PART ONE

Ageing
Ageing and adaptation

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INTRODUCTION

Biologically, ageing is defined as a deteriorative process. Socially too, ageing appears as a time of loss of roles and relationships. Thus it is not surprising that consideration of adjustment should have such a prominent role in the psychological study of ageing.

However, as research findings have accumulated it has become clear that adults in later life are not as anxious, depressed or fearful as might have been expected (Kunzman, Little & Smith, 2000; Thompson, Itzin & Abendstern, 1990). This is evident both from longitudinal and cross-sectional studies. For example, asking 300 older (mean age 74 years) and 300 younger people (mean age 24 years) in Germany to carry out sentence-completion tasks, Freya Dittmann-Kohli (1990) discovered that older participants were more positive toward themselves than younger participants. Younger people were typically more derogating and harsh towards themselves by comparison with older people, even in regard to physical appearance where one might expect younger people to think that they had a distinct advantage.

The perspectives on ageing of Erikson (1950), Jung (1972) and those who followed them in elaborating normative stage theories of adult development were in part a reaction against the negative stereotypes of ageing predominant in the late nineteenth and early twentieth centuries. Their response was to propose positive models of ageing. Both views assumed a large degree of generalized age changes. The dominant school of life-span developmental psychology that has developed over the last thirty years in North America and Europe has come instead to emphasize differential ageing as well as the influences of societal and historical factors on age-related expectations (Baltes, 1987; Dannefer, 1988) (for general accounts of life-span developmental psychology see Heckhausen, 2005 and Sugarman, 2001). Thus it has become possible to understand better why it is that some older adults do show characteristics similar to the negative stereotypes of age whereas others age much
more positively. This has led to the coining of such terms as ‘normal’, ‘pathological’, and ‘optimal’ or ‘successful’ ageing.

The last term – ‘successful ageing’ – refers to optimal physical, psychological and social possibilities for living, to an experience of ageing where health, activity and role fulfilment are better than that found within the population generally (Rowe & Kahn, 1998). Within this framework, researchers are interested in finding ways in which adults can not only offset problems or challenges but also function to maximum potential in their later years (Baltes, 1987; Baltes & Baltes, 1990). Death is seen to occur at the end of a full and active life, in ways comparable to a clock that simply stops ticking. The opposite model of pathological old age assumes a much more pessimistic outlook for the self in which increasingly poor health and lower levels of psychological and social functioning can be expected. This would include ageing with dementia.

It is clear that many factors, both biological and social, influence the experience of ageing (Rowe & Kahn, 1998). European sociologists following Townsend (1981) have come to refer to the structured dependency of older adults (Walker, 1999). For instance, retirement from paid work is very often forced upon older adults in such a way that it weakens both their financial and social status. The current emphasis of policy within the EU has switched in recent years to ‘productive ageing’, by which is meant keeping people longer in the labour market. Whether this is intended primarily to benefit older people rather than to combat ever increasing pension costs is doubtful. Older people have often been the passive victims of abrupt changes in public policy. The collapse of pension values in the former Soviet Union is a recent extreme example of political change gravely affecting older people’s quality of life.

There are probably limits to optimizing the experience of ageing. Certainly in the near future it is hard to imagine that later life will not continue to be marked by physical, psychological and social losses. However, gains and losses accompany each other throughout the lifespan (Baltes, 1987; Dannefer & Perlmutter, 1990) and it is in studying the interaction between them that most insight can be gained into the nature of development. As far as later life is concerned this means a better understanding of strategies of adaptation and coping. Successful adaptation and coping with the stresses and changes of life are principal markers of mental and emotional health in people of all ages. The psychology of ageing has been defined by Birren and Schroots (1996) in terms of the ability of the individual to adapt to changing circumstances during adulthood. Many adults have concerns about their own future old age and death. That such potential worries are managed – even to the limited extent of avoiding thinking about such topics – is important if individuals are to maintain a sense of wellbeing. Health professionals also, if they are to help their clients, need to be aware of the strategies that can be used to create a sense of control, predictability, and safety. Learning about the different possibilities for adaptation is likely to be useful in helping older adults who are adapting less well.

THEORIES OF ADAPTATION TO AGEING

Strong claims have been made by various theorists (Baltes & Baltes, 1990; Birren & Schroots, 1996) for adaptability, the potential and preparedness for dealing with a variety of demands, as a criterion of successful ageing. In the contemporary Western world such a measure appears more acceptable as an objective criterion of successful ageing because it
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does not imply a single outcome but rather the ability of the system to meet demands. It includes a range of characteristics, involving cognitive as well as social abilities.

