

# How much perceptions of aging are related with well-being within older adults?

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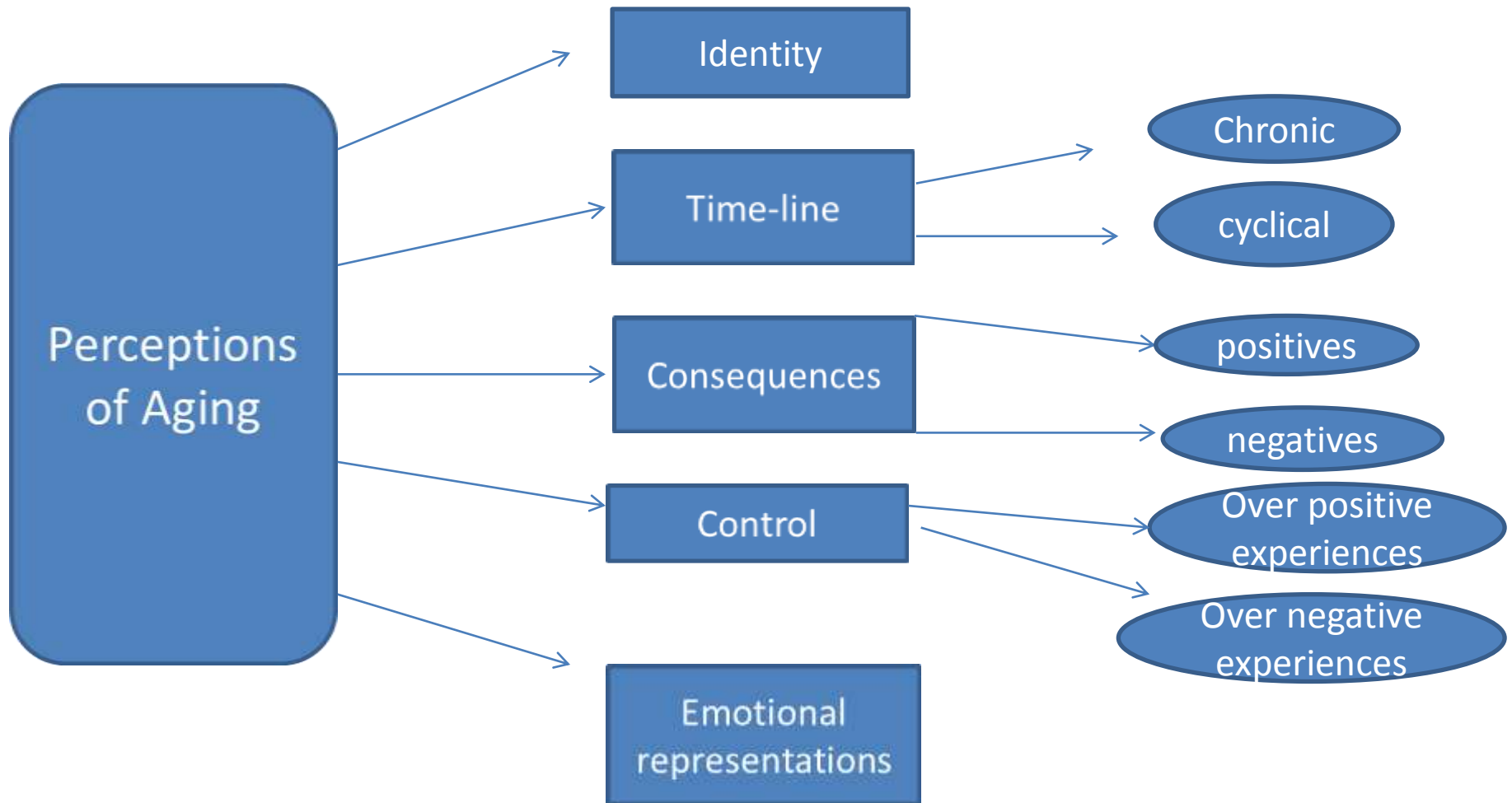
# The self-regulation model (SRM)

- Following Barker (2003) it is reasonable to propose that the SRM framework may be useful for studying adaptation in the context of aging.

# Background

- The perceptive process of one's own aging is a subjective measure which has been associated to different levels of psychological well-being(Levy et al., 2002).
- Although perceptive phenomena has obvious impact on cognition and emotion, little is known about how much perceptive processes of own aging impacts well being and in some sense the kind of trajectory of aging.

# Self-regulation model in the context of aging (Barker et al.2003) (“the self regulatory machine”)



# Goals

- Identify and describe the perception of aging of a sample of older adults;
- Describe the levels of psychological well-being observed in the same sample and,
- Explore the association between aging perceptions and their psychological well-being.

# Method

- Fifty older persons, aged 65 until 82, both genders, without cognitive impairment and living in the community answer to the following instruments:
  - a) “Socio-Demographic Questionnaire”;
  - b) “Philadelphia Geriatric Center Morale Scale (PGCMS)”, interview version; (Lawton, 1975)
  - c) the “Aging Perceptions Questionnaire (QPE)”, this last identify distinct domains or subscales for accessing self-perceptions of aging (Barker et al. 2007).

High Morale Responses for the PGC Morale Scale

Item	High Morale Response
Factor 1 – Agitation	
4. Do little things bother you more this year?	No
7. Do you sometimes worry so much that you can't sleep?	No
12. Are you afraid of a lot of things?	No
13. Do you get mad more than you used to?	No
16. Do you take things hard?	No.
17. Do you get upset easily?	No
Factor 2 – Attitude Toward Own Aging	
1. Do things keep getting worse as you get older?	No
2. Do you have as much pep as you had last year?	Yes
6. Do you feel that as you get older you are less useful?	No
8. As you get older, are things _____ than you thought?	Better
10. Are you as happy now as you were when you were younger?	Yes
Factor 3 – Lonely Dissatisfaction	
3. How much do you feel lonely?	Not much
5. Do you see enough of your friends and relatives?	Yes
9. Do you sometimes feel that life isn't worth living?	No
11. Do you have a lot to be sad about?	No
14. Is life hard much of the time?	No
15. How satisfied are you with your life today?	Satisfied

