

# ACTIVE AGEING AND SUCCESSFUL AGEING AS EXPLICATIVE MODELS OF POSITIVE EVOLUTIONS TO ELDERLY PEOPLE

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**Rezumat:** Cercetările care au mizat pe conceptul de îmbătrânire activă au constatat în general slabe corelații cu variabilele statistice clasice: venit, sex și educație. Rezultă o anumită inconsistență structurală între conceptul de îmbătrânire activă și cel de speranță de viață, deoarece cercetările demografice susțin teza corelației între variabilele clasice și speranța de viață. Un alt concept utilizat în explicarea evoluțiilor pozitive la bătrânețe este cel de îmbătrânire reușită. Îmbătrânirea reușită corelează mult mai bine cu longevitatea și speranța de viață. Vom arăta că diferențele dintre cele două modele explicative ale evoluțiilor pozitive la îmbătrânire sunt datorate pe de o parte unei conceptualizări mai „sărace” a îmbătrânirii active. Pe de altă parte conceptul de îmbătrânire activă își păstrează valențele pentru cercetarea actuală, datorită insistenței pe concepte fecunde cum ar fi cel de participare socială și bunăstare subiectivă care explică foarte bine evoluțiile pozitive de pe parcursul îmbătrânirii.

**Cuvinte cheie:** îmbătrânire activă, îmbătrânire reușită, îmbătrânire sănătoasă, determinanți ai îmbătrânirii reușite, participare socială, bunăstare subiectivă, status socioeconomic, speranță de viață

**Abstract:** Generally, researches that counted the concept of active ageing remarked weak correlations between active ageing and classical statistic variables, like income, gender, and education. There is a certain structural inconsistency between the active ageing and life expectancy concept, as demographic researches argue the thesis of correlation between classical variables and life expectancy. Some scholars used the concept of successful ageing in order to explain the positive evolution of people in later life. Successful ageing correlates much better to the longevity and life expectancy. We aim to reveal that differences between the two explicative models of the positive evolving in later life are due to “poorer” conceptualisation of the active ageing. On the other side, the concept of active ageing preserves its connotations for recent research, that stress rich concepts, like social participation and wellbeing, which explain very well positive evolutions during later life.

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**Key words:** active ageing, successful ageing, healthy ageing, successful ageing determinants, social participation in later life, wellbeing, socioeconomic status, life expectancy

**Résumé:** Généralement, les recherches qui ont misé sur le concept du vieillissement actif ont constaté des corrélations faibles avec les variables statistiques classiques, comme le revenu, le genre et l'éducation. Il en résulte une certaine inconsistance structurelle entre le concept du vieillissement actif et celui d'espérance de vie, car les recherches démographiques soutiennent la thèse de la corrélation qui existe entre les variables classiques et l'espérance de vie. Un autre concept utilisé pour expliquer les évolutions positives à un âge avancé est celui du vieillissement réussi. Le vieillissement réussi est mieux corrélé avec la longévité et avec l'espérance de vie. Nous essayons à montrer que les différences entre les deux modèles explicatives des évolutions positives enregistrées à un âge avancé sont dues à une plus « faible » conceptualisation du vieillissement actif. D'autre part, le concept du vieillissement actif maintient ses valences pour la recherche actuelle, grâce à l'insistance sur des concepts féconds, comme celui de la participation sociale et du bien-être subjectif, qui explique très bien les évolutions positives à un âge avancé.

**Mots-clés:** le vieillissement actif, le vieillissement réussi, le vieillissement en santé, les déterminants du vieillissement réussi, la participation sociale, bien-être subjectif, le statut socio-économique, l'espérance de vie

## On ageing

Different scholars suggested that the *ageing* concept is a social and cultural construct. Its meaning is contextually built, through social interactions (Coupland 2009). *Ageing* relates to some biological and social objective changes that occur in later life (Coupland 2009:854). Biologically, ageing expresses by a gradual alteration of the functional capacity of the organism. In addition, in later life, the ability of individuals to adapt to different changes declines (López et al. 2011:597). Physiological changes, specific for ageing, induce certain shifts in the dimension, the form, and the constitution of the human body (decrease in height, increase in the proportion of body fat, compression of vertebrae, decrease in bone density, flattening of the plantar curvature, decrease of muscle mass) (López et al. 2011:597). These shifts entail the loss of strength and physical resistance. The outcome may be the negative influence on the level of physical activity and the elders' quality of life, due to the increasing of their dependency, of their risk of illness and death.