The importance of adaptability was emphasized much earlier in the history of gerontology, in the pioneering writings of Anderson, for example, who approached the study of ageing after a career working on child development (Anderson, 1956). Anderson stressed that in the course of our development we purchase efficiency at the cost of versatility and that the regressive processes to be found in extreme old age simply represent the cumulative effect of all the restrictive choices made in the past which cause an increased reliance on habit. Kastenbaum has also referred to ageing as ‘habituation’, a decreasing attention to repetitive stimuli in one’s life: ‘what we recognize as “aging” or “oldness”’ is the emerging tendency to overadapt to one’s own routines and expectations rather than to adapt flexibly and resourcefully to the world at large’ (Kastenbaum, 1984, p. 105).

In contrast to these pessimistic pictures of the lifespan, other theorists consider how adaptivity may be preserved in the course of ageing, and how it may be enhanced with the strengths that come from the increased expertise, specialization and individuality of age (Baltes, 1987). The most well articulated and investigated model of this type is the model of selection, optimisation and compensation (SOC) developed by Paul and Margaret Baltes (Baltes & Baltes, 1990; Freund & Baltes, 1998). This theory provides a prototype strategy of successful ageing, of adapting to the constraints and losses of later life by optimizing favourable outcomes for the self.

Selective Optimization with Compensation

The strategy, as its name suggests, involves three components. ‘Selection’ refers to the adaptive task not only of the person but also of the society – in this way Baltes follows Erikson in emphasizing the reciprocal character of development – to concentrate on those domains that are of high priority to the individual and that suit their skills and situation. With growing restrictions on their powers, individuals should select only the most rewarding interests and commitments, ones that can be performed without great effort. However, the choices made should not be determined only by subjective preference but also as a result of objective judgement. A particular individual may make the wrong choice and focus on activities that do not optimize their sense of identity, meaning or even pleasure.

Losses or decline in several areas call for a concentration of the limited resources into areas of behaviour of great importance for the individual. The selection presupposes a re-evaluation of goals, and can be reactive as well as proactive. That is, it may pertain to adjustment to limits or to actively overriding them by saving the resources for the most important tasks. A performer such as a singer or a musician may find it fruitful to select a more limited repertoire, performing only those pieces that were always performed well. Pianist Arthur Rubinstein has described how he actively selected amongst the piano repertoire that he performed in the latter part of his career and how he at that time abstained from performing very tricky pieces (Baltes & Baltes, 1990).

Optimization is linked to behavioural plasticity and the ability of the individual to modify the environment both to create more favourable or desired outcomes for the self and to meet the continual challenges and changes being experienced. Examples of optimizing outcomes can be understood at an age-graded level (for example, maturation and the accumulation of experience), or at a history graded level (for example, improvements in health care and
education). Optimization strategies can also be understood at physical, psychological and social levels. An example within the physical sector would be persons who are overweight and whose health therefore is in danger. Optimization in this case would be to keep to a strict diet or to exercise more or to avoid situations that are associated with over-eating.

When some capacities are reduced and lost in old age the third principle of compensation can be used to aid adaptation. The principle of compensation involves the use of alternative means of reaching a goal, making increased use of the ‘tricks of the trade’ to keep performance at desired levels. The strategy of compensation reflects the recognition of constraints or challenges in the environment and the need for adults to respond to these constraints or losses by taking counter steps so that any potential impairment is lessened. Examples of compensatory mechanisms include the use of hearing aids, spectacles or walking sticks. Similarly, a pianist like Rubinstein, mentioned earlier, who still wants to perform at top level but has problems with the slowness brought on by age, has to find a solution to performing fast passages satisfactorily. A compensatory mechanism for the ageing pianist would be to slow down his performance prior to such a passage, to give the impression that it was being played faster than was actually the case.

The model of selective optimization with compensation focuses on the personal meaning the individual ascribes to different arenas of action in late life. ‘Successful ageing’ is thus defined by personal goal attainment and the development of individualized strategies to accomplish favoured tasks and behaviour. Whether an individual ages successfully or not cannot be predicted in a generalized fashion, but is dependent on the striving of the individual and the domains of functioning he or she considers it important to keep intact in late life. Agreeing with Jung and Erikson, Baltes and Carstensen (1996) suggest that finding meaning is the major developmental task of old age. Meaning is a multifaceted concept, however, and may refer to reaching a cognitive congruence between values, goals and actions in the retrospective recollections and interpretations of life. An element of self-discovery may enhance personal meaning in late life.

