

Theories of Adjustment of Active Older Persons in Relation to Social Responsibility

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Abstract

In this paper we aim to analyze the theories of adjustment elderly people use, who are healthy and satisfied in older age, and analyze corresponding social responsibility. The foundation for attempting to determine the quality of life of the older population, who experience their old age not as an unwanted complication but as expected and accepted phase of life that fulfills you and makes you happy, is the Activity theory (Havighurst, 1963). With literature overview, we studied the individual differences we usually encounter when researching in the field of theories of aging. We find that as a foundation for strengthening the existing model of successful aging, modern theorists suggest inclusion of positive spirituality, and confirm the existence of a more positive trend of older people's attitude toward aging, leading to healthier, happier and more satisfied society.

Key words: social theories of aging, successful aging, active aging, Activity theory, social responsibility.

1 Introduction

Every human being has its own way of thinking and his own set of beliefs, leading to their own goals. With literature overview, we aim to determine which adjustment theories the elderly use, who are healthy and satisfied with their lives in old age, and the corresponding social responsibility. The foundation for determining the quality of life of the older population is the Activity theory (Havighurst, 1963), which explains the elderly adjust best to change in old age when finding substitute activities and relationships and maintaining activity at a level, comparable to the level in the middle age. Furthermore, we determine how to build onto the existing social theories of aging and old age in connection to adjustment approaches in active elderly persons.

2 Social theories of aging

Social theories of aging explain all complexity of the aging process in a society, and therefore, theory in gerontology holds great importance. Bengston et al (2005) define theory as an attempt or first step in the process of development, leading to the final result of research. Ramovš et al (1992, p. 35) say Austrian psychiatrist Viktor Emil Frankl finds the most common disorder in people nowadays is a spiritual void. Frankl hypothesized a person with spirit defies destiny and controls the physical, mental, social, and other situations more easily when discovering meaning in them, i.e. when living for someone or something. Frankl (1994, p. 7, 8, 157) defined a psychotherapeutic method in the 30s of the 20th century, called logotherapy (Greek *logos* = meaning, *therapeuein* = to heal). Logotherapy focuses on the meaning of human existence and individual search for this meaning in actual situations. It means mental healing by discovering purposefulness. The will to find meaning is one of the people's fundamental driving forces, motivating functioning in the context of a person's mental dimension, as it differs from the primary motivation of needs and instincts. Logotherapy is primarily concerned with neurotic disorders as a consequence of an existential void and detraction, i.e. lack of feeling or experiencing life as meaningful. Its aim is to find or give meaning to life of the patient and teach or show how to convert desperation into triumph.

Kinsella and Phillips (2005, p. 35) analyze existing social theories of aging:

- Theory of roles - one of the oldest theories in gerontology (1940) - every individual in their life plays many roles (child, adult, parent, employee, retiree, etc.).
- Activity theory (since 1960 on) - the elderly who engage in a high number of different activities experience better old age and adjust to aging better. The elderly are expected to be active for as long as possible. With years, people take on new roles and remain active. Even after retirement, each individual can contribute a lot through informal types of work - taking care of the grandchildren, the sick, work as volunteers, etc. Activity positively influences the satisfaction of the elderly.
- Disengagement theory - the elderly disengage from society while the society disengages from the elderly when they come of old age, retire, are widowed etc. The older the individual is, the stronger is the retreat from society. It is a functionality theory. According to this definition, old age does not allow an individual to carry out social functions undisturbed.
- Continuity theory - the elderly are more satisfied when they can still keep teaching, do sports... if they can still keep their own habits and lifestyle they previously developed.
- Subcultural theory of aging - the elderly preserve their identity in social groups, for instance religious, political groups; within these closed circles they maintain patterns they could not maintain in wider groups or communities.
- Modernization theory - explains the status of the elderly, whose abilities in modernization are no longer as good and decrease with industrialization, technological advances, and urbanization.
- Theory of exchange - despite decreased economic and physical resources, most of the elderly wish to remain independent and active.
- Feministic theory - criticizes man-oriented attitude of the world.

Phillips et al (2010) find the biggest challenge in gerontology is the development of theory, which will help explain the aging process and old age. Theory that could clarify how the elderly experience their own aging and old age is needed. The early theories were simplified

and did not take into account that older persons have different experience with aging. The authors emphasize the need to join the micro and the macro level in the theory, which is a major challenge for the 21st century.

