Well-being particularities and coping mechanisms among elderly population

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Abstract

The aging process involves numerous changes, on a physical, social and family level, which requires the presence of necessary adaptive strategies for maintaining a healthy emotional level and an optimum well-being. Numerous theories have focused on the relation between the coping strategies and psychological well-being on elderly people, which can be the key for successful aging. The coping mechanisms appear in the context of change and perceived as stressful, while the elderly must tolerate or adjust their approach of these new situations, in order to maintain their emotional balance and well-being. The issue occurs when the changes are plenty, in a brief time period, and the individual is having the feeling of lack of control regarding his own life. This perception can determine low self-esteem, anxiety or depression. The third age being often characterized by successive changes on the social, family and medical status. Possible stressors at the third age that require coping may be acute, such as loss of a spouse, or are of longer duration, such as chronic pain or illness, long-lasting financial problems, ageism. Coping strategies involves effort and energy greater than the daily routine. A prolonged mobilization of resources can cause psychological and physical breakdowns. Older people's experiences are influenced by a combination of factors, such as gender, old age stages, religion, health, illness, location, socioeconomic status, and ethnicity. The research regarding the connection between psychological wellbeing and coping mechanisms can represent a base for future development of psychological interventions in the elderly population.

Keywords: psychological well-being; coping strategies; aging; life changes; stress factors.

1. Introduction

In contemporary society, the specific problems of the third age represent a point of interest, a fact that has led over time to the study of the specificities of this age stage, with the aim of

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preventing degradation and marginalization and creating an integrated and multidisciplinary approach to medical, community and social services.

Older people face biological, medical, physical and/or psychosocial changes. The third age is a stage in which most people go through major transitions, associated with changes in health and mobility, as well as changes in roles and interpersonal relationships.

Despite numerous researches in the field of gerontology, the essence of the aging process remains an unknown for the current state of knowledge. One of the existing problems in the aging process is when it starts and recognizing the first psychological and medical signs of aging.

As a result of the studies' analysis which refer to the well-being and the support services for the elderly, their association with dimensions of coping mechanisms is attested, this fact being also a starting point of this research. The third age is a special, fragile period that requires a complex, multidisciplinary, integrative study from a biological, psychological and social perspective.

As people age, threats to health, personal independence, and well-being arise, but there are differences in how individuals respond to these threats. Research into aging patterns shows that some people experience illness and early death, while others age actively and enjoy personal independence into old age.

2. Theoretical approach

By studying the specialized literature, the phenomenon of aging is approached differently by theories in the field of psychology, through which new approaches are created and the structure of the rules and principles that govern working with the elderly are reshaped. Theories highlight that psychosocial resources and psychological processes influence the relationship between early life contexts, socioeconomic factors, and health status in adulthood.

The World Health Organization considers regarding to the third age, there is a stage, composed of elderly people, aged between 60-70 years, old people, who are between 75 and 90 years old and the elderly, with age over 90 years (Unal & Ozdemir, 2019). Also, in addition to the classification issued by the World Health Organization, there is a used form of classification of old age: transition to old age between 65-75 years, middle old age between 75-85 years, and over 85 years is the stage of great old age. (Neamțu, 2011)

Old age represents the last stage of an individual's life cycle, in the field of gerontology, this term being explained according to three criteria, respectively: chronological age (number of years from birth to the present moment), functional age (decrease in the capacities of some organs, aspect that differs from one individual to another) and the life cycle (old age is the stage after maturity and until death). (Collopa et al., 2020)

Psychological theories of aging cover various aspects of the aging process, namely specific changes, social support, well-being, emotions, and cognitions that interfere with the end-of-life decline process.

