Maten van succes bij ouderen: Gezondheid, aanpassing en sociaal welbevinden
von Faber, M.

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Summary

This dissertation describes research done into the perceptions of elderly people about the role of health in being 'Successfully Old'. In the conversations with elderly people adaptation emerged as the major theme. For this reason this dissertation describes how elderly people try to adapt and the consequent inconsistencies, conflicts and the confusion affecting their daily lives.

The first chapter describes the reasons for this research. Demographic changes leading to an increasing proportion of elderly people and very old people in society focus attention on the scientific concept of 'Successful Ageing'. This concept lends itself to more than one interpretation. However, in almost all definitions of this concept, health constitutes an important factor. Since 1998 various projects in the Netherlands have aimed at stimulating successful ageing. Because it is as yet not known how elderly people themselves view this concept, this research explores the perceptions of elderly people of 85 years and older of the concept of successful ageing and the role of health in successful ageing. The results of this research are compared with the biomedical approach of the Leiden 85-plus Study.

The second chapter deals with the background of the Leiden 85-plus Study and describes the characteristics of the 'oldest old' who participated in the Study. In order to show in what way the biomedical and the anthropological section of this Study differ, the design of the biomedical approach and the definition of successful ageing of Rowe and Kahn are stated. Conversation and observation were the methods used to gather information for this anthropological research. Co-operation between the disciplines took place during the exploration of the arguments underlying the decisions of elderly people to participate in the intervention programme for auditory rehabilitation and multidisciplinary team discussions on being successfully old. Because co-operation between biomedical researchers and medical anthropologists is very rare, I describe what my own experiences of this were.

The third chapter starts with the similar and divergent findings on successful ageing in the two different approaches within the Leiden 85-plus Study. If successful ageing is defined as an optimal state of overall functioning and well-being, only a small percentage of elderly people meet the criteria. However, from the conversations it appears that many more persons consider themselves to be successful old. From the viewpoint of the participants, the different domains of physical, psycho-cognitive, social functioning and well-being constituting successful ageing were recognized, but on four points they held a different point of view. First, the relative weight that elderly people assign to the various domains of functioning and well-being is different. Not all domains were equally important as assumed in the quantitative approach. Second, the elderly people gave another interpretation to the domains. The third difference was that the process of adaptation was added. And fourth, in all domains, participants made reference to their personal life history and their social environment. Successful ageing is viewed within in a
life-span perspective and personal history. Various notions of ‘time’ all are of importance in the perception of successful ageing. Chronological time is used as an objective tool. However, the meaning attached to a high chronological age is mainly negative and associated with loss and decline. In this research, it appears that among the oldest old the feeling of inner time does not correspond to chronological age; almost all elderly people feel younger. Social norms and experiences in the past are also of importance in the experience of ‘being old’. The conversations show how elderly people use all the different notions of time and stereotypes of old age. Elderly people apply double standards in comparing themselves with peers. Negative stereotypes about old age are endorsed with regard to others but denied with regard to themselves. The role of adaptation and the emphasis on personal characteristics like character come to the forefront in the perceptions of successful ageing and being old.

In chapter four the perceptions of elderly people on the concept of ‘normal ageing’, adaptation and health are described. Elderly people change their standards in the assessment of their health. They redefine health as the maintenance of basic functioning and the absence of life-threatening diseases and pain. Their perceptions and practices with regard to health problems are influenced by the reactions from their social context and common knowledge about problems that are viewed as inherent in ageing. Although adaptation is perceived as an essential element in successful ageing, it appears to be a difficult, time-consuming and often contradictory process that involves different kinds of ‘work’ like anticipation, avoidance of risks, seeking alternatives, weighing up wishes and possibilities and the re-adjustment of limitations. Elderly people emphasise the individual’s responsibility to adapt to changes in health. However, their practices and perceptions about adaptation are influenced by the reaction of their social context and the behaviour and perceptions of some elderly people reflect the expectations of others.

In chapter five, I state that attempts to adapt sometimes fail. If the reactions of the social context are contradictory to the own opinion of elderly people, this may lead to resistance, feelings of uncertainty and conflict. The concept of ‘normal ageing’ no longer provides a sufficient frame of reference about what has to be accepted. Their own expectations are not met and norms conflict with other social norms. The future perspective can be so negative that this may lead to anxiety. The social consequences of decline, like dependency, are not prominent place. These conflicts force elderly people to make a choice regarding the extend to which they want or are able to make concessions about issues that they deem important.

Chapter six deals with the relationship between declining health and social contacts. The difference between the etic and emic approach appears again in the kind of information elderly people give in response to questionnaires on social functioning and in what they reveal in conversations on the same subject. Both feelings of detachment and commitment play an important role in the maintenance of different social relationships. Disease and limitations entail that elderly people have to call on their social contacts and these have to prove their worth. Elderly people see it as their own responsibility not to ‘burden’ the social relationships and therefore are engaged in several strategies like not
complaining about problems and rewarding care and attention. Although commitment is longed for, elderly people often maintain a distance in social relationships. The practices and perceptions of elderly people towards their social contacts are related to perceptions of reciprocity. They hope to receive care, but at the same time feel responsible for doing something in return. Long-term reciprocity is intertwined with short-term reciprocity. Elderly people try to counteract dependence because this has a negative connotation. The ambiguity about what is good or normal behaviour for elderly people is maintained by the elderly persons themselves. Most of them would like to be dependent to a certain degree but are afraid to say so because this will go against the dominant cultural norm in which independence is valued positively.

In chapter seven the relationship between health and well-being is described. In the conversations elderly people stated that successful ageing is equal to a feeling of well-being. The findings of this research suggest that although health is of great importance to elderly people, their scores on well-being do not change significantly if health declines. Other factors, like age norms and the weighing of positive and negative aspects against each other also influence the mark they give themselves for well-being. The findings of this research are compared with several definitions and models of successful ageing that focus on adaptation. This research shows that from the viewpoint of elderly people there exists a hierarchy in goals for successful ageing. Adaptation emerges as the central theme but this turns out to be more complex than described in the existing definitions and models of successful ageing. It is a process of contradictions and ambiguity, which is linked to perceptions from the social context about what has to be accepted as part of 'normal ageing'. One of the findings in this research is that the dominant 'loss-perspective' does not mean that elderly people refrain from adaptation. On the contrary, they are engaged in all kinds of 'work' to maintain a feeling of well-being.