Future research in this area could include studies exploring adaptation and possible use of strategies of selection, optimization and compensation in adults who have experienced particular problems, for example adaptation following falls or a hip replacement. The development of questionnaire measures of selection, optimization and compensation has made possible their inclusion in a variety of studies from coping with cognitive decline to financial preparation for later life (Freund & Baltes, 2002).

**Shifting between Assimilation and Accommodation**

In related but independent work, Jochen Brandstätter and colleagues at the University of Trier in Germany (Brandstätter & Greve, 1994; Brandstätter & Rothermund, 1994; Brandstätter, Rothermund & Schmitz, 1997; Rothermund & Brandstätter, 2003a) have attempted to explain the ways in which developmental losses or self-discrepancies with age can be reduced by two interrelated processes: assimilation and accommodation. Their work is based on the assumption that later life has many biological, social, and psychological challenges and losses that pose ‘considerable strain on the individual’s construction of self and personal continuity’ (Brandstätter & Greve, 1994, p. 52). Their theory also draws on the work of Markus and Wurf (1987) on representation of possible selves in the future and on protective strategies to enhance and maintain the self.
Assimilative coping refers to strategies where individuals actively attempt to change the environment in ways congruent with their own goals and expectations. Strategies of assimilation can include behavioural changes. Brandtstätter views the processes of selection, optimization and compensation as well as socio-emotional selectivity theory (see next section) as subpatterns of assimilation, because these strategies enable the individual to engage in their preferred activities at a high level of functioning. In addition, they help the individual to ‘realize, maintain, and stabilize established self-definitions’ (Brandtstätter et al., 1997, p.108).

However, when threats or losses with age become too demanding and too difficult, Brandtstätter argues that it may be necessary for the individual to move towards processes of accommodation. Accommodative coping refers to strategies of readjusting goals or aspirations downwards in the light of constraints and limitations within the environment or the self, for example as a result of physical ill health or reductions in mobility. Examples of accommodative strategies include reappraisal of experiences or the attribution of positive meaning to new goals and experiences, and the making of self-enhancing comparisons (Brandtstätter & Greve, 1994).

Underpinning strategies both of assimilation and accommodation are immunizing processes: these refer to mechanisms that can influence the process of receiving information relevant to the self such as beliefs about the self, the availability of alternative interpretations or the rejection, or euphemistic interpretation, of self-threatening evidence. Further distinctions within immunization processes can be made between processes of encoding and interpreting evidence in ways which reduce or deny its relevance for the self (i.e. data-orientated immunization) and the reshaping or reorganization of items of evidence so that these are excluded from its range of application (i.e. concept-orientated immunization). The latter form of immunization tends to occur when data-orientated immunization strategies are not available.

Brandtstätter and colleagues have developed two scales to test the processes of assimilation and accommodation: the Tenacious Goal Pursuit (TCP) and Flexible Goal Adjustment (FGA) scales. In cross-sectional pooled research with nearly 4,000 participants, Brandtstätter and Greve (1994) report modest linear relationships with age for both the TCP ($r = 0.19$, $p < 0.001$) and FGA ($r = -0.22$, $p < 0.001$). They found that older adults are increasingly likely to engage in accommodative processes, whereas younger adults are more likely to engage in strategies of assimilation. In addition, both scales were positively correlated with measures of optimisation, life-satisfaction, and absence of depression.

Despite its strengths, the above model also has some limitations, not least in explaining the mechanisms involved in the above strategies. Brandtstätter et al. (1997), for instance, argue that one of the key factors in the development of strategies of assimilation and accommodation is flexibility in adjusting goals and expectations in the light of the context in which individuals find themselves. However, researchers need to be more precise about the mechanisms involved and why some people might be more successful in using these strategies than others. Specifically, it is not enough to propose that these strategies develop over time and generally occur outside conscious awareness. There are times when persons do not make optimal responses – when, for example, resistance rather than accommodation may be the most appropriate response for the type of constraints or limitations being experienced within the environment. More research is needed to understand better how these strategies come to be selected, their relationship to experienced change in the environment, and consequences for their functioning.
Another closely related framework is the theory of control and its model of developmental optimization in primary and secondary control (Heckhausen, 1999; Schulz & Heckhausen, 1996, 1999). This theory is based on the assumption of the existence of a fundamental motivation for primary control, i.e. producing effects in the environment contingent on one’s own behaviour. The concept of secondary control refers to the person’s internal world and maintaining resources needed to be able to exert primary control. Individuals vary in their ability to regulate their control strategies and this impacts on their mental health and affective wellbeing (Heckhausen, Wrosch & Fleeson, 2001). Assimilation is similar to primary control in that it refers to active efforts on the part of the person to influence the situation. However the primary function of the former is consistency of goals, and hence sense of identity, over time, rather than control over the environment.