Well-being is fundamental to a person's overall health, enabling them to successfully overcome difficulties and achieve what they want in life. Health and well-being are correlated and have great importance for the third age, due to the increase in the frequency of chronic conditions, the increase in life expectancy and the treatments against diseases which are specific to this stage of life. (Baker et al., 2005)

The research of Chen at al. (2018) highlights the importance of using coping mechanisms in order to deal with periods of stress and traumatic events and to overcome negative emotions and maintain a state of well-being. Aging means an accumulation of losses - physical strength, death of acquaintances, social relations, social life, role in society. While some elderly face aging and death using coping mechanisms such as anticipatory mourning, wish to die, isolation, other elderly seek spiritual and social support and accept the inevitable events with a dignified attitude.

The need to predict the effect of coping mechanisms on the well-being of the elderly is well substantiated by theories about the phenomenon of aging (Batles, 1987; Baltes & Baltes, 1990). Acording to Schoenmakers et al. (2015), old age is a process with many changes in itself, which do not only involve physical changes, but also psychological and social ones (retirement, decrease in income, children leaving home). It is important for older people to have adequate strategies to minimize the emotional consequences of such stressful situations and to adapt adequately to them. For this reason, studying coping mechanisms can be a solution for successful aging.

According to the analysed studies, the importance of the coping mechanisms used by the elderly gives them the opportunity to face the changes that occur with aging, to improve their mental health and to become more resilient. (Ribeiro, 2017)

The pioneer of research in the field of well-being was Ryff (1984, 2014), who focused his work on clarifying the definition of the term and understanding its structure, emphasizing psychological functioning at an optimal level so that the individual can develop and achieve.

Regarding the structure of well-being, the researcher proposed six dimensions - acceptance of one's own person, positive relationships with significant people in the individual's life, continuous personal growth, throughout life, having a purpose in life, autonomy, manifested in thought and action, and environmental management, explained by functioning in a certain environment, which satisfies the individual's needs and respects his values. (Ryff, 2014; Ryff & Keyes, 1995)

Following the current literature, the concept of "well-being" is a multidimensional concept, based on the individual's subjectivity and which depends on the individual's role in society, the experiences, time and place. The concept can be used in numerous researches,

as it is associated with a diversity of time points in life, groups of individuals, communities and cultures, gender, age, education, professions, needs and values. As a result, well-being differs from person to person, from place to place, and from one point in time to another.

Globally, due to the increase in the number of elderly people, the promotion of health and well-being has become a priority to ensure a healthy aging of the world population, there being a correlation between well-being and physical and mental health. The multidimensional phenomenon of well-being in the elderly involves feelings of happiness, purpose in life, contentment, satisfying social relationships and autonomy. (Kunzmann, 2000)

In the specialized literature, there are two views on the nature of coping. According to Vaillant (1977), coping is a personality trait that implies the existence of a set of adaptive and unconscious defence mechanisms.

According to Lazarus & Folkman (1984), coping represents the totality of stress control efforts, as a component of the relationship between the person and the external environment.

The purpose of coping strategies is to compensate or self-regulate stressful situations by reformulating goals or adapting to a new situation. (Gamrowska & Steuden, 2014). Compensation can be achieved in two ways - through emotion-based or problem-based coping strategies. Emotion-focused coping involves the regulation of negative emotions associated with the problem and involves the individual's self-regulation in order to minimize the emotional consequences of the stressful situation. (Mayordomo, et. al., 2015)

According to to Lazarus & Folkman (1984), there are two types of coping strategies: problem-focused coping or "direct coping", addresses the problem and includes strategies for accepting the confrontation with the stressor. This type of coping involves strategies of planning, increasing the level of effort and prioritization. The second type is emotion-focused coping or "indirect coping", which focuses on the person's ability or inability to cope with stress. This type of coping regulates the individual's emotions when faced with a problem and involves the distancing, isolation and desires of the individual. The efficiency of strategies resides in their adaptation to situational assessments and the choice of specific resources. (Gunther, 1994)

3. Methods

Participants and Recruitment Procedures

In the stage of non-experimental ascertainment research, the sample included a number of 213 elderly people from Iași County. In forming the sample, by applying the randomization method, we sought to respect the diversity principle of the living environment, by including in the research people living in residential centers for the elderly and people living at home. The aim was to check some independent demographic variables, which can influence the

results and explain some research findings with reference to the living environment. We also choose for elder male and female participants, who are differentiated by their family status - widowed, divorced or married, statistically distributed according to the age stage criterion - the stage of transition to old age (65 - 75 years old), the stage of middle old age (75 – 85 years), the stage of great old age or the long-lived (over 85 years).

