

Ageing in changing social contexts: Challenges and opportunities for Health Psychology

Catrinel Craciun

Co-editor

Konstadina Griva

Co-editor

Demographic changes over the last decades give rise to new challenges of social adjustment to the needs of an increasing ageing population but also represent opportunities for growth at a social and individual level. On the one hand, the increase in older population has been described as a “silver tsunami”, threatening the functioning of health and pension systems (van Leuven, 2012). On the other hand, old persons are seen as a resource to society and their active engagement and contribution is encouraged (Lassen & Moreira, 2014). Longer lives do not automatically mean more years to enjoy, but might imply more years of disability and dependence on family or care systems. An ageing population does increase the demand for health care services for chronic illnesses, elderly care and adjustment of preventive services to the unique needs of the old and very old. However, it also creates the opportunity for intergenerational communication, wisdom and spiritual growth. Health psychologists may play a relevant role in designing research and interventions to help people enjoy health and well-being in old age.

From a life span perspective, development is the result of dynamic lifelong process that is embedded in historical time and place and is influenced by the social context (Stowe & Cooney, 2015). Social or environmental changes such as in restructuring of health systems, functioning of social networks (Ajrouch, Akiyama, & Antonucci, 2007), changes in family structures or technological advances leave their mark on how people age. For instance, the baby boomer generation (i.e. people born between 1946 and 1964, who have reached retirement age around

2014) is often referred to in the literature as the generation that has witnessed several social changes across their lifespan and inspired changes in policy and research on ageing. Baby boomers have experienced times of economic upheaval but also went through financial crisis that affected their pension plans and thus stimulated thought on changing retirement policies. Furthermore, with the ageing of the baby boomers, such concepts as successful ageing emerged, to be criticized and replaced by active ageing, positive ageing (Lassen & Moreira, 2014) or harmonious ageing (Liang & Luo, 2012) and new ideas about elderly care were put forward in order to promote their independence in old age (Breheny & Stephens, 2012).

The present special issue is brought together to address some of these concerns that rise from changing social circumstances and their implications for health and well-being outcomes in old age. The contributions to this issue raise several questions and propose some answers that may stimulate further thought and collaborations for designing research and interventions to promote healthy aging.

The current issue

One challenge that an ageing population raises for policy is dealing with the *care of older citizens*. The contribution by Lai and Ishikava (2015, this issue) brings insight from the experience of Japan, a country with the highest ageing rate in the world. The authors offer thought provoking suggestions on how health psychology may be used to inform practice in elderly care by using practical examples of what is being already implemented in Japan. They

also highlight the relevance of cultural and social norms and how these may influence elderly care services.

We are said to live in a youth oriented culture, where health, beauty and productivity are associated with youth and this is reflected in negative mass media representations of the old (Rozanova, 2010). Furthermore, even research on ageing has been criticized for promoting “agelessness” instead of positive ageing (Andrews, 2000). Thus, the question on *how to invest old age with positive meaning and/or emphasize the resources that elderly people may bring to society* become particular pertinent to informed balances discussion. Positive images of ageing need to be developed and social roles created for older persons so that they can enjoy good health and well-being in old age. The contribution by Yap (2015, this issue) discusses the concept of successful ageing in a critical way and the importance of spirituality as a resource for positive ageing. Moreover, in order that old persons are valued in society, they have to be seen in a positive light by the young generation and have a healthy intergenerational exchange. Lucacel (2015, this issue) addresses the issue of how older persons are perceived by the young and how negative stereotypes should be changed and how may communication between generations be stimulated.

A key challenge for the ageing generations today is represented by the demands of rapidly evolving technology in everyday life. For example, the health literacy of the elderly depends more and more on their ability to include technological novelty in their lives since modern health systems require online communication and elderly care services integrate technical innovations. Using social media channels (e.g. Facebook), seeking health advice online or being member of patient/ health forums, using emails to communicate with health care providers, or partaking in online behavior change programs. Disease management or behavior change are becoming part of everyday life for all, including the elderly. The article by Paech and Lippke (2015, this issue) deals with the questions why the older generation does not use

technology as much as younger people and how can we help them increase the use of technology to their advantage? Health literacy might provide a solution. The authors describe the EU initiative on studying health literacy in several European countries, addressing the needs of the older population and entries for intervention.

Retirement is associated with old age and for an increasing numbers of retirees the transition from occupational arena to retired life is also marked by migration to different countries. Whatever the reasons behind the migration (e.g. Seeking a better job, joining one’s family, moving to another country to spend retirement years etc.) migration and *aging* generate diverse challenges for individuals and health systems alike. Simpson, Triliva, Thomas, Chatzidamianos, and Murray (2015, this issue) discuss the experiences of post retirement migration and their interaction with health care systems as shared by a group of British elderly living in Crete.

The successful ageing paradigm has been mostly criticized for those whom it excludes (Katz & Calasanti, 2015). Thus, research and intervention needs to include vulnerable groups that have lower chances for positive ageing and may experience health inequalities in their old age. Craciun, Gellert, and Flick (2015, this issue) tackle the subject of preparation for positive ageing in Germans who age in precarious circumstances (i.e. they have low paid employment or temporary job contracts without reliable pension plans). The difference between low SES and precariousness lies in the fact that the latter category may have good salaries, but these are limited to a time period. Living in an age of uncertainty (Bauman, 2007) may influence how these people plan and actively prepare for their healthy old age.

Several articles have identified planning as a relevant resource for positive ageing. Nevertheless, sometimes we deal with several goals at the same time and need to successfully manage the conflict that emerges from conflicting aims. Tomasik and Freund (2015, this issue) explore goal conflict and its

implications within research and practice with the elderly. Moreover, especially in old age, people may need to deal with not being able to implement their plans as they would like to. Backup plans might serve as a motivating factor and support for goal pursuit. Napolitano and Freund (2015, this issue) report on their work about the use of backup plans as self-regulatory strategies in old age and the implications of their findings for further research and practice.

We hope you enjoy this issue!

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Catrinel Craciun
Babes-Bolyai University, Cluj Napoca,
Romania

Jacobs University Bremen, Center of
Lifelong Learning, Bremen, Germany

Freie Universität Berlin, Berlin,
Germany

craciunic@zedat.fu-berlin.de,

catrinelcraciun@yahoo.com



Konstadina Griva
Department of Psychology, National
University of Singapore, Singapore

psygk@nus.edu.sg