

Psychological aspects of aging and psychology's contributions to gerontology: theoretical and technical interface

Abstract

The growth of the elderly population is a reality all over the world. Aging involves social, economic and also psychological aspects. Development and aging go hand in hand throughout the human life cycle, being called adaptive processes by Psychology and Gerontology, concomitantly involving gains and losses. The ability of the individual to deal with the needs arising from illness and aging is then under focus, making the qualified listening provided by the psychologists an element that can contribute to the re-signification of the experiences in question. Current research has shown that the elderly are responsive to the most diverse psychological interventions, which requires of the psychologists specific knowledge to this type of performance. Psychology and Sociology place old age not as a synonym of capacity loss in a sudden and definitive way, affirming that in adult life and in old age the potential for development is preserved, thus excluding the old dichotomy between growing and declining. It is essential that scholars and professionals build knowledge and practices linked to the specifics and generalities of old age and aging, bringing, then, benefits both to psychological science and Gerontology in general.

Keywords: psychology, gerontology, aging, elderly

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Introduction

The growth of the elderly population is a reality all over the world. Socioeconomic transformation and technological revolution in health are important factors that contribute to the reduction of both mortality and birth rates, leading to such phenomenon of demographic transition.¹ Aging involves social, economic and also psychological aspects, which have consequences not only for the elderly, but for society as a whole.² In this context, especially after the second half of the twentieth century, aging and the heterogeneity of old age become challenging themes for Psychology, which aims to assist Gerontology, together with Biology and Sociology.³ Emerges, thus, the figure of mental health professional as an important ally in coping with the innumerable changes resulting from this process in human development.

Development and aging go hand in hand throughout the human life cycle, being called adaptive processes by Psychology and Gerontology, concomitantly involving gains and losses. Despite the change in the image and representation of aging as a propitious moment for the search for new achievements based on pleasure and personal satisfaction,² old age is also the stage of life with changes most likely characterized by losses.⁴ Death and, therefore, perception of finitude as a threat to the integrity of the body and mind emerge in this scenario. The ability of the individual to deal with the needs arising from illness and aging is then under focus, making the qualified listening provided by the psychologists an element that can contribute to the re-signification of the experiences in question. This material intends to present possible contributions of psychology to the elderly population, considering, in addition to working directly with the elderly, also aspects about institutions, professionals and family involved in care.

Discussion

Current research has shown that the elderly are responsive to the most diverse psychological interventions,³ which requires of the psychologists specific knowledge to this type of performance. In a study with institutionalized elderly, their perception about the importance of the psychologist in such context was investigated. The main results show that for these people, the psychologist is seen as a professional who provides help and assistance in daily tasks; talks, guides and thus provides relief from suffering; works as an interlocutor to transmit something that the elderly may have difficulties or limitations; as well as helps to maintain the balance between people in the institution itself. On the other hand, there was a minority of participants that brought the idea that such a professional should assign his activities only to those who present some type of emotional or cognitive disorder.¹ Many of the ideas and perceptions of the elderly reported in the study actually correspond to what is expected and recommended for the work of the psychologist with this population (using both group and individual techniques): study psychological and psychopathological aspects of aging, look after emotional and cognitive changes, make interventions on problems related to chronic diseases and pains,¹ contribute to the salient themes of old age, such as adaptation, autonomy and dependence, emotional regulation, and quality of life.³ It is also intended that the psychologist include the family and the professionals in their attention and performance, working their beliefs and anxieties regarding the old age and aging process, considering the influence in their personal lives and the interference that can cause in the quality of care given to the elderly, as well as favoring communication, social interaction and the relationship between all.¹ Thus, the work of the professional psychologist within institutions as general hospitals, rest and nursing

homes and even outpatient clinics can be of great importance to people who use such services.

Despite this, it is not uncommon in clinical and institutional practice with the elderly, to find questionings and doubts, both on the health team and the elderly themselves, about the effectiveness of psychological interventions for this part of the population, which also reflects the historical view of the supposed inability of individuals over 50 to fully benefit from psychological interventions due to the limits of the plasticity of mental processes.³ Even when clinical activities began with the elderly, psychological techniques brought the concept that the psychological problems of the elderly result from the inability to accept their past and reconcile with their current condition.³ This view reflects the negative stereotypes usually associated with old age, such as unproductiveness, disability, neglect and sadness, which is in accordance with the main fear of the elderly: dependence, loss of dignity, solitude and suffering that precede death, rather than death itself.⁴

On the other hand, Psychology and Sociology place old age not as a synonym of capacity loss in a sudden and definitive way, affirming that in adult life and in old age the potential for development is preserved, thus excluding the old dichotomy between growing and declining⁴ as if life could be described as a Gaussian curve. It is not a question of denying the existence of biological factors in human aging, but placing them outside the determinism that inserts the experience of old age as universal, when in reality it is extremely individual. Regarding the techniques of psychological accompaniment of the elderly, several authors consider that specific knowledge is necessary to promote clinical efficacy, emphasizing the importance of the psychologist master the knowledge of the Psychology of Aging, creatively adapt and flex techniques or goals.³ The elderly will need to re-signify their relationship with their own body, their life, their finitude, and especially with time, which can marginalize the desire and prevent them from investing affectively in the future, symbolizing impotence, what can materialize in different ways: depression, paranoia and mania.²

Conclusion

There are many psychological and emotional experiences in this phase of life, making it highly susceptible of contribution of the

psychologist. Given the limitations of the objectives of the present material, which intends to introduce and raise reflections on the subject, much more than answering questions, it emerges that it is essential that scholars and professionals build knowledge and practices linked to the specifics and generalities of old age and aging, bringing, then, benefits both to psychological science and Gerontology in general, understood as an area in which work the most diverse kind of professionals, such as: physician, social worker, nurse, psychologist, among others, focused on the intervention with the elderly population.³ It should be emphasized that such interdisciplinary still causes some confusion as to the roles of psychologists and other professionals, and there are also institutions that do not have a psychologist in their professional staff, so their role is passed on to other professionals, situation which highlights the importance that psychologists delimit their professional space so that the specificities of their work are valued and maintained, since their specialized performance can provide the elderly with better conditions such as autonomy, independence and increased self-esteem, favoring a healthy lifestyle and reinforcing the individual's resources for the preservation of mental health.¹

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Conflict of interest

Author declares that there is no conflict of interest.

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