Ageing process does not begin at a precise moment of life. The debut of ageing depends on genetic, biological, psychological, and socio-cultural factors (López et al. 2011:597,598). There are individual differences related to ageing process. Living conditions during childhood and later life seem to influence this

variance. It becomes obvious that one should analyse the historical context of life, in order to understand these individual differences (López et al. 2011:597,607). Qualitative studies shown that people from different cultural spaces realize the inevitable alteration which occurs once they get older, even if they sometime decline to internalize a new identity, that reflects such changes (Coupland 2009:856).

### **Concepts related to active ageing**

Some scholars distinguish several types of ageing: *normal* ageing, *successful* ageing, *active* ageing, *healthy* ageing, *productive* ageing, *robust* ageing, *optimal* ageing, *positive* ageing, and *affluent* ageing (Chung and Park 2008:1063; Jang, Choi and Kim 2009:208; López et al. 2011:598).

*Successful ageing* is a multidimensional concept. It relates to physical, mental and social functioning of people (Jang, Choi and Kim 2009:207; Venn and Arber 2011:198; Park, Jang and Kim 2010: 99; López et al. 2011:598). Certain scholars focus on the lack of consensus about the specific criteria of defining successful ageing. The most common operational dimensions of ageing, that numerous scholars investigated, are: physical functioning and disabilities, cognitive functioning, wellbeing and the quality of life, social participation, and longevity (López et al. 2011:598). Good physical functioning manifests itself by the lack of difficulties to do daily and survival activities (Park, Jang and Kim 2010:99,101). Some activities, that ensure survival, are: phone calling, shopping, use of transportation, money management, cleaning of laundry. Personal hygiene, eating, use of toilet, dressing, climbing stairs are some daily basic physical activities. Good social functioning supposes the participation to at least one of the following activities: paid work, attendance of the religious gatherings, volunteer activities for the benefit of others (Park, Jang and Kim 2010:99,108). For Rowe and Kahn (cited in Chung and Park 2008:1063; Park, Jang and Kim 2010:100), successful ageing concept includes three main components: low risk of getting diseases or disabilities, high physical and mental functional abilities, participation in social or productive activities. Chung and Park (2008:1063) proposed the approach of successful ageing in terms of quality of elderly people's life. They defined successful ageing through satisfaction with personal life and through successful adaptation to the inevitable changes that occur in later life. Successful ageing is a positive and adaptive response to the transformation of personal status (Jang, Choi and Kim 2009:208). This definition of successful ageing is similar to that of active ageing, as the World Health Organisation stated in 2002: "active ageing is a process of optimising the opportunities for health, social participation and security, in order to improve the quality of life of the elderly" (Venn and Arber 2011:198; Cloos et al. 2010:80).

The operational definition of successful ageing refers to indicators such as people's ability to perform daily basic physical activities, an above average level of intellectual functioning, involvement in social activities, subjective well-being (Jang, Choi and Kim 2009:209). In their study, developed in South Korea, Jang and his colleagues (2009) remarked that elderly who enjoy successful ageing are those who had not difficulties to achieve daily activities, who had not a higher than median number of degenerative affections, who had a higher than median score for cognitive abilities, who did not present psychiatric disorders, who participated to more than one social activity, who had a high level of subjective well-being, over the previous period of survey. In a longitudinal study, conducted in Spain, López and colleagues (2011:600) included elderly who met simultaneously certain conditions in the category of successful ageing. This conditions were: they not needed help to perform daily activities, they were able to care for themselves, they assessed their health in terms of "good" or "very good", they got a high score to a psychological test assessing their cognitive functioning, they were satisfied with their life, they expressed the same as or a higher level of satisfaction than five years before, they conducted more than median of their group productive activities (such as childcare, care of elderly or sick persons, household activities, helping others), they have been "often", "very often" or "always" able to solve the problems of others.