Socio-emotional Selectivity Theory

Developed by Laura Carstensen, socio-emotional selectivity theory (Carstensen, 1991; Carstensen, Isaacowitz & Charles, 1999) claims that reductions in social contact across adulthood are volitional and result from changes in the salience of specific social goals, i.e. a preference for present emotion-based relationships rather than relationships based on knowledge acquisition. Information acquisition and the regulation of emotion are two principal classes of goals that are achieved through social contact. The essential premise of this theory is that the relative importance of these goals changes as a function of perceived time. When time is perceived as largely open-ended, future-orientated goals such as information acquisition are of paramount importance. When time is perceived as limited, adults adapt by prioritising present-orientated emotion-based relationships. Age is associated with preferences for emotionally satisfying contact over other forms such as information rich contact.

To illustrate this theory, Carstensen, Isaacowitz and Charles (1999) compare relationships across the lifespan. The first-year student invests much time and energy in establishing new friendships. Maximizing experience allows more satisfying choices to be made. A newly-wed couple, if they are sensible, will devote a lot of time to their relationship and to solving problems as they arise within it. Although this may take considerable effort, this is balanced in the longer term by the lessening of future conflicts. An elderly couple by contrast ‘often decides to accept their relationship as it is, to appreciate what is good, and ignore what is troubling, rather than seek new solutions to problems’ (Carstensen, Isaacowitz & Charles, 1999, p. 167). The difference can be understood in terms of a greater present orientation rather than future orientation and maximizing emotional satisfaction.

This theory suggests that age-related differences in anticipated future time influence developmental trends in knowledge-related social goals. In childhood and youth, much new information is gained through contact with more experienced and knowledgeable individuals. Teenagers are especially dependent on the views and ideas of their peer group. As the years go by social interaction will be needed less and will also be less effective in obtaining information. The individual is better educated in many ways and access to new information shifts to more specialized sources such as books, journals and data banks. Thus, the function of social contacts as gateways to information is reduced and relied on only in some special situations, such as asking a physician friend for advice on some medical symptoms or a
builder friend for advice on some house repairs. Some information gained from friends thus may be potentially useful but on the whole Carstensen argues (1991) that this kind of ‘banking information for the future’ is of less use in old age. Lang and Carstensen (1994) have produced evidence to support their view that older people proactively manage the decline in the size of their social network as they age. When time is limited familiar social partners are preferred because they are best able to influence emotional states in the short term.

Studies have shown that the social networks of older people are similar in structure to those of younger age groups but that the number of contacts within the networks are fewer for older people. They tend to prefer contact with their own children or friends or other familiar persons, whom they contact often. In these relationships quite intense emotions are invested and there are few data to support the idea of ‘emotional flattening’ in old age. However there does appear to be a reduced interest in interacting with acquaintances or a new partner. The pattern of avoiding initiating new contacts with nonfamilial persons is clearly visible in nursing homes and other institutions. There might be quite a risk involved in contact seeking in old age; conversations become more difficult for instance if the other person has difficulty hearing as a consequence of sensory loss. According to Carstensen, withdrawal represents an adaptive response in an overcrowded or unpredictable social environment Carstensen has collaborated with Margaret Baltes in arguing for the complementarity of the theory of socio-emotional selectivity with that of selective optimization with compensation (Baltes & Carstensen, 1996). The latter describes processes that are necessary for the realization of goals but does not refer to the criteria involved in the initial selection. Socio-emotional selectivity theory is involved in explaining this selection in the domains of emotions and social relations.