The identification of the subjects was carried out with the help of specialists from the medical and social fields, the elderly people who participated in the study were people taken into the records of three institutions, respectively the Mental Health Center "Dr. Ghelerter" Iași, Archdiocese of Moldova and Bucovina and the Directorate of Community Assistance, Iași. The subjects were selected from different living environments, namely people who live at home and who attend the Bârnova Retirement Club, within the Bârnova Monastery, the Retirement Club from the Church of Saints Constantine and Elena, patients of the Mental Health Center "Dr. Ghelerter", Iasi, as well as beneficiaries of the Residential Home for the elderly "Sf. Parascheva". Through this we aimed to preserve the representativeness of the living environment among the beneficiaries.

The subjects were informed in advance that they would participate at a research for a doctoral thesis and that they would have the opportunity to complete a set of questionnaires in paper-and-pencil format. They were told that the application of the questionnaires is anonymous, only age, gender, living environment and family status are recorded.

Following the application of the "Mini Test for Mental State Examination - MMSE", out of a total of 213 subjects, 28 subjects were excluded due to cognitive impairment. After processing the questionnaires, 174 copies of the research protocols were validated, the difference of 11 copies were eliminated due to the information provided incompletely by the subjects by omitting the answer to the items or later refusing to continue the evaluation. Thus, the final sample consists of 174 subjects, of which 61.5% are women and 38.5% men, the majority 62.1% live in the residential center for the elderly and 37.9% live at home.
Regarding the family status, the majority are divorced - 50.6%, 39.1% are widowed, 10.3% are married, and according to the age stage - the stage of transition to old age (65 - 75 years)- 44.8%, the stage of middle old age (75-85 years)- 42.5%, the stage of great old age or the long-lived (over 85 years)- 12.6%.

Measurement instruments
In a first stage, the subjects who meet the targeted demographic criteria were selected, and in order to ensure the cognitive capacity to participate in the research, the "Mini Mental State Examination - MMSE" (Mini Mental State Examination) was applied in a first stage (Folstein et al., 1975). The instrument is a screening test for the alteration of the cognitive functions of adults, testing spatial and temporal orientation, attention, immediate and short-term memory, the ability to perform concrete- abstract operations, motor skills and their

language. In this way, subjects with cognitive deficits, those with severe sequels after a stroke, with severe hearing impairments were eliminated. These criteria are necessary, given that older people with these conditions will face difficulties in answering the research questionnaires.

Subsequently, the subjects identified as being able to answer the questionnaire and participate in the formative research were applied research instruments, respectively: "Strategic approach to coping scale - SACS" (Hobfoll et al., 1994) and "Ryff scale for psychological well-being" (Ryff & Keyes, 1998). To measure the "coping mechanisms" variable, we used the "Strategic Coping Approach Scale - SACS" - a multidimensional questionnaire, built to identify behavioural coping strategies in a social context, which someone uses after experiencing certain negative events or situations.

The SACS scale measures the frequency of using certain behavioural coping strategies, through 9 rating scales: assertive action, social relation, seeking social support, cautious action, instinctive action, avoidance, indirect action, antisocial action and aggressive action.

To measure the dependent variable "psychological well-being", the "Ryff scale for psychological well-being" was applied. Well-being is a dynamic concept that includes subjective, social and psychological dimensions as well as health-related behaviours.
The scale includes 42 items distributed in 6 subscales: autonomy, control over the environment, personal development, positive relationships with others, the existence of a purpose in life, self-acceptance.