### Statistics

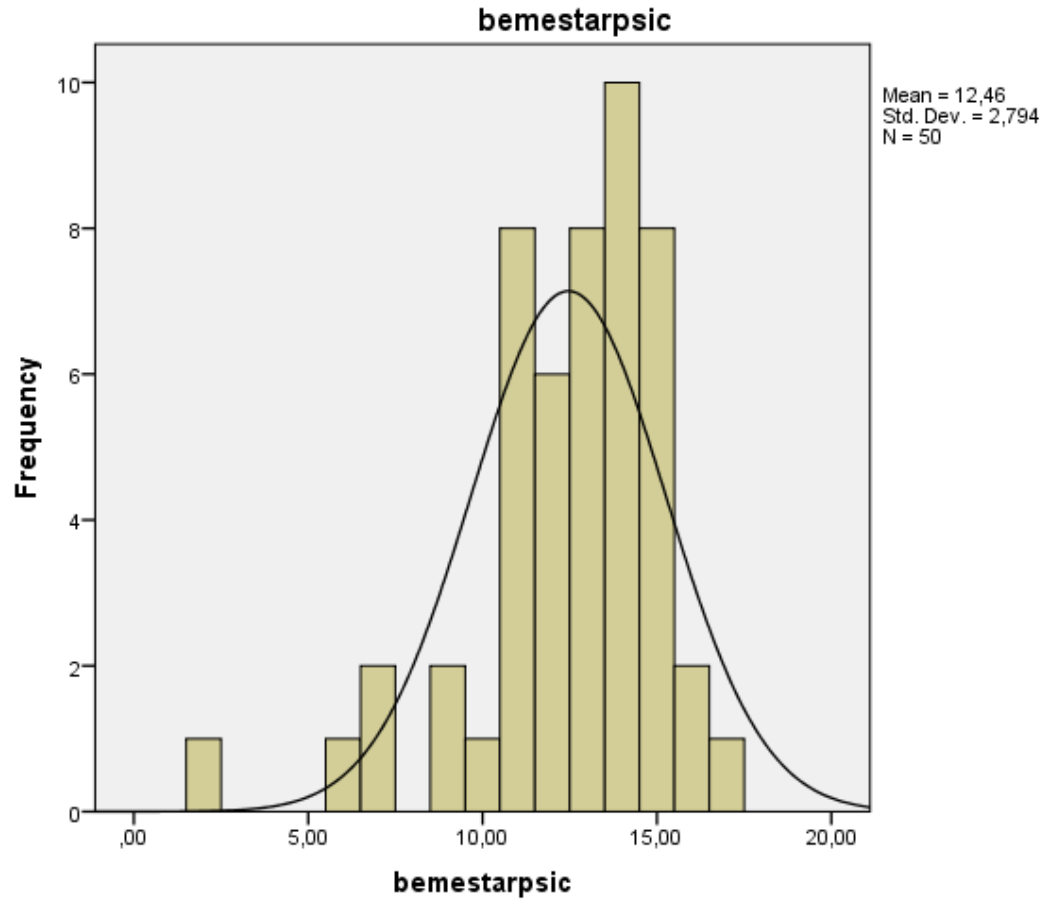
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N	Valid	50	50	50	50
	Missing	0	0	0	0
Mean		12,4600	4,0200	2,9400	5,5000
Median		13,0000	4,0000	3,0000	6,0000
Std. Deviation		2,79365	1,57130	1,33110	,95298
Skewness		-1,474	-,758	-,156	-3,242
Std. Error of Skewness		,337	,337	,337	,337
Minimum		2,00	,00	,00	1,00
Maximum		17,00	6,00	5,00	6,00



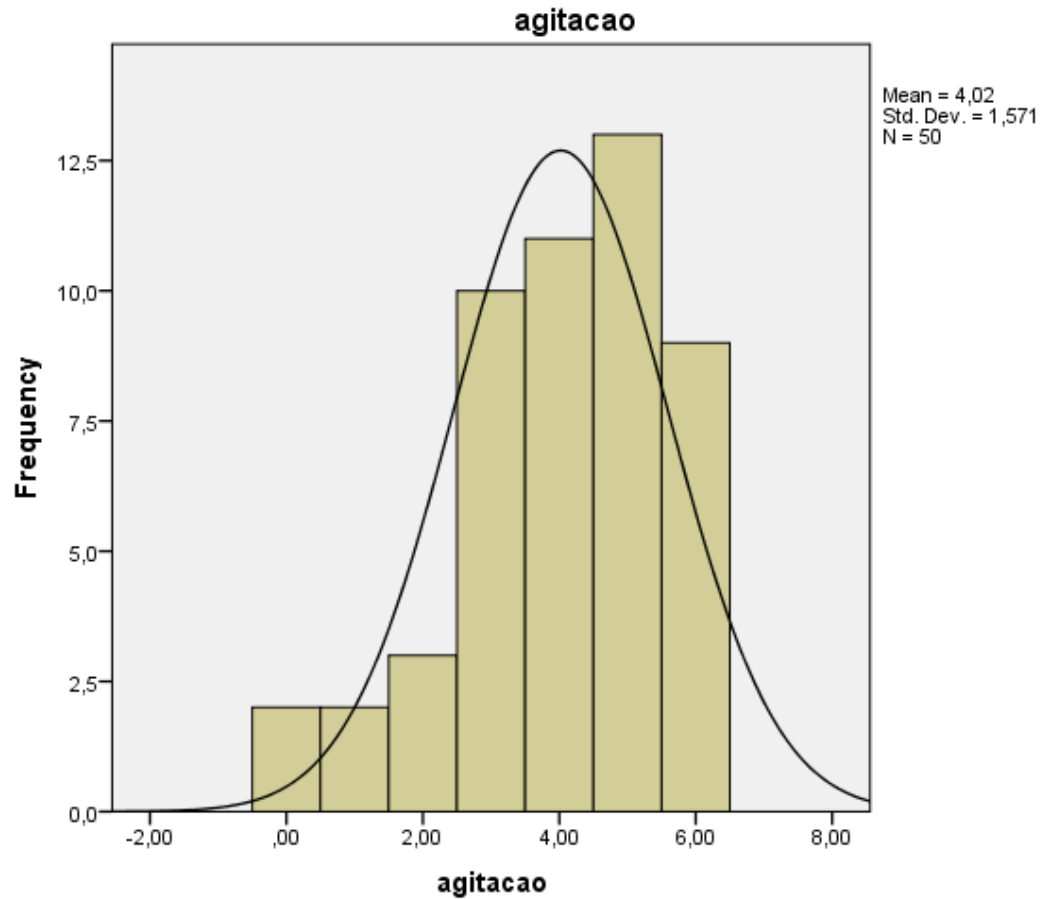
- Agitation
  - According to Lawton (1975), this scale serves a manifest anxiety scale for older people (Example: Do you get upset easily?)
- Attitude Toward Own Aging
  - Attitude toward the aging process they experience; captures the individual's perception of the changes taking place in his or her life and asks for an evaluation; (Example: Do things keep getting worse as you get older?)