**PSYCHOLOGICAL SURVIVAL IN LATE LIFE**

Despite the considerable research on the subject of ageing and adjustment, there have been relatively few studies conducted into the adaptations shown by the very old. As the numbers of those in the oldest groups increase it is important to pay more attention to the adjustments required by those living longer in states of growing frailty and dependency on others. In our recent textbook on ageing and development we have tried to readjust the balance by giving substantial weight to theories and research relating to the psychology of late life, particularly in regard to identity processes, personality-environment congruence, and dementia and attachment (Coleman & O’Hanlon, 2004).

One reason for the neglect of advanced old age is that this stage of life is difficult to study using standard quantitative methods. Longitudinal studies of ageing have typically given an overoptimistic view of the later stages of life because of selective dropout. Those willing to respond to long schedules in their late eighties and nineties tend to be the fit old, those with high self-esteem and low depression ratings, who do not have difficulty in perceiving continuity with their earlier lifestyles and activities. More representative pictures of this age group are provided by observation and qualitative interview (Johnson & Barer, 1997; Kaufman, 1987).

Sense of self has been the focus of interest in the few studies conducted on adaptation to late life. Maintenance of self-esteem was seen to be crucial to morale at all stages of life but particularly threatened by the losses of ageing (Schwartz, 1975). The important
role of the environment in supporting the self has also been recognized. For example, social labelling, for instance as incompetent, was seen as contributing to decline in functioning via damage to the sense of self in the so-called ‘social breakdown’ theory of ageing (Kuypers & Bengtson, 1973). Investigations were also carried out in the 1970s and 1980s into older individuals’ sense of control over their life and how this too can be manipulated by well judged interventions. The focus of more recent research has been on individual differences in internal psychological resources, such as self-efficacy and environmental mastery, which underpin the coping processes (Windle & Woods, 2004). Studies are now beginning to look beyond the self as typically conceived by psychologists and are giving more attention to issues of personal meaning and spirituality (Coleman & O’Hanlon, 2004).

Resistance: Maintaining Self-esteem and Perceived Control

The resiliency of late life was first demonstrated in the unlikely setting of institutions for older people in the US. It is important to bear in mind the historical and cultural context when interpreting these first studies into the psychology of late life carried out in US homes for the elderly. These studies focused in particular on maintenance of the self (Lieberman & Tobin, 1983) and the influence of subjective control (Langer, 1983, 1989). The institutionalized aged provided a readily available set of participants on whom various types of psychological studies could be carried out, ranging from observational recording to experimental designs, at a time when ethical considerations, particularly regarding consent procedures, were less stringent. In the US there was only one form of institution, the nursing home (as opposed to distinct provisions of residential care, nursing home and hospital long-stay ward places in Britain and other countries). There was also rising social concern in the US about quality of life in these institutions (Vladeck, 1980). Regimes were clinical, physical care poor and mortality rates high. Institutional care symbolized for most Americans one of the most dreaded outcomes of the ageing process.

In a set of detailed studies, Lieberman and Tobin (1983) examined how American older people adapted to the stress of relocation to nursing homes. The studies demonstrated the remarkable stability of self-image that many older people maintained across these transitions but this was often achieved by changing the basis on which the self was constructed. Rather than relying on incidents from their current interpersonal interactions to confirm their image of self, people in these situations of loss and change also gave many examples from their past lives as well as reiterating general statements of conviction about themselves and their lives. They even seemed prepared to forego present reality altogether and use evidence based on wishes and distortions to maintain self-consistency.

Such behaviour might appear disturbing at first acquaintance, as when an elderly resident referred to a picture taken 50 years ago as if it was a picture of herself today. But this illustration serves to emphasize the importance of the achievement of a coherent life story in late life. To an older person, identities are persistent. She or he is not the frail, impaired person you see but the sum – an integrated sum – of a long series of life experiences and events of which the last may be of relatively little importance.

Other features noted about the very old by these researchers included a mythicizing of the past, a dramatization in which the important people and events became ‘bigger and better’. The greater vividness, the recall of feelings of love and devotion from parents and others, created a sense of specialness. In a quite different context, Kaufman (1987) has...
also illustrated how older persons transform present experience in ways that conform to important themes of their lives. It is the theme, for example of being the loved mother of a united family, which provides the persistent sense of meaning even when the reality fails to match.