4. Results

In order to identify the relationship between the presence of each coping mechanism and well-being at the third age demographics, we used the Independent samples T-test, in the Statistical Package for Social Sciences program, version 13.0 for Windows (IBM, 2013). We divided the results for the well-being factor into two different categories – low level and high level for each dimension, thus we need to compare the 2 levels for each well-being dimension (low and high) with every dependent variable. Analysing the differences found regarding the "assertive action" coping mechanism and their manifestation depending on the psychological well-being, we deduce that they are significantly different for the dimensions of the "autonomy" well-being ($t= -10.547$, $p< .000$) , "environmental control" ($t= 4.695$, $p< .000$) and "self-acceptance" ($t= -6.289$, $p< .000$), thus: those who have a high level of autonomy have a higher average ($x = 34.12$) compared to those with a low level of autonomy ($x= 23.75$), subjects with a low level of environmental control have a higher average ($x= 36$) compared to those with a high level ($x =32.44$), and regarding self-acceptance, the higher mean is for the low level of the dimension ($x=34.29$) compared to the mean for the high level ($x= 28.5$).

The statistical results can be seen in Table 1, at a significance level of p< 0.000.

Table 1. Coping mechanisms and well-being

Coping mechanisms	*Well-being*	*t*	*Mean low level*	*Mean high level*
Assertive action	Autonomy	-10,547	23,75	34,12
	Environmental control	4,695	36	32,44
	Self- acceptance	-6,289	28,5	34,29
Social relationship	Positive relationship with others	-8,398	12,67	19,65
Seeking social support	Positive relationship with others	-15,283	11,44	22,55
Avoidance	Autonomy	8,154	24,25	19
	Environmental control	-15,307	9	20,52
	Self- acceptance	4,288	22,88	18,52
Instinctive action	Autonomy	-6,189	17,5	22,8
	Environmental control	4,823	27,5	21,67
Antisocial action	Autonomy	-6,211	8,25	13,52
	Environmental control	5,138	15,5	12,59
	Personal development	-5,608	10,64	14,11
Aggressive action	Purpose in life	-5,670	10,75	14,24
	Autonomy	-5,599	10,5	15,08
	Environmental control	4,246	19	14,11
	Positive relationship with others	4,923	16,56	13,5

For the coping mechanism "social relationship", significant differences appear for the dimension "positive relationships with others" (t=-8.398, p< .000), the average of the elderly with a high level of this aspect of well-being is higher (x = 19.65) compared to those with a low level (x= 12.67).

The same significant difference was also registered between the coping mechanism "seeking social support" with the dimension "positive relationships with others" (t= -15.283, p< .000), with the mean of the high level higher (x= 22.55) compared to the low level of the well-being dimension (x= 11.44).

The "avoidance" mechanism registers significant differences for the dimensions: "autonomy" (t= 8.154, p< .000), with the average of those with a low level higher (x= 24.25) than the average of those with a high level (x= 19), "environmental control" (t= -15.307, p< .000), with the mean of the high level higher (x= 20.52) compared to the mean of the low level of the dimension (x= 9), and for "self-acceptance ” (t= 4.288 p< .000), the mean of the low level is higher (x= 22.88) than the mean of the high level (x= 18.52).

For the coping mechanism "instinctive action" significant differences appear for the dimensions of psychological well-being "autonomy" (t= -6.189, p< .000), with the mean of the high level higher (x= 22.8) than the mean of the low level (x= 17.5) and for "environmental control" (t= 4.823, p< .000), with the low level mean higher (x= 27.5) than the high level mean (x= 21.67).

The coping mechanism "antisocial action" differs significantly regarding four dimensions of well-being, namely "autonomy" (t= -6.211, p< .000), with the mean of the high level higher (x= 13.52) than the mean low level (x= 8.25), "environmental control" (t= 5.138, , p< .000),

with the high level mean higher (x= 15.5) than the low level mean (x= 12.59) , "personal development" (t= -5.608, p< .000), with the mean of the high level higher (x= 14.11) than the mean of the low level (x= 10.64) and the dimension "purpose in life" (t = -5.670, p< .000), the mean of the high level being higher (x= 14.24) compared to the low level of the dimension (x= 10.75).