- Lonely Dissatisfaction
  - “represents the older person’s acceptance or dissatisfaction with the amount of social interaction they are presently experiencing” (Example: how much do you feel lonely?).

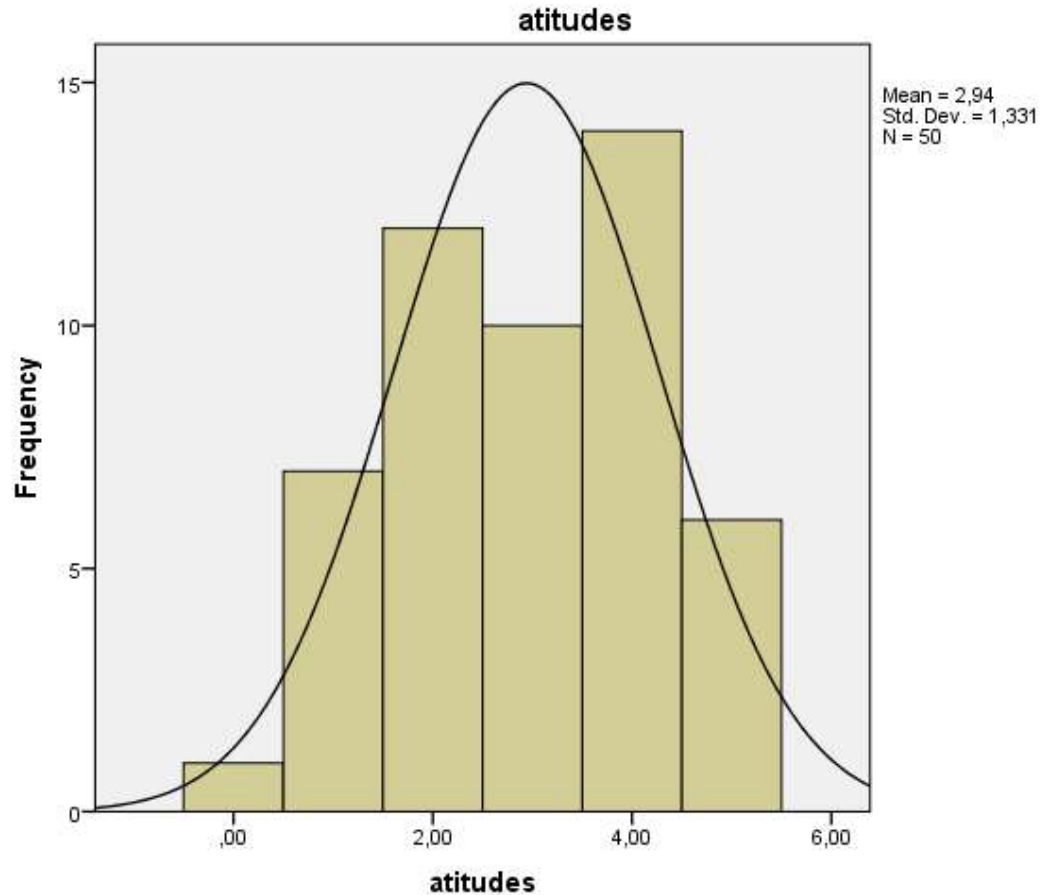
# Well-being: full Scores distribution.



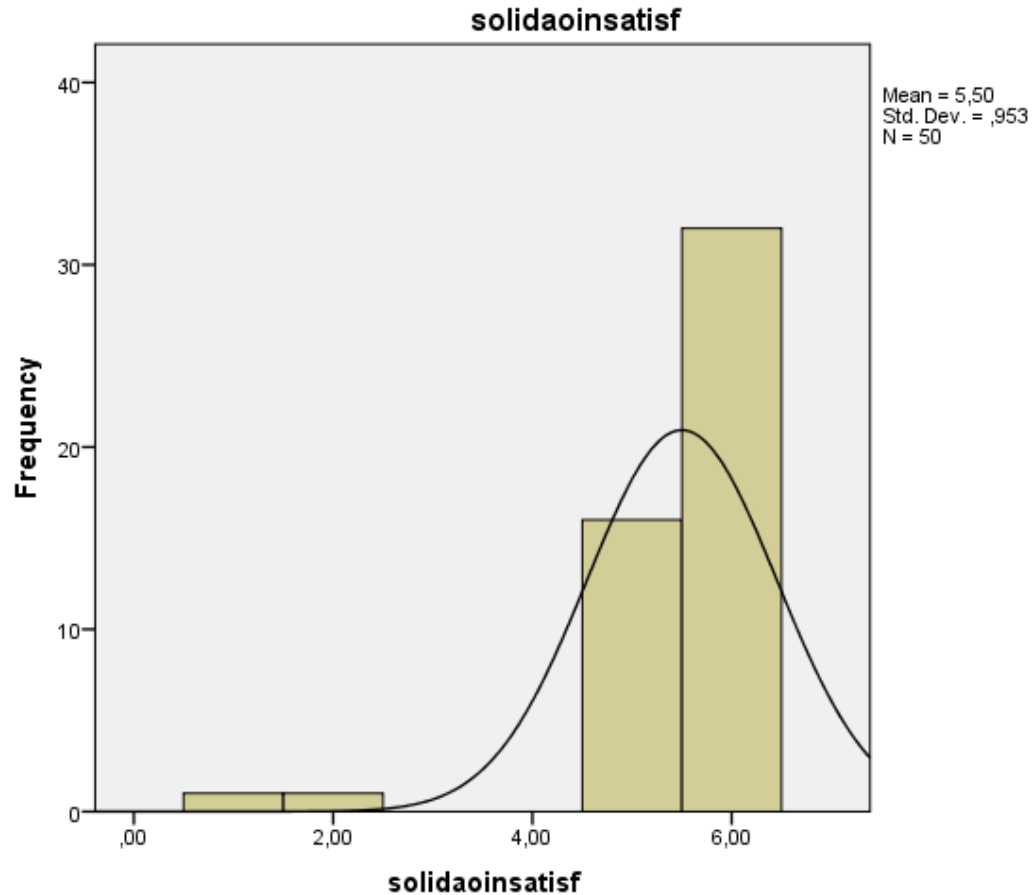
# Well-being: Scores distribution of Agitation