In other ways, though, very old people appeared to show a truer awareness, particularly of their own feelings. Destructive and anti-social feelings were admitted without the embarrassment and defensive explanations that might have been elicited earlier in life. According to Tobin (1991) this was because even previously unwelcome motives can be useful for self-definition in the face of the losses of old age. They affirm who one is and has been. Coherence and wholeness can be and is achieved, Tobin argues, even by those ‘whose reminiscence is, unfortunately, filled with vivid and, most likely, accurate memories of losses and deprivation’ (p. 12). The studies of relocation to institutions show that it is the older people who are prepared to be more assertive and combative in defining their own interests who survive longer. Passivity – including accepting how others define one – leads to earlier decline and death.

Lieberman and Tobin (1983) pointed to the analogies between maintenance of sense of self and of physical survival. It can be as desperate a matter. Older people may find it difficult to acknowledge change. For example, changing appearance can be hard for a woman to bear if she has always prided herself on her appearance. The same applies to a man who has always emphasized his physical strength, which he now sees declining. Evidence of change, whether from mirrors, photographs or individual comparisons, are therefore resisted. Sometimes extreme strategies are used to maintain the old sense of self, which can appear strange and illogical to observers. Often these involve myths that exaggerate and dramatize certain personal qualities – myths of being in control of circumstances when one is not; myths of self-constancy that deny change; the blurring of the boundaries between past and present.

Tobin (1999) has elaborated further on the behaviours people may use to maintain the self in advanced old age, including making the past vivid and distortion of both past and present. These observations provide important learning material for staff working in care settings. Sometimes the distortion of past or present reality becomes too extreme and diminishes the possibility of successful adaptation but generally a great deal of bending of reality is acceptable and, indeed, in certain difficult circumstances may seem almost essential to survival. For example, an elderly man who had always insisted that he would not accept relocation to an institution, but die first, in fact flourished in the home in which he was eventually placed. He had persuaded himself that he had been invited to live there in order to keep an eye on the other residents, to make sure that they behaved well and that their needs were properly catered for. Thus he had a role in the home, a reason for being there.

In a separate set of studies on American nursing homes Langer and Rodin (Langer, 1983; Rodin, Timko & Harris, 1985) highlighted the importance of the experience of being in control of daily life. Control has become an important subject in general health psychology with clear evidence for the benefits on recovery and wellbeing for the patient having some control over the administration of treatment. However it is significant that the value of a subjective sense of control was first demonstrated in the field of care of older people. Those residents of nursing homes who felt – truly or falsely did not seem to matter so much – that they had a say over their daily activities fared better emotionally and cognitively than those who felt life was determined for them. The studies involved manipulating variables such as staff instructions and behaviour. Even taking minor responsibilities (e.g. for the care of
a plant) was associated with more favourable outcomes. Similar findings have been found by other investigators (Baltes & Baltes, 1986).

Subsequent research has provided a more nuanced view of the contribution of control to wellbeing (Moos, 1981; Reich & Zautra, 1990). There is an optimum level of subjective control for a particular individual in a particular situation. In most environments we operate below optimum. But exceeding that level can also be counterproductive, provoking anxiety and consequent under-performance. This type of ‘U-shaped’ performance function can be seen in other areas of psychogerontology. For example studies of social support show limits to the beneficial effects of assistance provided to older people. Social support beyond a certain level may actually exacerbate the noxious impact of stress (Krause, 1995). Older adults may be able to increase their coping skills if they are encouraged to confront stressful situations without the undue involvement of others.

It is also apparent that in high constraint environments, which cannot be changed, older people with an external locus of control (a belief that events are outside their own control) appear better adjusted (Cicirelli, 1987; Felton & Kahana, 1974). Similarly, Smith and Baltes (1997) have shown that high belief in control by others can coexist with average levels of wellbeing in cognitively impaired elderly people. These findings illustrate the value of ‘person-environment congruence’ theory where wellbeing is a function of matching between environmental characteristics and a person’s needs (see Lawton, 1980; Parmelee & Lawton, 1990).

Acceptance: Meaning and Self-transcendence

Since the late 1970s the initial emphasis in psychogerontological studies on the self and especially self-esteem has lessened. Evidence from longitudinal and other studies showed that self-esteem did not normally decline, at least in the early stages of ageing (Bengtson, Reedy & Gordon, 1985) and that the crucial difference came with the onset of frailty (Atchley, 1991). In current Western societies, self-esteem appears to peak on average as late as the seventh decade of life, a time of optimum control and self fulfilment (Robins et al., 2002). Decline then sets in as independence and control are relinquished, but large individual differences still remain in resulting levels of wellbeing. We are only now beginning to appreciate how even in circumstances of considerable loss and dependency many very old people maintain a positive view of life.