Other scholars defined successful ageing as a process of adjustment and achieving success in a specific area (such as work). Cheung and Wu (2011:2) established five dimensions of successful ageing at work place: adaptability and health, positive social relations, personal development, personal security, focus on achieving personal goals. The outcomes of their investigation (Cheung and Wu 2011:7-10) showed that conflict between work and family negatively relates to personal security, that achievement of personal goals and adaptability negatively relates to health. Perceived social support positively relates to all the dimensions of the successful ageing at the work place.

Certain definitions of successful ageing emphasize life accomplishment and self-achievement. In such a narrow approach, only self-achieved persons, who succeeded in getting high status or income, can enjoy successful ageing (Chung and Park 2008:1062). Successful ageing of low-income elderly relates rather to satisfaction with life and to quality of life than to material achievement (Chung and Park 2008:1062). Lee (cited by Chung and Park 2008:1064) found that there are elderly who, in spite of a low standard of living, have a positive general attitude toward life. Chung and Park (2008:1068-1069) believe that there are at least three factors of successful ageing, in the case of low-income elderly. These are: positive attitude toward life, achievement of their children, and positive social relationship.

Scholars who used the concept of *robust ageing* stressed factors as productive capacity, good emotional condition, and good physical and intellectual

functioning (Chung and Park 2008:1063). Other authors added to these dimensions the integrity of sensorial functions, the vitality, and social and personality resources.

*Productive ageing* concept emphasizes the social value of elderly's activity. Elderly are able to perform some relevant unpaid activities, such as formal volunteering, informal helping or care for others (Hank 2011:527,528).

Academic definitions of *healthy ageing* focus on physical and mental health, and on good social functioning in later life. Healthy ageing relates to longevity, to good physical and mental health, to increased active life expectancy, to life of good quality, and to other issues (Hung, Kempen and de Vries 2010:1373,1374). Hung, Kempen and de Vries (2010:1385) argued that the term of healthy ageing would be more appropriate than that of successful ageing, since it captures the importance of a good physical and mental functioning in later life and it is clearer than the concept of successful ageing.

### **Definitions and explanations of active ageing**

Sociologists took the concept of active ageing from geriatric theories (Venn and Arber 2011:197). In 1961, Cumming and Henry formulated disengagement theory (that refers to the decline of elderly's involvement in different activities). In 1963, Havinghurst raised the activity theory. In 1981, Townsend initiated the dependency theory. Disengagement and dependency theory emphasizes the coercive action of social structures, which drive to elderly's isolation. Activity theory stresses the influence of coercive factors on elderly's involvement in different activities. Activity theory also emphasizes that elderly maintain a certain level of activity and social involvement well into old age (Venn and Arber 2011:197-198).

Havinghurst, considered the initiator of activity theory, suggested almost ten years after he published in 1953 his work that subjective well-being of elderly people relates to their level of participation in social and leisure, as well as to the change of their social role (Adams, Leibbrandt and Moon 2011:684). According to Adams and colleagues (2011:684), in the '70 years, representatives of activity theory distinguished three main types of participation: informal, formal, and solitary. Informal social participation involves social interaction only with familiar people, such as relatives, friends, and neighbours. Formal social participation requires integration in formal organizations or groups. Solitary participation covers the performance of solitary activities, such as reading, watching television, engaging in hobbies. Citing a work of Lemon and collaborators, since 1972, as well as a study of Longino and Kart, since 1982, Adams and colleagues (2011:684) believes that mentioned authors emphasized a stronger influence of informal social activities on subjective well-being, compared to formal and solitary activities.

Physical activity, motion, helps to maintain good health. Participation in social and leisure activities provides socio-emotional support and contributes to increasing subjective well-being. On individual level, the continuity, respectively the change, of social role, through social participation, could maintain personal identity (Adams, Leibbrandt and Moon 2011:685).