2.1 Activity theory

Activity theory (Havighurst, 1963) is the foundation of our research into quality of life and adjustment theories of active elderly, which since its beginning made much qualitative progress. The basis of the theory is the conviction the elderly best adjust to change brought on by aging and old age when they are successful in finding new substitute activities and relationships to maintain a level comparable to the one from their middle age. As an addition or a version of this theory, Rowe and Kahn (1997) define *successful aging*, believing that a major increase of the elderly population in our society presents a challenge for biology, social and behavioral sciences, and medicine. The authors defined a model of successful aging, which is multidimensional and includes several factors:

- Low level of sickness probability or sickness-related disorders,
- High level of cognitive and physical abilities,
- Active participation in daily life activities.

As an added value to the theory, Crowther et al (2002) suggest inclusion of positive spirituality, which would represent the fourth factor in successful aging alongside the three defined by Rowe and Kahn. The authors offer a new, extended concept and evidence, which connect spirituality with health. They develop a new and improved model of successful aging, based on the model of Rowe and Kahn (1997). Positive spirituality is explained as a fundamental concept to strengthen the existing model of successful aging and proves to be effective in promotion of health in elderly persons. With this improved model, the authors aim to increase the proportion of elderly persons that age successfully, while not depriving those who give no importance to spirituality.

2.2 Successful aging

Rowe and Kahn (1997) advocate the concept that individual behavior is the key to success in old age. Successful aging can be a healthy and enjoyable stage of life. Phillips et al (2010) find cultural norms and values create a universal definition of the problematic of successful aging. Gerontologists are still trying to determine and discover what successful aging means and how to define the concept. Different indicators of success are used, such as:

- Longevity,
- Physical and mental health,
- Cognitive functioning,
- Satisfaction in life,
- Productivity etc.

Successful aging is related to ability to enjoy and experience life, to being socially active, and to be financially secure (Phillips et al, 2010). A sign of aging successfully is emotional development and meaningfulness of life as well, and is no longer believed to be genetically predisposed.

2.3 Active aging

Participation and activity in the labor market is not the only way to achieve successful aging. We can remain active through volunteering, which gives the sense of self-trust and self-worth, as well as social recognition. Ramovš (2003) writes the professional meaning of research of active elderly is connected to studying the elements of their quality of life, such as:

- Independence,
- Use of new technologies,
- Adequate living conditions,
- Constant, life-long learning,
- Healthy way of life,
- Social networking,
- Interpersonal and intergenerational help and self-help.

The first and foremost condition to achieve active aging is to consider the person as a whole with all their dimensions and needs, capabilities and abilities, and tasks, whereas we need to pay special attention to those that are especially characteristic and distinctive in the third stage of life (Ramovš, 2003).

2.4 Intergenerational solidarity

Intergenerational solidarity and interpersonal dependence are two crucial principles of active aging. Intergenerational solidarity can be defined as social connection and cooperation between generations (Bengston, Oyama, 2007). Generations in this context are social groups, determined by age. Another view on intergenerational solidarity describes relations among family members, grandparents, parents, and children (Hlebec et al, 2010). We can define intergenerational solidarity on a micro level as a behavioral and emotional dimension of interactions, connectedness, emotions, and support between parents and their children, grandparents and their grandchildren (Bengston, Oyama, 2010). In a project Intergenerational solidarity in Slovenia, authors Hlebec et al. (2010) find intergenerational solidarity and cooperation is typical especially within families and not so much within social networks of friends and neighbors. Family members interchange all types of support, such as caring for the sick, financial aids, and practical help. Intergenerational connections in the neighborhood, at the workplace, or among friends are less common, though.

We live longer and, consequently, we are active longer. The fact that we live in the long-lived society is a challenge as much as an opportunity for us to optimally realize all our potentials in all the stages of our lives. The decrease in nativity and longer life expectancy create a higher proportion of the elderly population. According to SURS (2014), within the last 50 years the life expectancy at birth in Slovenia increased for more than 10 years. Furthermore, in the next 50 years, the projections show further increase for 6 to 7 years. Already in the year 2004, there was a major change of interest focus of scientific research on aging in Slovenia, as there were two important, state-financed research projects put into action on integrative treatment of the elderly persons and social integration of the elderly, and their social networks and social support. The year 2012 was the European year of active aging and intergenerational solidarity. The main in was to create age-friendly Europe by 2020. In collaboration with United Nations, the European Commission developed and index of active aging, which will

reflect still unrealized potential of the active older population (International conference: Intergenerational solidarity and aging, 2012).