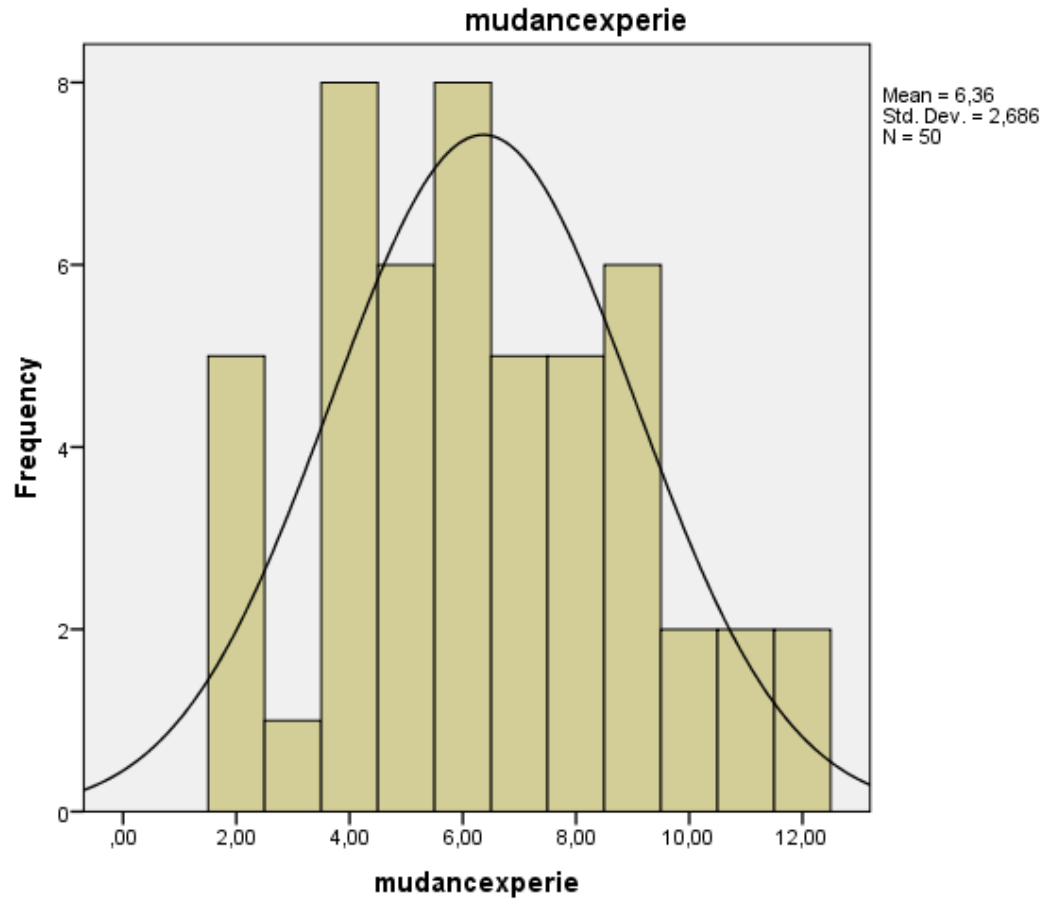
# Well-being: Scores distribution of attitude toward own aging



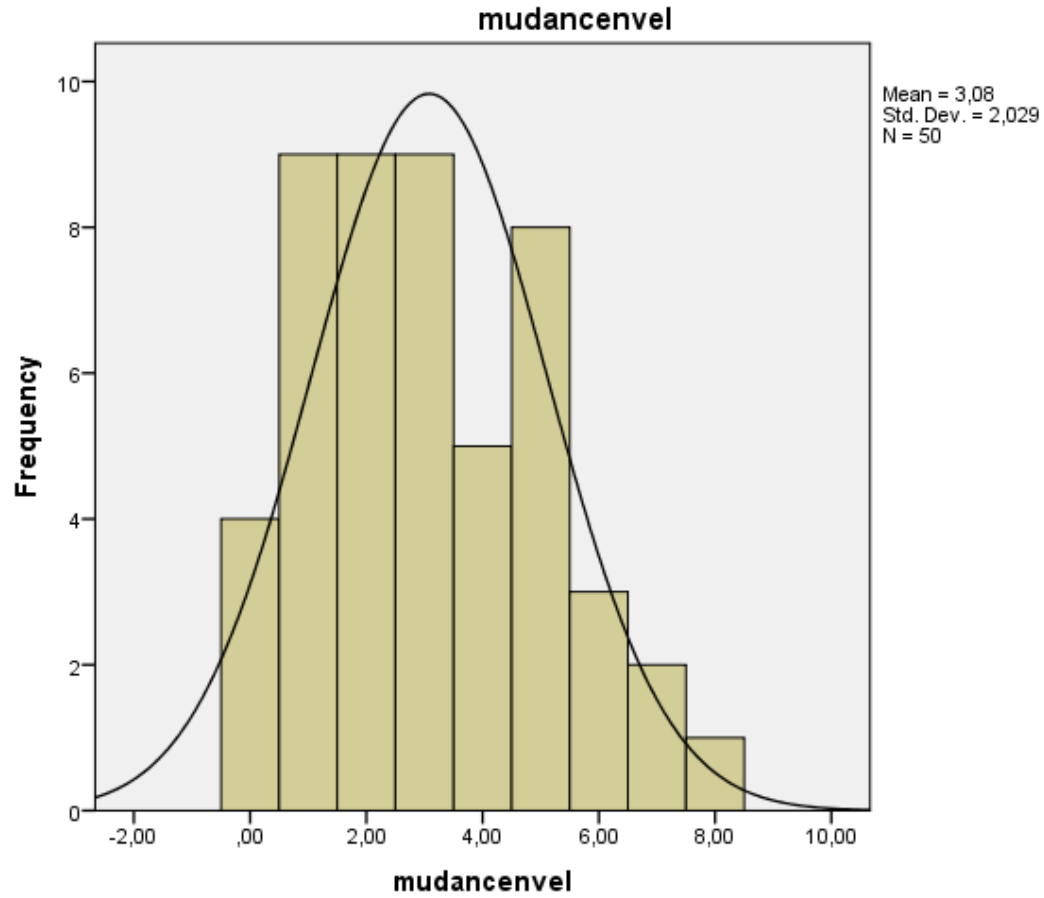
# Well-being: Scores distribution of Lonely Dissatisfaction.



