Quality of Life in Ageing
Challenges Still Pending

Alejandro Klein (Corresponding author)

University of Guanajuato

Associate Professorial Fellow

Oxford Institute of Population Ageing

E-mail: alejandroklein@hotmail.com

https://orcid.org/0000-0001-8216-345X

Abstract

High mortality rates and increasing quality of life, together with declining fertility rates, point to a demographic picture of global ageing that presages the so-called "ageing society". This paper seeks to indicate that it is also necessary to consider the capacity of individuals and governments to adapt to these collective and population changes.

Undoubtedly, we are facing changes that involve public policies, family changes, urban resizing and new economic strategies, among others. But, at the same time, it is necessary not to forget those emotional and subjective factors that solidify the emergence of new strategies of what an older adult is in terms of active ageing and the search for quality of life.

In this sense, it is intended to point out that although we have reviewed that account for cultural, political and cultural factors, the same does not happen with those other factors that also contribute to the term quality of life from the emotional, relational and subjective point of view.

Keywords: quality of life, ageing, active ageing

1. Introduction

The concept of an ageing society includes the quantitative notion that there will be more and more older adults as a preponderant age group. But whether or not this will correspond qualitatively to a better quality of life for older adults is a question that needs to be asked.

The hypothesis is suggested that the demographic bonus currently experienced by older people is neither sufficient nor fully relevant to be able to speak of an "ageing society". This would require the simultaneous consolidation of quality-of-life structures which, in principle, could be established on the basis of at least three factors: diversity of social networks with resilience and strengthening of citizenship processes; maintenance and enhancement of self-care; achievement and strengthening of an integrated self.

Global ageing around the world has generally been described in terms of "challenge". Data from international agencies seem to speak for themselves: it is estimated that in 2010 the proportion of people aged 60 and over in the region was 9.9%, by 2020 it will be 13% and by 2050 it will be 25.8% (United Nations, 2019).

These quantitative data immediately raise the need to address issues that are directly or indirectly linked to the concept of quality of life: retirement, pensions, physical and mental illness, family and housing reconfiguration, among others (Abusleme & Caballero, 2014; Villagómez Ornelas, 2009; Klein, 2022; Brayne, 1995). Thus, many authors are of the opinion that the demographic bonus of older adults will necessarily lead to an "ageing society" from an "adult-centric society" to a "gerontocentric society" (Hutchison, Morrison & Mikhailovich, 2006).

This paper does not reject this quantitative perspective out of hand but indicates that the "ageing society" must face different changes in subjectivity and culture in order to ensure the necessary quality of life for older adults. The recent events of Covid-19, with situations where the resurgence of ageism was reaffirmed, and of a social imaginary around older adults in terms of decrepitude, weakness and death, makes it necessary to be cautious in this sense and to understand that we are facing a starting point and not a point of arrival (Ayalon et al, 2021; Golubev and Sidorenko, 2020).

2. Method

For the selection of articles, the electronic databases Google Scholar, Crossref, Medline, ISI were consulted. Thirteen studies were selected for the systematic review using the descriptor "ageing society", focusing also on the descriptor being interdisciplinary enriched with psychosocial and relational concepts. Subsequently, the review was subdivided into seven categories according to the parameters of the content analysis: ageing society; resilience; citizenship; network, active ageing; transmission and self-care.

In this way, the conclusions attempt to suggest some hypotheses that may shed light on the field of social, generational and practices of care present in the new ageing processes, taking into account the new emerging models of old age.

3. Results

3.1 Reflections on Quality of Life

It has been pointed out that the concept of quality of life is multidisciplinary, integrating economic, cultural and even spiritual aspects (Flores et al, 2011). The concept of quality of life has been worked on in relation to the health-illness binomial (Güell and Morante, 2007);

religion and personal beliefs (Cardona et al, 2003); health services (Maya, 2003; Fernández Ballesteros, 2007); education and the capacity to generate and maintain social ties (Devesa and Conrado, 1992); the social representation that old age has in a society (Krzemien, 2001) and the evaluation that older adults make of their well-being and their satisfaction with the variables described (Nieto et al, 1998; Perales and Morales, 2003; Gómez Vela, 2004).