From elderly's point of view, retirement does not involve the cessation of all activities (Venn and Arber 2011:207). Certain researches suggested that elderly choose a narrower range of activities. They replace physically demanding activities with easier activities (Adams, Leibbrandt and Moon 2011:706). Venn and Arber (2011:203), in their qualitative study on elderly's perception of day-sleep, found that elderly recognised a decline of level of activity, compared to previous period of their life. They also admitted that, in time, they changed the type and volume of their activities. Reviewing studies of different scholars, Adams and colleagues (2011:688-690) identified more dimensions of elderly's activity. This activity can be social (formal or informal), recreational, productive, physical, intellectual, cultural, solitary, spiritual, instrumental, in the benefit of others, or for preserving own good physical condition. Adams and colleagues (2011) found that there is no consensus regarding the use of concepts designating different aspects of activity. Some scholars classified activities based on the combination of two or more of their dimensions. One of these classifications distinguished two types of activities: regenerative, required to survive, and free-elected (Adams, Leibbrandt and Moon 2011:699-700). According to Adams and collaborators (2011:707), key elements for classifying activities are the content and the context of them. Nature of activity expresses the level of its physical and mental demand, as well as certain behavioural aspects of it. Social and cultural background of activity constitutes the context of activity. Someone could perform activities alone or together with others. Social relations, as established during activity, can be stronger or weaker. In addition to content and context of activity, the freedom of its choice, the satisfaction with the participation, the goal and the importance attached to activity affect the relationship between participation and subjective well-being (Adams, Leibbrandt and Moon 2011:707).

As a partial conclusion, we can note that new activity theories, such as socio-emotional selectivity theory or selection, optimization and compensation theory, use the term of successful ageing instead of active ageing. Adaptation, selection of appropriate activity, selection of social partners, maintaining skills required by daily activities, compensation of losses incurred in certain areas help to explain the successful ageing.

### **Determinants of successful ageing**

Determinants of successful ageing are: high level of education, physical activity, social participation, lack of chronic diseases and disabilities, autonomy,

personal income (Jang, Choi and Kim 2009:208,212; Chung and Park 2008:1063). Successful ageing involves satisfaction with life, self-acceptance, positive social relationships, control over the own life, adaptation to life environment, sense of personal usefulness, personal development (Jang, Choi and Kim 2009:214; Chung and Park 2008:1063). Living together with own family positively influences elderly's satisfaction toward life (Chung and Park 2008:1064). Their satisfaction with life depends on their physical and mental health and on their age (Chung and Park, 2008:1064). Empirical studies proved that level of education positively relates to physical and mental health, while rather personal income than health influences elderly's social participation (Jang, Choi and Kim 2009:207). There is mutual relationship between social participation and health (Cloos et al. 2010:96). However, subjective well-being is one of the successful ageing conditions (Jang, Choi and Kim 2009:208). Subjective well-being positively relates to level of education and household and personal income (Jang, Choi and Kim 2009:207). Some scholars found a relationship between variables such as subjective well-being and health, household income, religious faith, self-esteem, satisfaction with communitarian social services (Chung and Park 2008:1064).

On the other hand, subjective well-being relates to social participation (Adams, Leibbrandt and Moon 2011:683). In certain environments, social participation is lower for women than for men (Park, Jang and Kim 2010:100). Some researchers have shown that in the United States of America and in some Northern countries there is a tendency to raise level of social participation of people aged between 60 and 69 years old (van Groenou and Deeg 2010:446). As longitudinal studies demonstrated, high social productivity and enough strength and time are characteristic for the period since retirement until the emergence of serious chronic diseases, around 70-75 years old. In such a way, "young" elderly could perform different social activities, from activities within formal organisations to activities meant to set, keep and strengthen interpersonal relations (van Groenou and Deeg 2010:446,448). Personal characteristics, such as level of education, health, employment and marital status, as well as personal and social norms and values can determine social participation (van Groenou and Deeg 2010:448). High educated elderly involve more often in productive or recreational social activities than lower educated do (van Groenou and Deeg 2010:449,455). Chronic diseases and physical disabilities limit social participation of elderly (van Groenou and Deeg 2010:449). Full-time employment negatively relates to involvement in formal volunteering, probably due to limitations of available time for such activities. However, full-time employment does not limit participation in other social activities (van Groenou and Deeg 2010:449,462). Part-time employment may help elderly's social participation by enabling financial resources required by such activities (van Groenou and Deeg 2010:449). Elderly living with a partner more actively participate in communitarian organisations and more frequently involve in

recreational activities than those living alone, except for widowers/widows (van Groenou and Deeg 2010:450,455). Men more frequently than women involve in social activities, as members of formal organisations (van Groenou and Deeg 2010:450).