Because of the striking and surprising character of many of the findings about adjustment to institutional care settings, they have come to take a prominent place in thinking about the psychology of late life in general, and preservation of the self in particular. However, as only a minority even of very old people live in institutions, it is very important to study more representative samples. Long-term survivors from most longitudinal studies of ageing, as already noted, are often unrepresentative, being the elite of older people, those who have had the stamina, good will and morale to meet the investigators’ demands. Hence there is now interest in studying and following over time samples of the very old, including centenarians (Martin et al., 2000; Poon et al., 1992).

Evidence so far from such studies provides a highly contrasting picture to the earlier work on institutions. They confirm that, on average, some loss of morale and self-esteem does occur in the 80s and 90s but there is a wide variation in outcome and successful coping patterns emerge, which are quite distinct from the institutional studies. For example, the
San Francisco studies of the over-85s indicate that acceptance of change is normal among the very old, as well as disengagement from potentially bothersome or stressful roles and relationships (Johnson & Barer, 1997). Contrary to findings on the younger old, the oldest old appear to gain benefit from giving up some control. Living in the present, one day at a time, is a favoured mode of life and new emotional attachments are avoided. The sense of aloneness resulting from multiple bereavements is counterbalanced by the special status of very old people as long-term survivors. Cultural differences are also evident in the way long life is evaluated, African Americans tending to see their long lives most positively, attributing to them religious and supernatural significance. However, in both black and white members of the sample, change is accepted more readily than might be imagined, not only in the outside world but also in the self. People convey the sense of having lived beyond their old lives and selves.

The qualitative material collected in the course of this study is particularly telling. It illustrates how the very old ignore bothersome events: ‘I put a frame around my life and only see what I want to see.’ The bonds of reciprocity are loosened: ‘Life gets easier all the time because people don’t expect much of me.’ There is increased detachment both from the present (‘more things are beyond my control, so I just roll with the waves’) and the past (‘I have no regrets about the past because I’ve just forgotten them’) (Johnson & Barer, 1992, p. 359–61). The overall finding that disengagement is adaptive in those with frailty and failing powers runs counter to the earlier institutional literature, which emphasizes assertiveness and control.

These findings can be integrated within Brandtstätter’s two-stage model of coping of assimilation and accommodation, described earlier. The most common response to challenge is assimilation and this appears true of older people as of younger people. Many older people fight long and hard to keep desired aspects of themselves alive through preventive, corrective and compensatory activities. Assimilation is the key element stressed in the Baltes and Baltes (1990) model of successful aging as ‘selective optimization with compensation’. Empirical study supports an association between these processes and wellbeing (Freund & Baltes, 1998). Selection, optimization and compensation are also clearly evident ways of coping in younger older adults adapting to chronic disability (Gignac, Cott and Badley, 2000). But while assimilative processes rightly predominate in younger old age, Brandtstätter and Greve (1994) argue that they are subject to a law of diminishing returns. There comes a time when it is best to switch to the accommodative mode, to accept change, to disengage from blocked commitments and to adjust aspirations to what is feasible. This transition from assimilative to accommodative modes of coping may be marked by feelings of helplessness and depression, but accommodation itself should not be confounded with lowered mood. According to Brandtstätter it is the failure to accommodate that more often marks depression. Recently reported studies have provided some evidence to support this view (Rothermund & Brandtstätter, 2003b).

In Brandtstätter’s model, the accommodative processes of later old age are neither devalued nor seen as difficult to realize. This is consistent with other theoretical positions on adaptation to ageing, especially the changing value given to previously important life goals. Even dependency itself can be reinterpreted positively (Baltes, Wahl & Reichert, 1991). Processes of (re)interpretation are common to much contemporary thinking about the self in later life (Dittmann-Kohli, 1990; Kaufman, 1987). While control over external events may be relinquished, control over meaning remains important. Although one can acknowledge its special place in late life, it is important to recognize that accommodative coping
also plays an important role in maintaining a positive life perspective among younger people living with disability (Schmitz, Saile & Nilges, 1996).

Research within the stress and coping paradigm, as well as control theory, supports this model. The old-old are more likely to find ways of avoiding problems and accepting difficulties that they cannot avoid (Aldwin et al., 1996). A similar argument to Brandstädter’s is presented by Heckhausen and Schulz (1993) – that the increasing constraints with ageing on the exercise of primary control are compensated for by a heightened investment in secondary control strategies such as disengagement and positive reappraisal. The emphasis on the concept of disengagement in this literature contrasts strongly with the ‘survival of the fittest’ emphasis of earlier research on institutional living.