In this way, many authors (Molina et al, 2008) understand that quality of life includes not only the services and benefits that older adults receive, but also their evaluation of these services and benefits. In other words, it is understood that beyond objective factors, it is essential to incorporate a subjective dimension to the concept, insisting on its multidimensional and multifactorial nature and the dynamic interaction between them (Browne et al, 1994).

It has been insisted that a deficit factor (Fernández Ballesteros, 2007) is the maintenance of a series of negative stereotypes about old age, which make the older adult be seen as an "old man" incapable of enjoying certain prerogatives. In this context we place the reflections of Rotondi (2001), who emphasises the conditions of vulnerability of this social group in different dimensions, pointing out an aspect that seems fundamental to us: the legal gaps that still persist around the rights and obligations of older adults, which in turn is related to their (apparently weak) capacity for citizenship (Freijeiro Varela, 2008).

Similarly, we disagree with the view that the term refers strictly to something subjective (Bayarre, 2009), if by subjective we mean that it relates to the personal perception of quality of life based on a person's identity, life experiences and stage of life. Without detracting from these factors, we understand that quality of life is inseparable from the conditions that are considered essential for social structures referring to situations of stability, predictability and trust (Giddens, 1993, 1997). Thus, the term quality of life is inseparable from conditions of security and ontological inalterability (García Riaño, 1991).

In this sense, we agree with the broader and less sanitarian and psychologistic view (which seems to be the traditional one, as we have pointed out) of an author such as Delgado (1998), who broadens the notion of quality of life to include the degree of well-being of communities and society. It could then be argued that quality of life for older people becomes unviable at some point if it is not accompanied by general social and cultural well-being (Peace, Kellaher and Holland, 2006; Moragas, 1991).

It is also worth analysing in depth whether the concept of quality of life must necessarily

have health as a guiding principle, as suggested by Inga Aranda and Vara Horna (2008). In our opinion, it is impossible to deny the illnesses and difficulties inherent in longevity, so we believe that the concept of quality of life is more useful in terms of those social and subjective skills that allow for better conflict management. In other words, we do not take quality of life as the possibility of overcoming conflicts and difficulties (which seems impossible), but the possibility of making conflict a promoting and integrating axis of quality of life (Klein, 2015).

3.2 Active Ageing

The concept of active ageing has gradually but firmly established itself in the field of new paradigms of old age. It retains the term "ageing", but paradoxically excludes all that is traditionally considered old age in terms of deficit, decline or decrepitude, emphasising the generative and productive capacity of the older adult (Walter, 2006). If you will, it de-fantilises it in order to reposition it as an important actor in life and social events (Hutchison et al., 2006; Butler, 1969; Pocnet, Popp and Popp, 2020; Stewart et al, 2020).

Emphasis begins to be placed on continuity rather than discontinuity, on resilience and potential rather than loss and deficit, and on the potentialities and possibilities that ageing can bring (Rosow, 1963). New forms of social integration and what older people can contribute to society (Baltes et al., 1984).

Thus, it is understood that the success of ageing depends on the effort applied to the domains in which the potential for development is maintained, achieving with this effort an optimisation of functionality, which compensates for the normative and non-normative losses caused by social and biological ageing. On the other hand, for Rowe & Kahn (1997, 1998), the possibility of successful ageing is related to two fundamental types of activity: the first is the maintenance of satisfying interpersonal relationships and the second is the maintenance of productive activities.

Therefore, what the authors call "active" engagement with life is a relevant factor along with adequate physical and cognitive functioning (i.e. the ability to maintain an autonomy and self-care factor, among others) and the low probability of suffering from chronic diseases (and the risks associated with them) (Katz, 2000).