For the "aggressive action" mechanism, significant differences appear for the well-being dimensions, as follows: "autonomy" (t= -5.599, p< .000), with the mean of the high level higher (x= 15.08) compared to the mean of the low level (x= 10.5), "environmental control" (t= 4.246, p< .000), with the mean of the low level higher (x= 19) than the mean of the low level (x= 14.11) and "positive relations with others" (t= 4.923, p< .000), the mean of those with a low level is higher (x= 16.56) than the mean of those with a low level (x= 13.5).

5. Discussion

Coping strategies are an important area to understand the ways in which the elderly deal with daily difficulties, and moreover, knowing the relationship with well-being is an added value in improving the quality of life. The study was designed to include a conclusive batch of subjects in terms of age, living environment, family status, through which we ensured external validity regarding the characteristics of the targeted population.

The results emphasize the link between coping mechanisms and dimensions of well-being. People who approach the problems of everyday life through "assertive action" are firm, spontaneous and do not back down from problems. They are independent and self-determined through their positive attitude towards themselves, but do not feel in control of the outside world.

The elderly whose well-being is manifested through trusting and reciprocal relationships with those around them, are empathetic and concerned about the well-being of others, manifest the coping mechanism "social relationship" and "seeking social support", through which they join others to cope with difficulties, for emotional support, taking into account their needs as well.

Unforeseen events occur in the life of the elderly that require their ability to adapt, sometimes the changes have an emotional impact and can be difficult to manage, thus the avoidance coping mechanism also appears, although dysfunctional, it manifests itself through abandonment, avoiding solving problems and not confronting the agent stressor. People with such a mechanism are concerned with the expectations of other individuals, rely on the judgments of others in making important decisions, and feel dissatisfied with their own person.

Elderly problems are also addressed through instinctive actions whereby the person relies on intuition and reacts without considering the consequences or the needs of other people.

They resist social pressure and self-evaluate by their own standards, but have difficulty identifying opportunities and controlling the external environment.

Reaching the third age, some people focus on their own person at the expense of others and have as a coping strategy antisocial action through which they approach stressful situations even if they harm others, despite the fact that they are concerned with the evaluations of those around them and conform social pressures, failing to benefit from the opportunities that arise. These seniors have goals for the future, the desire to live and have new experiences through which to develop their personal potential.

Another prosocial- antisocial dimension of coping mechanisms is aggressive action, through which the elderly act quickly with the aim of disarming others, controlling and dominating. This may also be the reason why they have few close and trusting relationships with others, they resist social pressure, not wanting to compromise in order to maintain friendships.

Well-being is fundamental to a person's overall health, enabling them to successfully overcome difficulties and achieve what they want in life. Health and well-being are correlated and of great importance for the third age, due to the increase in the frequency of chronic conditions, the increase in life expectancy and the treatments against diseases specific to this stage of life.

Conclusions

The research brings added value by identifying the cognitive and behavioural dimensions and by measuring the psychological well-being and the degree to which the elderly know and access the support services addressed to them.

The adoption of policies at the national or world level is insufficient without the identification of intervention strategies based on psychological aspects characteristic of this stage of life. The personnel in charge of providing services for the elderly need theoretical, methodological and practical support, as well as an institutional normative context that encourages them to adopt relevant and effective professional practices for this category of the population.

These corroborated results will later allow the development of a psychological intervention that will act on maladaptive cognitive schemes, so that the elderly manage to adapt the way they think and behave in order to benefit from a qualitative and active aging. This population can contribute to society, given that they are a resourceful group that can actively contribute, realize their own potential, cope with life's stressors and contribute to their community in productive and fruitful ways.

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