledge horizons.

At the same time, all the interviewees make a clear separation between the notions of “intelligence” and wisdom understanding the first as the amount of theoretical and practical knowledge received; while the second – as the amount of spiritual experience. Though most researchers agree that wisdom and age are not always directly connected, the interviewees admit they became wiser with age. They also mention they are happy to share their wisdom with their children, relatives, or younger neighbors.

75-year-old L. says: “Looking back to the past, I realize that I worried about “wrong” things. It seems that now I became more level-headed, and I wish I could pass this feeling to my nephews or younger neighbors”.

62-year-old N. is in solidarity with her peer-interviewee: “Watching my son’s life, I see that he makes the same mistakes which I made when I was younger. From my own experience I know that my warnings will lead to nowhere. Our mistakes become experience which we, unfortunately, cannot pass to our children”.

Ageing. Social Dimension

The active participation of an individual in the life of his/her community is an important condition of “successful ageing”. The problem of building positive relations between an aging person and his/her surrounding has been studied for decades. Initially, gerontologists emphasized the role of a family in the life of an ageing individual, while in 1986 Adams outlined the significance of friends for ageing people. Through the series of the interviews with older women, Adams revealed that having friends is one of the most significant prerequisite of an individual’s well-being, especially, if he/she does not have family or lives alone.

The case of a 75-year-old L. is exponential in this sense. The interviewee mentions that she spends the greater part of her free time with her friends: they meet twice a week and regularly keep in touch on the phone. Answering the question “What do you think is the most important in your friendship?” the interviewee outlines the harmony of interests, the availability of friends, and the feeling of safety associated with the friendship.

78-year-old A. also mentions common interests as the main criteria of friendship and agrees with L. that the time spent with friends is important for his well-being: "I am happy to spend several hours a week with my old friends: we play chess and talk. That is what makes my life vibrant".

Living alone, 62-year-old N. does not have neighboring friends. She says that it is sometimes depressing for her to be alone all the time. Though her son calls her regularly, she often feels lonely and forsaken. The interviewee says she feels happy when calling her cousin or visiting her: "We are soul mates".

Reflecting about the people who are important in their lives, all the interviewees mention their families. They admit that the involvement in the life of their families makes them feel important, thus, happy. 78-year-old A.: "I am proud to have grandchildren, and I will be happy, if my grandson plays chess like me". 62-year-old N. admits: "Though I do not see my grandchildren often, I am always curious about how they are doing and what is new in their lives; I always worry about them and try to keep in touch as regularly as possible".

It must be admitted, though, that active participation in the life of a community network is not limited by family and friends. Having accumulated certain amount of knowledge and experience, older people are often eager to contribute to the community they live in (Canja, 2001). The experience of all the three interviewees proves this observation.

75-year-old L. takes an active part in the life of her religious community. Obviously, her activity is the successful combination of a social work and religious involvement - another important condition for psychological well-being of an older

individual (Barkan & Greenwood, 2003; Moberg, 2008). Speaking about her religious activity, the interviewee says: “I like taking an active part in the life of my church, because it makes me feel close to God and happy, and because I feel myself important to the people living next to me”.

The feeling of “being important” is also familiar to another interviewee – 62-year-old N. who works as a freelance reporter for the local newspaper. N. is not paid for her work. She comments on her activity: “I want my articles to be my contribution to the life of my town. This is what I want to be remembered for”.

Life Review Dimension

Though ageing may be associated with health-related, psychological, or social problems, it is important to “promote positive views of ageing, reject ageism and challenge negative stereotypes” (COTA, 1968). Probably, this objective can be achieved through the continued improvement of medical care and services for older people, their involvement in the life of network communities, and the outreach among the younger people aimed to promote the idea: “If life shifts at some point from being a positive to being a negative, it does so not at some particular age, but as a result of the internal changes and debilities that accompany the process of life itself” (Stock, 2004, p.554).

From this viewpoint, ageing people are the valuable and inexhaustible source of information about how it feels being at a particular stage of life. The interviewees have already mentioned about the negative aspects of being at their age, they also made some conclusions about what they want to be remembered for. It is, however, important to know what ageing people find important about their age, what the advantages of being an elder person are. At the

end of the interview, all the participants were asked the question: “Is there anything you enjoy about being at your age?”

75-year-old L.: “To me, having enough time to spend for myself, with my friends, the time to devote to the things I like is very important. This is the stage of my life where I do not need to hurry and can enjoy being free”.

78-year-old A. “I am happy to live to the age when I can see my grandchildren and spend much time with my spouse”.

62-year-old N.: “I love to reap the benefits of my pedagogic activity. When I see my pupils I feel that my life was not in vain”.

Conclusion

As long as there is no elixir of eternal youth, ageing is the process that affects every individual. For decades, this stage of a human life was understood as “inevitable evil” accompanied by health-related problems and total exclusion from the life of a family and a community; the period when “death can look like a rescuer” (Stock, 2004, p.554). The long-term studies of gerontologists and psychologists, however, reveal that ageing should be perceived as a new stage of an individual’s life, rather than its decline.

The discoveries in the field of medicine and psychology underline three important conditions for an ageing person to feel him/herself the full-fledged member of a community: physical and mental health, maintenance of intelligence, and an active involvement in the life of a family and society. The interviews with the three individuals in their young-old and old-old phases of life prove these observations. The respondents agree that physical well-being and support of their family and friends make their life vibrant and happy.

Based on the interviewees' experience, the following recommendations aimed to improve the quality of the life of ageing people can be provided:

1. Physical well-being is the pivot step to a "successful ageing". It can be achieved through feasible exercises and adequate diet.

2. Intelligence and cognitive abilities do not undergo significant changes until 70s-80s. So, ageing people are recommended to expand their knowledge horizons continuously.

3. The active participation in the life of a family, regular meetings with friends, and involvement in the life of a community is an important condition for an ageing person to feel him/herself important and, thus, happy.

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