2.5 Social responsibility

Social responsibility and socially responsible report are hard to uniformly define. An important aspect of socially responsible report is how organizations are interacting with their internal and external shareholders on a voluntary basis (Ambrožič, 2015). The concept of social responsibility, which was conceptualized at the beginning as Corporate Social Responsibility in Europe in the year 2001 with the Green Book, grew from the concept of organizations, which include care and responsibility for the society and environment in their daily operations and include it in the relations with all the stakeholders on a voluntary basis, to a ISO 26000 standard of social responsibility. From the viewpoint of social responsibility, which ISO 26000 (ISO, 2010) defines as responsibility of each individual and group for the impacts on society, on people as well as the nature, it is becoming dangerous that instead of the aforementioned definition, the older version of the content is enforced. The older definition emphasizes an important, though smaller part of social responsibility, which we call charity (Ambrožič, Mulej, 2015).

Carroll (1979, 500) categorizes corporate social responsibility into four categories: economic, legal, ethical, and voluntary part. In the range of social responsibility, companies and organizations strive to abide by the social as well as environmental rules and needs in their day-to-day business operations not only based on legal terms and rules but voluntarily (European Commission: Corporate Social Responsibility in the EU, 2016).

Social responsibility is defined in the UN and EU documents as well as in the ISO 26000 standard, and means fairness and reliability for economic reasons. ISO 26000 includes seven fields: organization management, human rights, employment, environment, operation, consumer rights, inclusion in groups and their development (Mulej, 2012, p. 4). It is a concept of values, with which we could find a way out of the current state of external economic abuse (Mulej, 2008), which in many aspects still neglect the needs of today's aging societies and corresponding adjustment theories of active elderly. The society must become responsible toward the elderly population.

3 Method

In this paper, we collected and analyzed data through a literature overview. We obtained information by searching the electronic database Cobiss/Opac, where we found the following when introducing the following keywords:

- "družbene teorije o staranju" (english: social theories of aging): 0 hits
- Social theories of aging: 13 hits
- »uspešno staranje" (English: successful aging): 7 hits
- Successful aging: 28 hits
- "aktivno staranje" (English: active aging): 70 hits
- Active aging: 46 hits

And in the DOAJ (Directory of open Access Journals) database with the following results:

- Social theories of aging: 0 hits
- Successful aging: 38 documents
- Active aging: 17 documents

We focused on the hits, which discuss social theories of aging, successful aging and active aging. We found 219 bibliographic units, which contained the keywords: social theories of aging, successful aging, active aging as well as the Slovenian equivalent keywords.

4 Conclusion

The number of elderly citizens is growing rapidly as the baby boom generation ages, while people generally live longer, which has its advantages as well as disadvantages. In *Quality of Aging* journal, Lenarčič (2011) states that belonging to the baby boom generation are all individuals born in the period of time of high nativity rate. The most known such generation is the American generation born in the time of economic prosperity after the Second World War, which officially received the name of *baby boom generation*. Despite the fact that the number of births started to decrease after 1957 in the USA, the American demography professionals place the baby boom generation between 1946 and 1964, explains Lenarčič.

The elderly are well aware of what is important and what is not, what hides behind the concepts such as fairness, sincerity, loyalty, friendship, and love, they know truth and life. Nevertheless, some members of our society are enraged about the elderly, as though they are draining the system of its resources and demanding benefits and privileges for which the younger generations must pay, while contributing less and less. If the elderly are not contributing is because they are not allowed to do so. We demand them to retire specifically in the time when they would be most beneficial to the organization or company and to disengage from the most active and important life stage exactly when this life-stage could gain meaning and purpose. In parenting, politics, and economy, we have become a society that breeds the cult of the youth and despises old age and the elderly. Our society is more individualized than build by different groups and communities. With individualization and rejuvenation of society, we have lost much of its riches and resources, and too many live emotionally and mentally impoverished and depleted. The society must become socially responsible toward the older population.

With that said, things have started to change and improve. We give more and more importance to building communities and creating extended families. We are learning again to respect the elderly and to discover the meaningfulness and value of their lives. Every single actualization of values demands energy; all human energy is dedicated to execution of important and meaningful tasks, demanding effort. When the effort is creative, and brings success, it is worth it. Therefore, in old age, the elderly wish to share their life experience and knowledge to the younger generations, all the while representing an example for the younger generations for when they come of age. Satisfied elderly are role models for the young, showing them how life in the third stage of life can be and is meaningful.

The literature overview clearly reflects there is no common denominator or wholesome definition what quality life of the elderly really is. Further research unto this matter is needed, as the concept of quality of life is underdeveloped. For future studies, we suggest a more

intent approach to researching the subjective perspective. Undoubtedly, one of the key challenges for further research of adjustment theories of the elderly is positive mentality as a basis for strengthening the existing model of successful aging, leading to a healthier and more satisfied society.

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