

Psychological wellbeing: The concern for older adults

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Abstract

People's self-reports of their psychological wellbeing are becoming a focus in public policy and in economics, and improving the wellbeing of the population is emerging as a key societal aspiration. Psychological wellbeing and health are closely related, and the association may become more important at older ages, if only because the prevalence of chronic illness increases with advancing age. As life expectancy increases and treatments for life-threatening disease become more effective, the issue of maintaining wellbeing at advanced ages is growing in importance. Studies of older people shows that assessment of quality of life are affected by the person's state of health, but the frequent finding that average self-reported life evaluation in the population increases with age suggests that psychological wellbeing is affected by many factors other than health. These include material conditions, social and family relationships, social roles and activities, factors that also change with age. There is a growing research literature concluding that psychological wellbeing may even be a protective factor in health, reducing the risk of chronic physical illness and promoting longevity. It has also been argued that psychological wellbeing should be addressed in measures of health valuation, and be considered in health care resource allocation. This paper summarises the current state of evidence linking psychological wellbeing with health in an ageing population.

Keywords: longevity, psychological wellbeing, ageing population etc.

Introduction

Assessment of Psychological Wellbeing

Within the construct of psychological wellbeing, there are at least three various approaches, each capturing a different aspect: life evaluation, hedonic wellbeing, and eudemonic wellbeing^[1]. Life evaluation refers to peoples' thoughts about the quality or goodness of their lives, their overall life satisfaction or sometimes how happy they are with their lives. Measurement uses such questions as the Cantril Ladder, wherein individuals are asked to place themselves on an 11-step ladder with 'worst possible life' representing the lowest rung and 'best possible life' the top rung^[2]. Hedonic wellbeing refers to everyday feelings or moods such as experienced happiness (the mood, not the evaluation of life), sadness, anger, and stress, and is measured by asking respondents to rate their experience of several affect adjectives such as happy, sad, and angry^[7]. It is important to note that the negative adjectives are not simply the opposite of positive indicators of wellbeing – they carry unique information about peoples' emotional states; in other words, hedonic wellbeing is not a simple unipolar dimension, but is composed of at least two modestly associated dimensions. Therefore, positive and negative adjectives are required for a reasonable assessment of hedonic wellbeing^[3]. Eudemonic wellbeing focuses on judgments about the meaning and purpose of one's life; because the construct is more diverse, several questionnaires tapping various aspects of meaning have been developed. An important distinction among the types of wellbeing is the level of cognitive processing required: feelings can be reported relatively directly, whereas life evaluations and meaning questions are likely to demand

considerable reflection including aggregation over time and comparison with self-selected standards (e.g., my life compared to what, when, or whom?). Economic status, freedom, and physical health are all important for human flourishing, just as is mental health. There has been a revolution in the assessment of hedonic wellbeing over the last decade. Conventionally, measures of hedonic wellbeing ask the respondent to reflect over the previous week or month which—given the inability of people to remember their affective states—is likely to induce an evaluative, not a hedonic response. The new approaches greatly reduce this problem by having individuals report about relatively brief and recent periods and thus more directly taps emotional states without the overlay of evaluation. Reporting periods for such assessments may range from the immediate moment through longer periods such as a day; to establish more reliable hedonic indices, multiple momentary ratings are usually averaged. Ecological momentary assessment—whereby subjects are randomly prompted to report affect—has many desirable features, but can be closely replicated by the Day Reconstruction Method—in which people remember episodes from the previous day, and associated feelings with them—or even, for large sample averages, by asking people about their feelings for the entire previous day (the procedure used in the Gallup-Healthways interview)

Well Being in Older Adults

The best information available is from large-scale international surveys that have asked about life evaluation, although more recent surveys have also included measurement of hedonic and eudemonic wellbeing. One recent study

examined assessments of life evaluation (broadly-defined “happiness” with life or life satisfaction) in several European, American, Asian, and Latin American cross-sectional surveys over several time periods, and replicated prior findings of a U-shaped association between age and wellbeing with the nadir at middle age and higher wellbeing in younger and older adults. The U-shape of life evaluation is often taken to be a standard finding, and has recently been replicated in non-human primates, but there a number of studies with different results, and one analysis of longitudinal data from Britain, Germany, and Australia finds no such shape once individual fixed effects are incorporated. A study analysing a single year of data from the Gallup-Healthways Wellbeing Index in the US allowed for a comparison of life evaluation and hedonic wellbeing; hedonic wellbeing was assessed with ratings of yesterday’s emotions, and life evaluation with the Cantril Ladder. Striking differences in pattern of wellbeing over age were detected between the life evaluation and negative emotions. Worry remained elevated until age 50 and declined thereafter, whereas two positive emotions were similar in pattern to that of life evaluation. These findings are consistent with other results such as a recent study on income and wellbeing, and argue that hedonic and evaluative wellbeing are essentially different, so multiple indicators should ideally be assessed. One particularly intensive study supports the finding of hedonic wellbeing improving with advancing age. Analyses of five momentary samples of affect (using the format ‘how are you feeling right now?’) per day recorded over seven days showed that the frequency of negative emotions decreased at middle age, although their intensity did not. The high density of affect recording enabled distinctions to be made between severity and frequency, a contrast that is not possible with ‘yesterday’ or longer reporting periods, providing new insight into the lives of older people and dispels the idea that the intensity of experiences diminishes with age. The preeminent theory emerging from these and other results is socio-emotional selectivity theory,¹⁸ which posits that as people age they accumulate emotional wisdom that leads to selection of more emotionally satisfying events, friendships, and experiences. Thus despite factors such as the death of loved ones, loss of status associated with retirement, deteriorating health and reduced income – though perhaps also reduced material needs - older people maintain and even increase self-reported wellbeing by focusing on a more limited set of social contacts and experiences. Although the findings support this notion, it is notable that the theory only predicts higher wellbeing in older ages, but does not predict the U-shape pattern of life satisfaction or the flat and then decreasing pattern for stress. Yet it offers an explanation of how, in spite of declining health and income with age, psychological wellbeing may improve. By contrast, economic theory can predict the dip in wellbeing in middle-age; this is the period at which wage rates typically peak and is the best time to work and earn the most, even at the expense of current wellbeing, in order to have higher wealth and wellbeing in later life. These findings suggest that older populations, although less healthy and less productive in general, may be more satisfied with their lives, and experience less stress, worry, and anger than do middle-aged people. However, our on-going research shows that these patterns of psychological wellbeing are not

universal across populations.

Conclusion

There are many remaining challenges in understanding the patterns of age and wellbeing around the world. Concerns toward these part of society is less. Government is making polices but paying no heed towards implementing them. Finally, there is work to be done on understanding the reasons for the observed age patterns. Current policies are not yet adequately accounting for the age patterns and country differences. So, there is need and requirement for paying concern towards elderly population.

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