Several studies have shown that socioeconomic status influences successful ageing (Park, Jang and Kim 2010:100). Elderly with high socioeconomic status tend to better participate in social activities and to enjoy better health, compared with those who have a lower socioeconomic status (Jang, Choi and Kim 2009:208). Socioeconomic status relates to physical functioning stronger than to social functioning, especially for men (Park, Jang and Kim 2010:99). For aged women, physical functioning positively relates rather to their level of education than to other components of socioeconomic status (Park, Jang and Kim 2010:99). Elderly with higher individual income and higher level of education tend to enjoy successful ageing (Park, Jang and Kim 2010:100). Education and individual income association with successful ageing is statistically significant. Wealth and household income do not have a significantly effect on successful ageing (Jang, Choi and Kim 2009:212). Individual income strongly influences social functioning, while education strongly relates to physical and mental functioning (Park, Jang and Kim 2010:100,106). Individual income positively relates to satisfaction with quality of life and subjective well-being (Chung and Park 2008:1064). People younger than 75 years old who enjoy successful ageing are more numerous than those aged 75 and over, due to decline of physical functioning and of social participation when becoming older (Jang, Choi and Kim 2009:212; Park, Jang and Kim 2010:103).

Successful ageing seems to negatively relate to number of population from human settlements where elderly are living in. Park and colleagues (2010:104,106,108) found that elderly living a small town, in South Korea, enjoy to a greater extent successful ageing, compared with those living in a metropolitan city, probably due to better physical functioning, as a result of maintaining higher level of physical activity. Men living in metropolis had a lower level of social participation, compared to those living in the small town. Women living in metropolis had a lower level of physical functioning, compared to those who lived in the small town, because they encounter more obstacles in performing physical activities, due to intense traffic, high rate of criminality, lack of safe pavements (Park, Jang and Kim 2010:108).

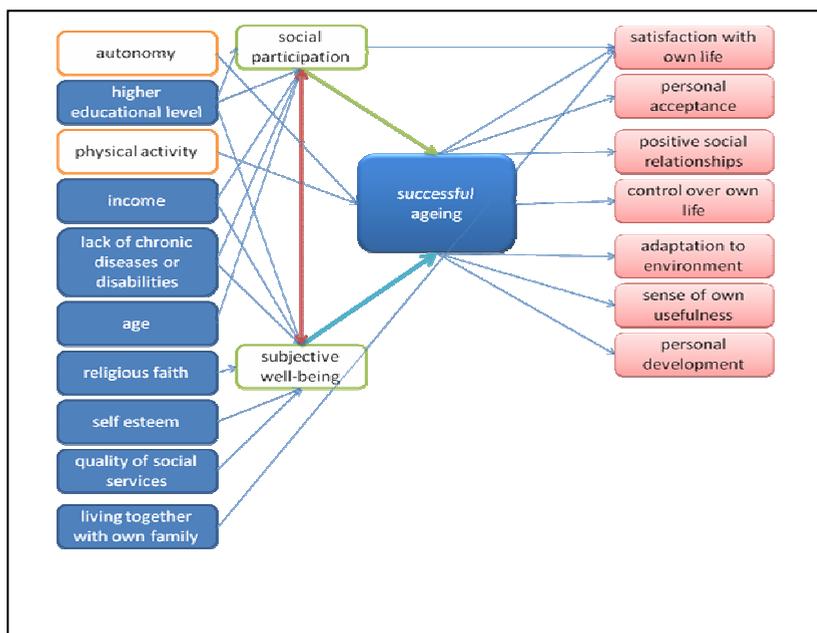
Gender differences regarding influence of socioeconomic status on successful ageing are sharper on physical functioning dimension than on social participation dimension (Park, Jang and Kim 2010:106). For men, successful ageing negatively relates to age, but positively to their individual monthly income and self-assessed health (Park, Jang and Kim 2010:103). For men, higher individual income and good self-assessed health positively relate to good physical