# Experienced changes in health condition in the last ten years

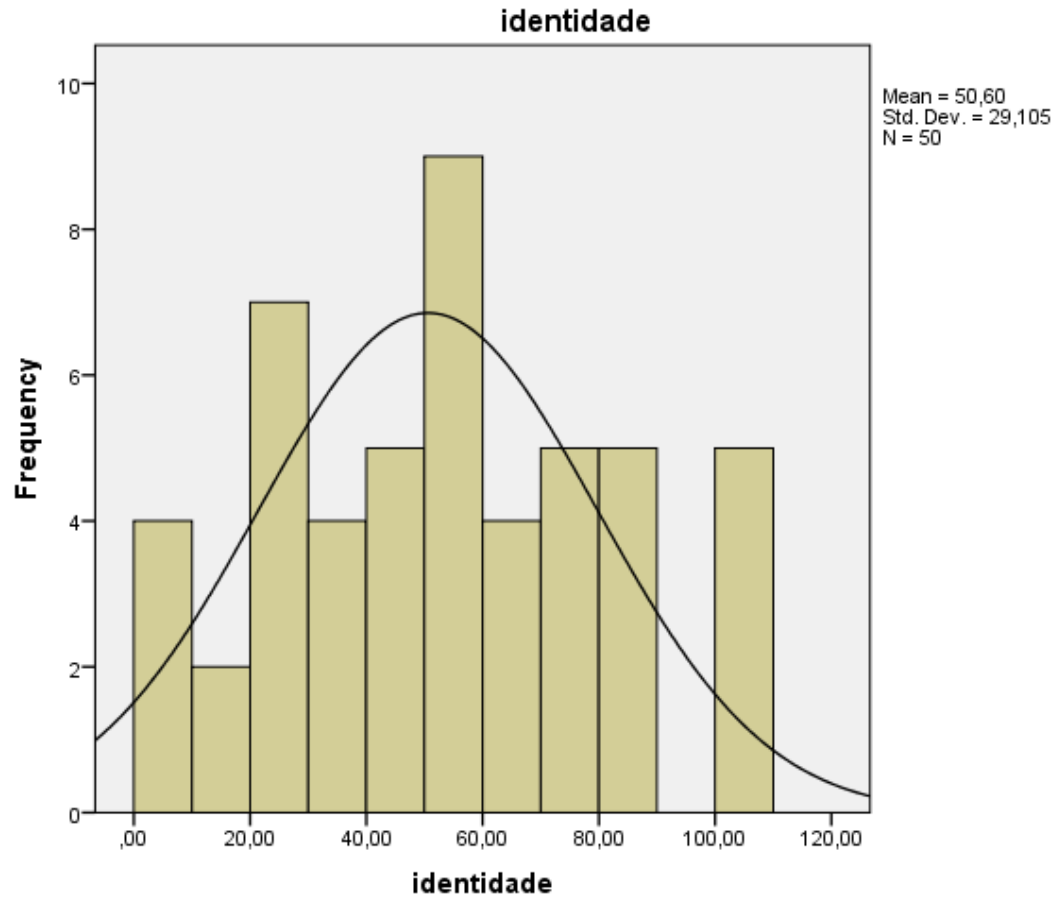


# Changes in health attributed to aging

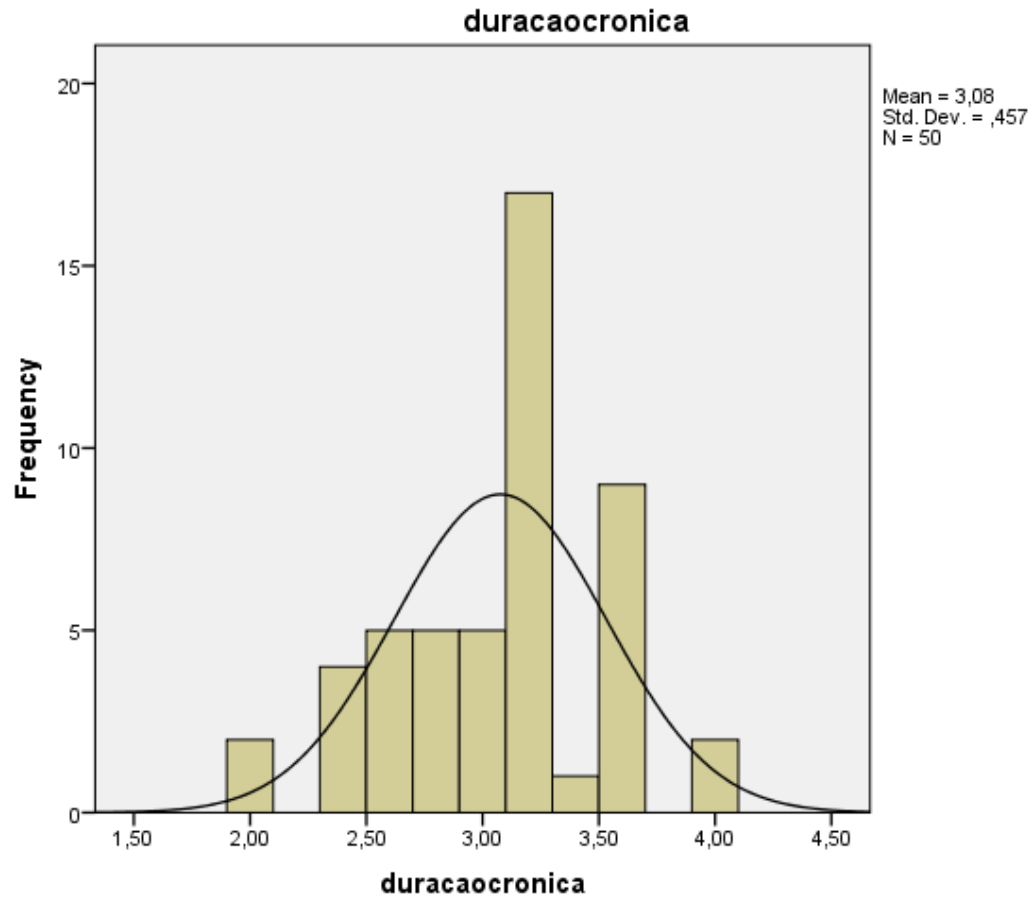