In short, we understand that the authors propose a model of old age in which the older adult can face and solve autonomously their problems inserted in everyday activities. For these authors, the aforementioned components are linked and feed back on each other. For example, it is possible to affirm that the absence of illness or disability contributes to the maintenance of the physical and mental functions necessary to facilitate active participation in social life (Baltes et al., 1984).

It is interesting to note that these authors emphasise the need for participation or engagement with life as an essential factor, which is related to the hypotheses used in this article of a rethinking of the meaning of life in contemporary older adults, where we understand engagement with life as the possibility of establishing or shaping satisfying life projects that include interpersonal relationships, high self-esteem and social insertion (Klein, 2015).

It could be indicated that the concept of successful ageing is being enriched, in the sense that it is no longer understood only as the absence of illness, but as the older adult's reformulation of their insertion in social life, as well as the way in which they reconfigure their personal biography in terms of achievements and future (Klein, 2022).

However, we can also hypothesise that we are facing a new paradigm or stereotype that emphasises or "pushes" the (imperative) need to stay young, active and productive in the face of a traditional paradigm, also imperative, that insists on decrepitude, passivity and the absence of opportunities (Atchley, 1977).

3.3 Social Networks and Their Psychosocial Importance as a Resilience Capacity

The importance of social networks has been demonstrated in several studies on the creative activities of older adults, highlighting how they improve the capacity for communication and interrelation between peers. In this way, it is understood that they are fundamental for the prevention and promotion of health, creating fundamental tools for quality-of-life strategies. They strengthen and revalue older people, involving them in a leading role in achieving favourable environments that improve their quality of life (Barrantes, Manrique and Ugarte, 2023; Barros, 1993).

Thus, it is possible to consider how decisive social and group practices make possible a feeling of self-confidence, expansion of subjectivity, recognition of the other from a place of solidarity as opposed to a culture of helplessness. But it should also be noted that networks counteract deficient social and cultural situations, allowing the health potential of collectives to be overcome and even strengthened without always showing extreme vulnerability and rootlessness in the face of situations of vulnerability (Ahlawat, 2022).

At this point, we believe that the quality of life of older adults is related to the capacity to face adversities in a communitarian way, which makes resilience inseparable from changes in the ways of relating to others, to the social environment and to oneself (Dutwin and Buskirk, 2022).

This collective construction is not just a saying, a story or an action. It also has to do with a fundamental work of memory. What appears in the group of older adults as "generational memory". Resilience points to a possibility of historicization, of building projects and a future among many (Berridge and Grigorovich, 2022).

Resilience can then be seen as an activity of simultaneous restructuring of the subject and the whole, a mutual investment that contributes to the restoration of external and internal reality, linking historical time and identity time, based on solidarity and trust, where it becomes increasingly difficult to say that the old people of today are like the old people of yesterday (Fernández-Ardèvol and Grenier, 2022).

At the same time, these processes are inseparable from processes of citizenship where older adults are fully recognized in their dignity and capacity for action, restored to a social place that allows them to appeal again to their social and political rights (Amaral & Flores, 2023).

3.4 Caring for Oneself and Self-Care

From the previous section, we can take up again a debate that is being redoubled in the polemic on new forms of ageing and old age. From this perspective, it is suggested that there may exist a field of subjective novelty as a consequence of ageing, which is linked to the social figure of the "new old", as well as to the changes and alterations that must be taken into account from a social and cultural point of view (Barros, 1993).

These subjective changes, which often go unnoticed, go through the activity of "self-care" or "self-technique" in and through which these new old people manage to establish goals of care and recognition where the older adult is placed at the centre of a reflective type of experience and new knowledge that make them understand themselves better and situate a new type of subjectivity (Garavaglia, Caliandro, Sala, Melis and Zaccaria, 2023).