functioning (Park, Jang and Kim 2010:103,106). For women, successful ageing negatively relates to age, but positively to individual monthly income and to their level of education (Park, Jang and Kim 2010:103). For women, higher level of education positively relates to good physical functioning (Park, Jang and Kim 2010:103). Some authors claim that health strongly influences successful ageing, for women, while rather education than health influences successful ageing, for men (López et al. 2011:597,605). Lower educated elderly tend to be more physically inactive and to develop unhealthy behaviour (Park, Jang and Kim 2010:107). According to some scholars, education is a better predictor of progressive evolution of functional limitations and disabilities than income (Park, Jang and Kim 2010:108). Individual income is a better predictor of successful ageing than household income (Park, Jang and Kim 2010:106).

## Discussions

Studies based on operationalization of successful ageing seem to find numerous determinants and relationships within socio-demographic concepts, such as age, gender, and education, as opposed to active ageing, as first activity theories defined it. Explanation resides partly in superior operational value of the concept of successful ageing. Scholars used a large number of dimensions of successful ageing, which capture human development in many fields. We also found a wide range of variables used in the construction of indicators correspondent to identified dimensions.

**Fig. 1. Explanatory model of *successful ageing***

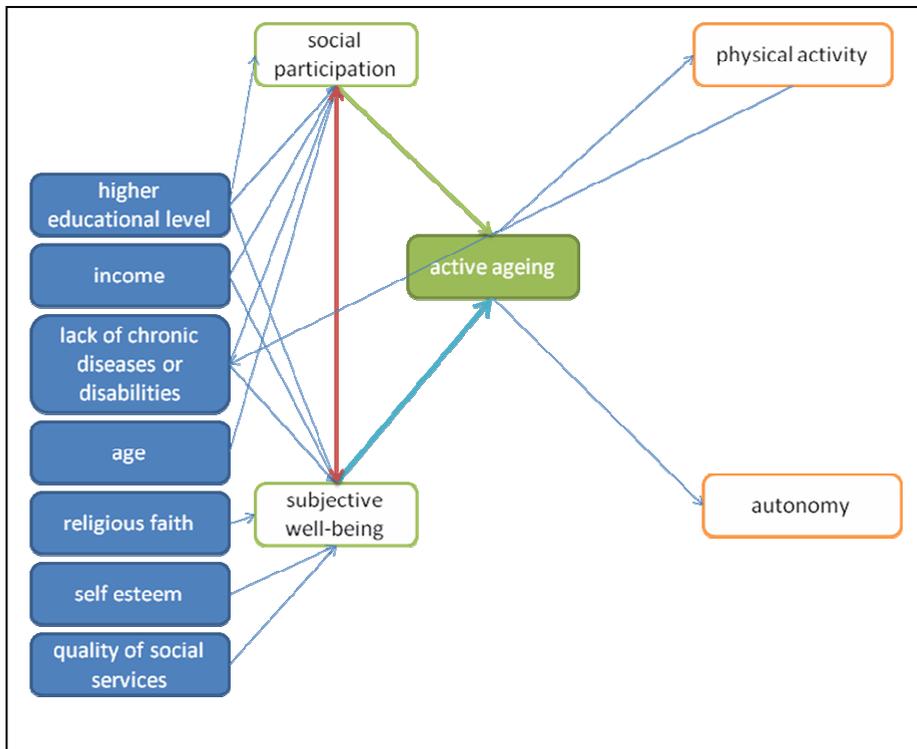


Explanations based on successful ageing model match to demographic findings during the nineteenth and twentieth century (Bourdelaïs 1993; Rotariu 2003): on average, those with higher income live longer than those with low income and highly educated people live longer than those low educated; women live longer than men. From this perspective, relationship between successful ageing and lifespan is a plausible hypothesis of current or past geriatric studies.