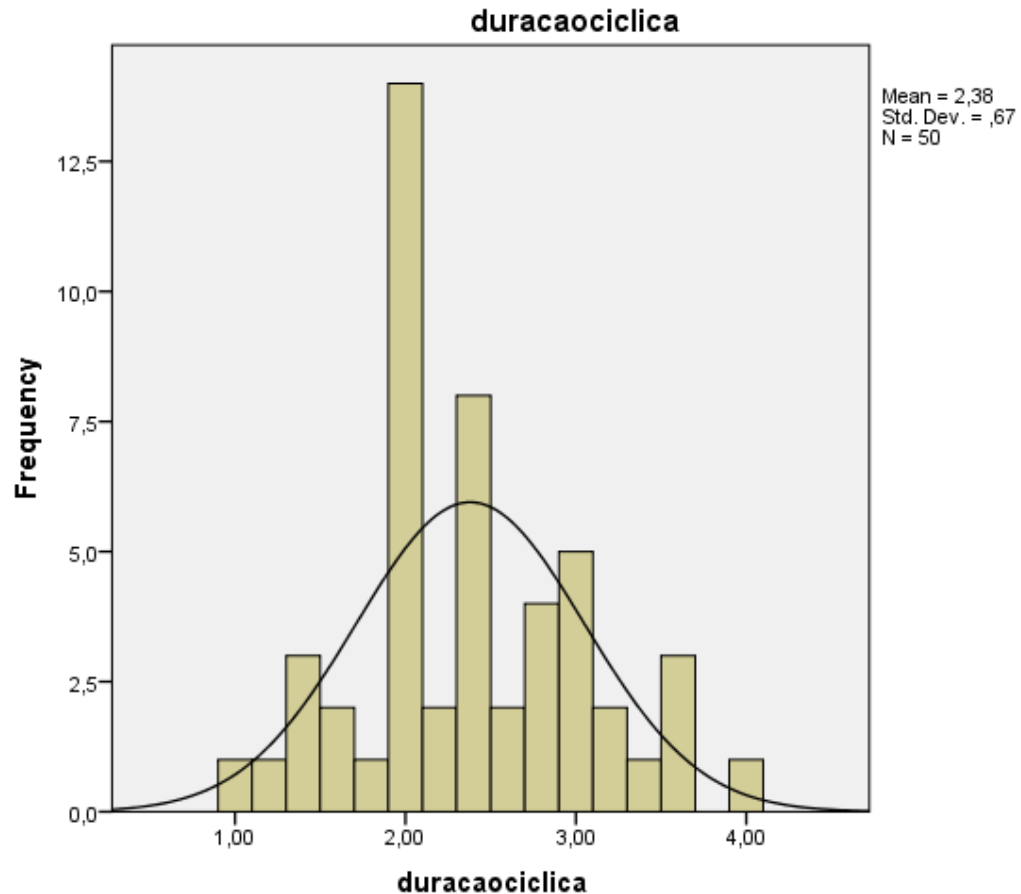
# Identity: Percentage of health conditions attributed to aging



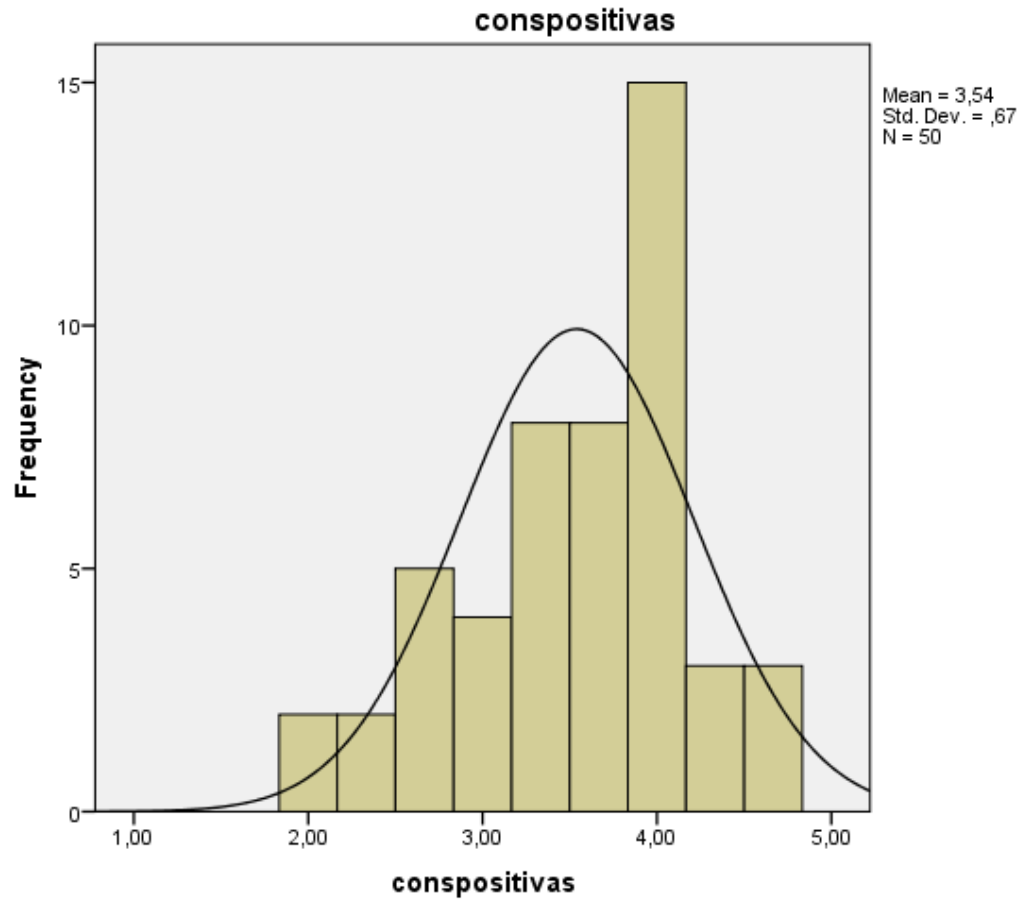
# Scores distribution of chronic time-line