At this point it can be assumed that these new older adults, although they are related to a socio-economic intertwining, also articulate new and alternative constructions of subjectivity, where it is possible to rescue the sense of autonomy and choice by influencing the capacity for debate that they make about themselves, society and previous generations, in relation to what we call the establishment of non-decrepit aesthetics, where it is possible to take hold of freer and empowered spaces and practices (Chu et al., 2022).

3.5 Trust Capacity and Generational Transmission

Several studies emphasize the pathology that develops in the incentivization of the caregiving role of the grandparent. In this sense, it seems that the more a stereotype of altruism and self-sacrifice is managed in older adults, the closer we get to a mortified narcissism where the conflict between the desire for autonomy and social obedience to comply with the social stipulations of care and protection arises (Kelley, 1993; Rosow, 1963).

But the relationship between subjectivity, older adults and quality of life has received little attention. In particular, psychological studies highlight the need to maintain the integrity of the self at this stage of life (Peace, Kellaher and Holland, 2006; Hockey and James, 2003).

We believe that a contribution that can be made in relation to the quality of life of older adults is to emphasize practices that generate the capacity to generate conditions of psychic elaboration and mental space, with the possibility of unfolding calm, stillness, sense of unity and authenticity, which fundamentally characterize the constitution of a "true" self (Winnicott, 1972; Bollas, 1991, 1997).

This mental and psychic capacity is certainly enhanced in the older adult by what we have discussed in relation to community networks, resilience and self-care activities, but it seems especially necessary in relation to what is traditionally considered the main achievement of ageing: wisdom. Wisdom seems to constitute a kind of personal and generational memory, but it can also be related to a sense of security, based on a state of integration and continuity, which also implies the joy of being able to appreciate and experience reassuring and successful life experiences in terms of anticipation and "basic trust" (Erikson, 1965; Fonagy, 1999, 2000).

This is not minor, as several research relate this kind of transmission, in terms of reassurance, trust and proactivity, as one of the fundamental axes of the new grandparent-grandchild bonds (Thompson & Walker, 1987; Lussier, Deater-Deckard, Dunn, & Davies, 2002; Pearson, Hunter, Ensminger & Kellam, 1990).

4. Conclusion

While high mortality rates and increasing quality of life, together with declining fertility rates, point to a demographic picture of global ageing that presages the so-called "ageing society", this should not necessarily lead to ignoring the obstacles and resistances to it. The capacity of individuals and governments to adapt to these individual and population changes is also relevant to their advent.

Undoubtedly, we are facing changes that involve public policies, family changes, urban

resizing and new economic strategies, among others. But, at the same time, it is necessary not to forget those emotional and subjective factors that solidify the emergence of new strategies of what an older adult is in terms of active ageing and the search for quality of life.

The concept of quality of life provides fundamental elements in this sense, as it raises the need to maintain a multidisciplinary perspective to address the new realities, also emotional, of the ageing society.

We believe that new variables must be incorporated, some of which are mentioned in this work, such as self-care, psychological support and community resilience. In this sense, we believe that we will not be able to sustain an enriching concept of the term if we do not incorporate at the same time elements that allow us to think about subjectivity, or rather: the new subjectivities of the older adult. Likewise, no progress will be made if we do not understand the capacity for resilience as a new version of citizenship not foreseen in the political or social field.

On the other hand, and even more fundamentally, and as we stated at the beginning of this paper, there will be no ageing society, however much demography may indicate it, if at the same time we do not carefully and critically review the concept of quality of life, which seems to lean more and more, explicitly or implicitly, towards a subjectivist aspect, that is, understanding that quality of life is how the older adult feels his or her quality of life, paradoxically redundant.

This is not the position proposed here. There are social, emotional and bonding factors that generate irreversible and lasting realities, as these factors are enriched by other cultural, economic and social factors. Thus, this paper aims to contribute to the possible integration of these aspects.

Competing interests

The author declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Obtained.

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Data sharing statement

No additional data are available.

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