Nevertheless both Brandstädter and Atchley note that societal pressure often works against such psychological adaptation in late life. Striving to maintain the goals of younger life is admired in our society and, as a result, may be conducive to enhancing self-esteem in the short run. In the long run, of course, death intervenes. Some people may never incur severe disability in their lives but die suddenly or after a short illness. Both assimilation and accommodation are valuable in the course of ageing, and skill is required in judging when one or the other is appropriate (Coleman, Ivani-Chalian & Robinson, 1999). While the correct balance may seem difficult to define, we know that most older people are capable of finding an acceptable solution for themselves, otherwise their self-esteem would not remain so high. The ability to discern which goals are of lasting importance, and to accept which may have to be relinquished, links with the concept of wisdom (Ardelt, 1997).

The growing emphasis on the importance of self-transcendence relates to this. Although up to now more studies have been carried out on this subject with people in the earlier stages of ageing, it can be argued that the culmination of processes of self-transcendence occurs in late life. Sherman and Webb (1994), for example, discuss the self as process in late-life reminiscence with a developing emphasis on being and belonging rather than having. In research comparing community-residing and institutionalized older adults, Fry has demonstrated that the pattern of associations between religious involvement, spirituality and wellbeing was stronger for the institutionalized elders (Fry, 2000). In a recent study of older people living in sheltered housing in the UK we have also produced evidence that the influence of spiritual belief on wellbeing is stronger at higher levels of frailty (Kirby, Coleman & Daley, 2004).

Self-transcendence is more easily spoken about than achieved in an acquisitive and individualistic culture such as that of the US or UK. Still relevant to discussions on the self in late life is Alfred Adler’s pioneering approach to those with feelings of inferiority and inadequacy (Adler, 1927; see also Brink, 1979). Adler recognized that concerns about sense of worth, competence and efficacy are bound to resurface in later life as one loses physical power and social influence over others. His solution for both older and younger people was to look beyond self assertion towards ‘gemeinschaftsgefuehl’ (‘social interest’), working with others for a common good that transcends self interest.

In studies of self-evaluation an important distinction can be made between judgements of competence and judgements of value. It is possible for someone to accept declining competence while maintaining that life has not lost any of its meaning or value. A key concept in this context is ‘commitment’. Even if people feel their own contribution is minimal or nonexistent, to feel committed to a cause whether religious, ideological or political, or simply to one’s family or community, gives reason for living, if only to continue to witness to that cause. Researchers are giving more consideration to the role of belief
systems in adaptation to the inevitable losses and changes associated with ageing, to the
development of what Sherman has referred to as ‘psychosophy’, a way of thinking
about life that actually influences one’s daily experience (Pargament, Van Haitsma & Ensing,

Thus, in principle, another approach to good quality of life in residential care would be to
put less stress on individuality while stressing the importance of the community, shared tasks,
and ‘team spirit’. It is significant that some of the most successful examples of community
day centres recorded in the literature are of this kind. Hazan’s classic ethnographic study
of a Jewish day centre in North London analysed how it had evolved to meet the needs of
its members by eschewing personal reminiscing and individual concerns outside the centre,
while emphasizing group activities and care (Hazan, 1980). Although it is hard to imagine
such an establishment functioning in this way nowadays, their centre clearly satisfied the
psychological and social needs of most of its attenders, many of whom had been disappointed
in their family, and welcomed the new ‘family’ they had entered. Jerроме’s studies on day
centres in Brighton, England, have also emphasized the benefits of identification with others
achieved through repetitive ceremonies and assertion of strong in-group values (Jerроме,

We agree with Baltes (1997) that a major problem for ageing people in modern society is
that cultural support has failed to keep up with increases in the numbers of the very old. We
also agree that it is not beyond the powers of human ingenuity to provide the modifications
to living circumstances that would allow more meaningful lives for the increasing numbers
of people growing to be very old. The fundamental problem is one of pessimistic attitudes to
the processes of ageing and their consequences (Coleman & O’Hanlon, 2004). The spread
of a more constructive view of the potential of later life in all its forms could change older
people’s situation within a relatively short period of human history. In the last two centuries
humans have adapted to massive changes in their ways of living. The changing character
of the lifespan is one further challenge for us.

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