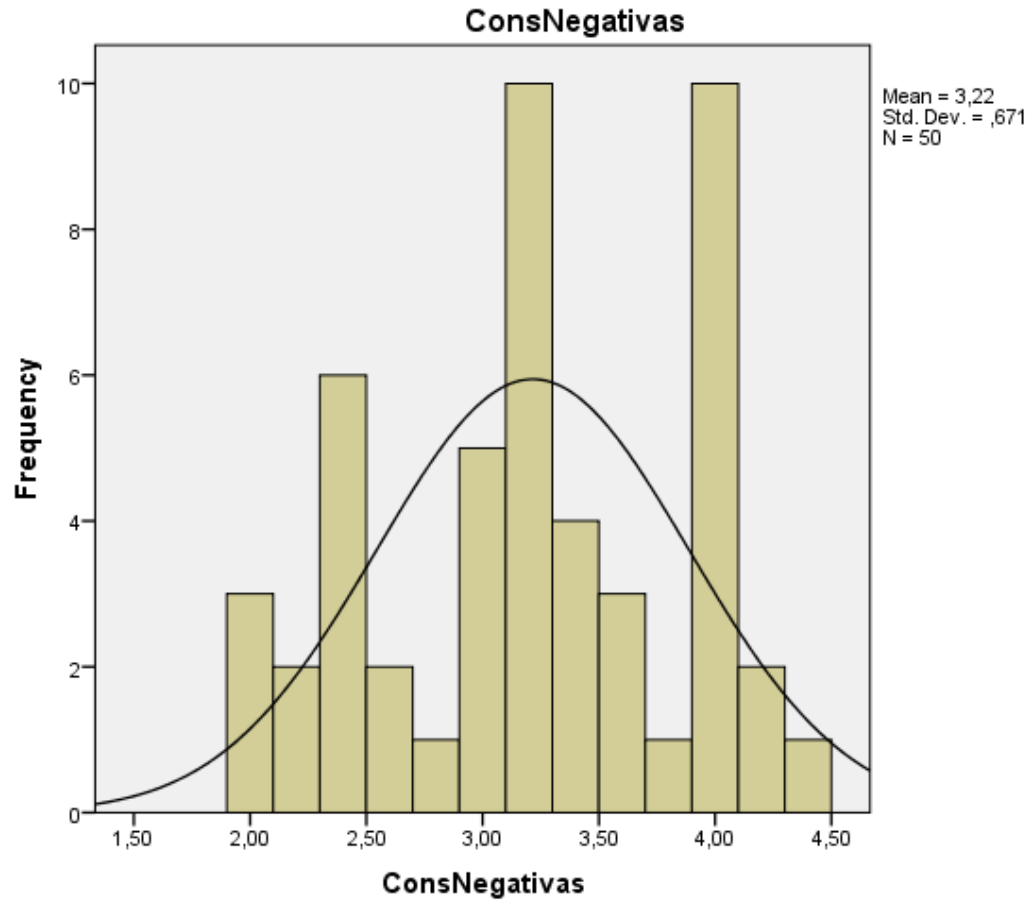
# Scores distribution of cyclic time-line



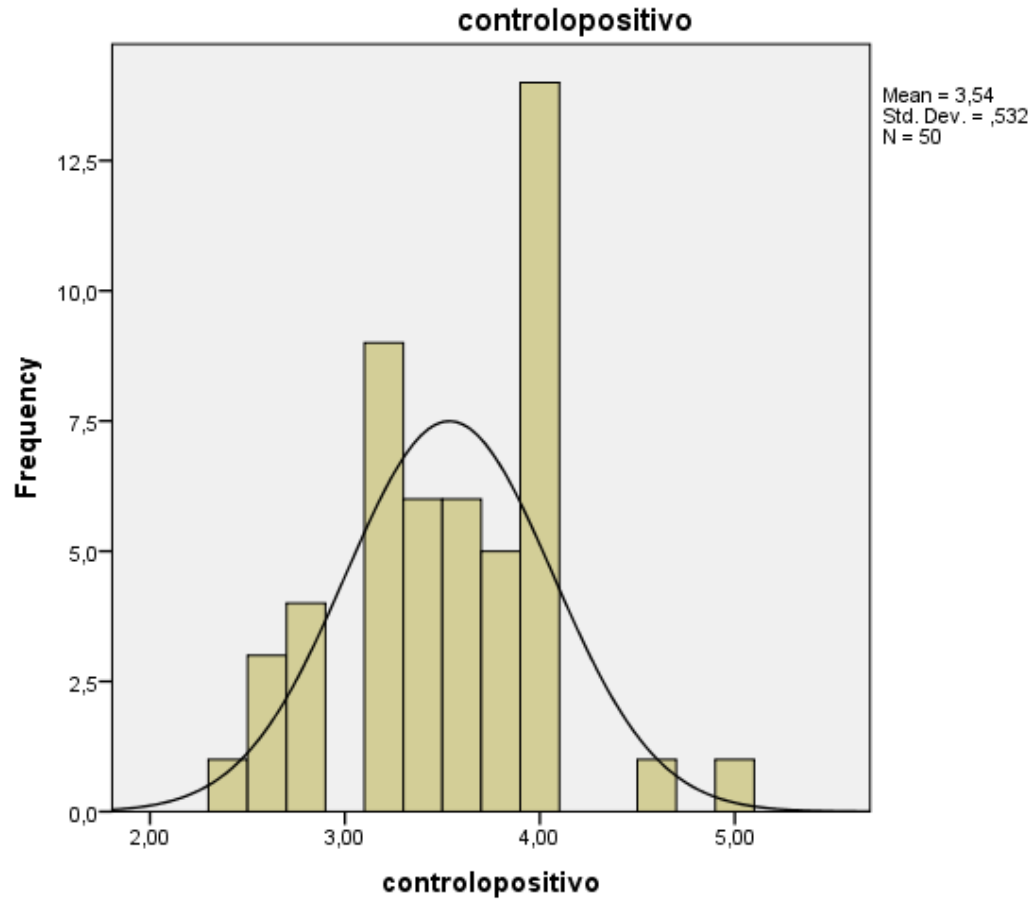
# Scores distribution of positive consequences of aging