Certain researches reached to the discovery of relationship between elderly's participation in cultural activities and decreased risk of dying (Agahi and Parker 2008 *apud* Adams, Leibbrandt and Moon 2011:689). In another research, conducted in Israel, Ayalon (2008: 1000) found that, for people aged 60 years and over, volunteering relates to decreased risk of dying, regardless of age, gender, education, physical and mental health, level of activity and social participation. According to same author, length and type of volunteering (as a member of formal organisations or on their own) are good predictors of death risk.

Successful ageing concept is also consistent with social stratification according to age. Compared to younger people, elderly have a considerably lower status, due to differences in their resources (Șoitu 2009:192). In a survey on pensioners from Romania (Marina 2003:119), we found that income and relational capital of elderly tend rather to decrease as individuals are getting older. Another relevant finding was that education, even if achieved in their youth, keeps influencing successful ageing. Education "objectifies in their life style, more lacked of creativity in case of those lower educated, in the amount of pension, even if it is not directly related to the number of years of completed education, in the range of retirement descriptors, both qualitatively and quantitatively poorer in the case of those lower educated, as well as in the manner they interpret the reality of ageing. Higher educated elderly are more detached from the role of old people. In any case, ageing does not drive to social disengagement" (Marina 2003:155). Also we found that occupation relates to successful ageing when people have adaptive resources in later life and during retirement, as a result of past acquired skills, that they may use in present, too. From this point of view, we argued that "lower class" occupations, such as painter, tinsmith, farmer, housekeeper, as well as "higher class" occupations, such as financial consultant, physician, professor, lawyer, are equally adaptive and productive in later life.

By contrast, usually, active ageing concept has fewer dimensions, although many of them, including social participation and subjective well-being, became key components of further developed concept of successful ageing.

**Fig. 2. Explanatory model of active ageing**

Another major difference, noted in the figure above, is that of defining active ageing through dimensions such as activity and autonomy, which in the explanatory model of successful ageing are determinants low correlated to classical variables. For this reason, from the beginning, the model encounters statistical inconsistencies. Several studies demonstrated a lack of association between causes and effects variables. However, it is possible that qualitative studies better exploit this model, showing that autonomy and activity (activity score) of some categories of elderly could improve by higher social participation and subjective well-being.

## Conclusions

Successful ageing explains how ageing is a process characterised by losses and acquisitions, which differ according to many resources. Elderly endowed with more resources, such as personality resources, status resources, material resources, have a higher potential and natural probability to achieve such a model. This explains why researchers using the successful ageing framework found conventional correlations to resource variables, such as income, education, and, to

some extent, chronological age and gender, than those using the active ageing approach. As process that can be to a certain degree controlled or influenced, sometimes through geriatric education, successful ageing leads to identification of certain relationships to longevity or life expectancy. The challenge that such studies have to face is the discovery of new variables to include into the model and to increase “explained variance”. This approach can suggest ways of intervention in the field of ageing, based on identified variables, perhaps in similar contexts. Trans-nationalisation of such explicative models may help the increase of efficiency in fighting against ageing. It could also to provide tools for gerontologists and Geriatrics practitioners.

Not the same thing happens to studies that rely on active ageing. Explanatory model of active ageing stresses more on its action and intentional components. Elderly work or wish to work, activate or wish to be active, participate or wish to participate in activities. Studies based on this concept will find correlations or associations limited to certain categories of old age, level of education, income or occupation. In return, many studies based on qualitative approaches are able to provide typologies with high explanatory value or to reveal, through constructivist strategies authentic ways to experience ageing, typical for certain social groups: “The goal is to find actors’ constructions of reality, their tacit knowledge, how they conceptualise and confer meaning to their social world.” (Blaikie 2010:13). Such studies can originate positive changes in the attitude toward elderly and ageing. Scholars can help people belonging to different generations to get along with each other and can support solutions for effective intervention, especially for fragile, marginalised, discriminated, dependent or with multiple pathologies elderly.

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