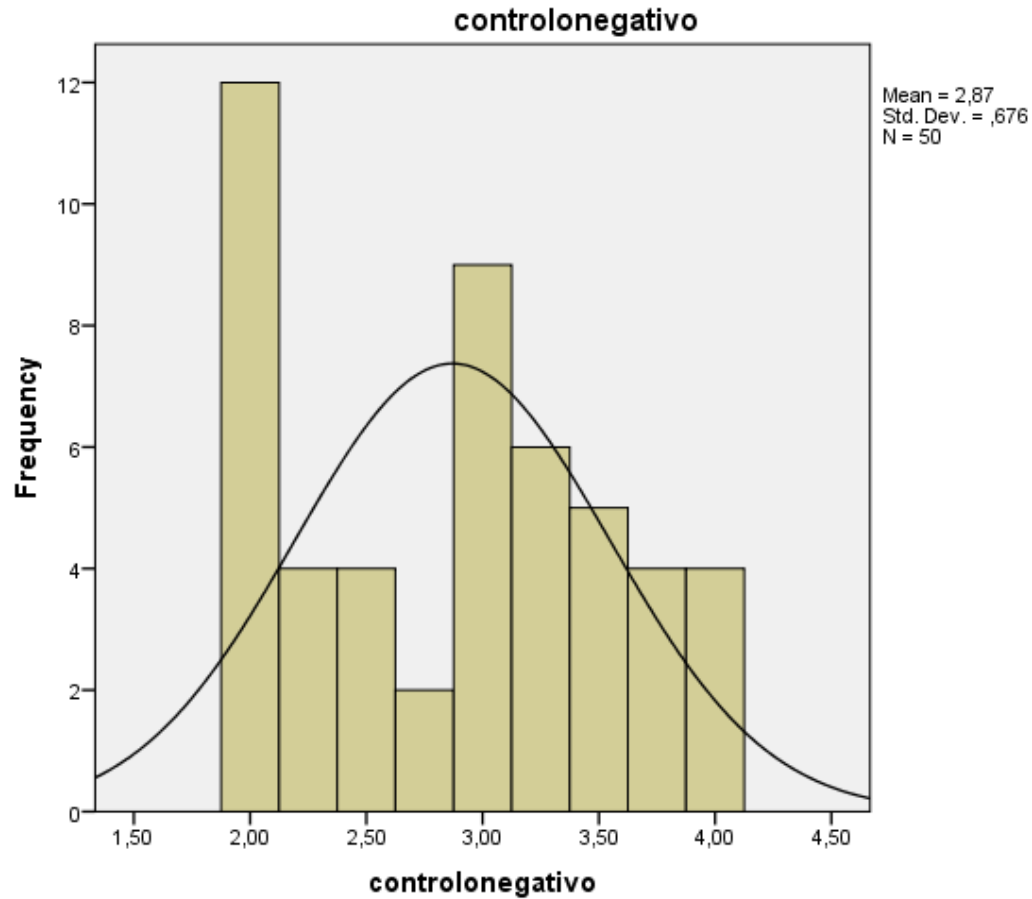
# scores distribution of negative consequences of aging



# Scores distribution of positive control



# Scores distribution of negative control



# The philadelphia geriatric center morale scale, (Lawton, 1975)

	Mean	S.D.	Potencial Range		Real Range		Alpha	Skew
			Mín	Max	Min	Máx		
- Agitation	4,02	1,57	0	6	0	6	0,57	- 0,76
- Attitudes toward own agingto	2,94	1,33	0	5	0	5	0,50	- 0,16
Lonely Dissatisfaction	5,50	0,952	0	6	1	6	0,60	- 3,24
“PGCMS” - Total	12,46	2,79	0	17	2	17	0,68	- 1,48



	I	II	III
I Total "PGCMS"	-	- 0,24*	- 0,15
II Experienced changes in health condition		-	0,35**
III Changes attributed to aging			-

	Agitação	Atitudes face ao próprio envelhecimento	Solidão/insatisfação	Total da escala
Time-line chronic	-	-	-	-
Time-line cyclical	-	-0,34**	-	- 0,27*
Emotional representations	-	-	-	-
Positive control	-	-	-	0,23*
Negative control	-	0,25*	0,24*	-
Negative consequences	-	- 0,50**	- 0,48**	-0,45**
Positive consequences	-	-	-	-
Identity	-	-	-	-

# Discussion

- Findings support a significant and positive association between psychological well-being and perceptions of aging in the dimensions of consequences negative, timeline cyclical, and consequences positive.
  - These seems to mean that there is a tendency for persons that perceive aging as a process with negative consequences having significant lower well-being
  - The same happens but more poorly to those who sometimes (in a cyclical way) feel they are old
  - In contrast perceiving aging as a process with positive consequences is poorly associated with well being

# Discussion

- Additionally we found a significant and negative association between self-reported health-related changes and psychological well-being. This association was not found with attributions to aging
- What is amazing and needs discussion is the fact that well-being has no relationships or just a very low connection with positive control or positive consequences – at the same time that have a moderately high relationship with negative consequences...
- Clinical and educational intervention perhaps must aim
  - prevent negative perceptions of aging for foster wellbeing. And promote coping strategies when they are present
  - the promotion of positive control and
  - promotion of attention to positive consequences of aging

# Results

- Findings support significant associations between dimensions of psychological well-being and dimensions of perceptions of aging. The perception of aging dimension of “negative consequences” has significant relationships with two dimensions of wellbeing and with the total score of the PGCMS. In the same direction was the perception of aging as a cyclical phenomenon that was finding negatively associated with the subscale of wellbeing “attitudes toward own aging” and with the subscale total. Negative control and positive control were positively associated with well-being but that associations were of low magnitude (.23, .24 e .25).

- Since well being is mostly associated with consequences negative, the first clinical implication would be the need to make the self perceptions of consequences negative the target of clinical efforts toward the promotion of more realistic views of her/his own aging (cf. Lazarus). By other hand we must not forget the need to reinforce and help older people develop a control positive in managing their own conditions of life and health.

# Discussion

- According to the result that well-being is more associated with negative perceptions of aging, it seems wiser to prevent negative perceptions of aging for foster wellbeing. However as we must not promote unrealistic views of aging it seems also important to make visible, more relevant, workable, and strong the other dimensions of perception of aging with a more positive nature, such as emotional representations, positive consequences, and positive control.

# Methods

- a) Fifty older adults aged 65 and above, without cognitive impairment, living in the community and being clients from of a senior university or from an institution that promotes activities for leisure times. They answer to the following instruments:
- b) Socio-demographic questionnaire, the Philadelphia Geriatric Center Morale Scale, interview version (Lawton, 1975) and the Aging Perceptions Questionnaire (Barker et al. 2007). The approach to the participants was as follows:
- c) The direction of both a senior university and one center of activities for leisure time were contacted and we let them know about the aim of our project: to collect perceptions of aging and the level of wellbeing of the older adults that are clients of these institutions. After this initial contact we receive approval from direction and we schedule several days on which we invite individually each individual. There were no refusals in participating.