

Adjustment and Age Through the Eyes of Portuguese and English Community-Dwelling Older Adults

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Abstract

Purpose: To analyze subjective age (SA) and the contributors to adjustment to aging (AtA) identified by older adults and to investigate the latent constructs that can work as major determinants in SA and AtA in an older population. **Method:** Measures were completed, using a variety of appropriate methods, including demographics and interviews. Complete data were available for 108 older adults aged between 75-99 years ($M = 81.1$; $SD = 6.43$). Data was subjected to content analysis. Representation of the associations and latent constructs were analyzed by a Multiple Correspondence Analysis (MCA). **Results:** The most prevalent response of the interviewed participants for contributors to AtA was 'sense of limit and existential issues' (20.2%). 'With congruence' (29.3%) was identified as the most frequent SA response. AtA and SA for Portuguese elderly were explained by a three-factor model: 'integrated', 'involved' and 'young-at-heart'. A three-dimension model formed by 'attentive', 'driven' and 'connected' was indicated as a best-fit solution for English elderly. **Conclusions:** AtA is related to SA in older adults in both samples. The results presented in this paper stressed the under-developed potential of an adjustment and age overall model for this population.

Key words: Adjustment to aging; English; Portuguese; Multiple correspondence analysis; Community-dwelling older adults; Subjective age

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INTRODUCTION

The proportional increase of the elderly in the population has emphasized the need for consideration of what it takes to live this phase of life with a sense of quality. Life expectancy for older adults in the UK has reached its highest level on record for both males and females, 78.1 years at birth for males and 82.1 years at birth for females (2008-2010). Within the UK, England has the highest life expectancy at birth, 78.4 years for males and 82.4 years for females. Moreover, the number of English centenarians in 2010 was estimated to be 12,640 (Office for National Statistics, 2011).

Portuguese older than 65 years of age account for 17.1% of the almost 11 million. The expected percentage of old people in Portugal in 2050 is 31% of the population (World Health Organization Quality of Life Assessment Group, 2011). Moreover, Portugal has been showing systematically the highest rate of poverty in the EU, not only in the total population but also, and particularly, among the older population. According to estimates from Eurostat, in 1998 the rate of people at risk of poverty (defined as 60% of median equivalised income) among the Portuguese elderly was 34%, the third highest in the EU15. This is only surpassed by the UK with 40% and Greece with 36%. For that same year, the EU15 at risk of poverty rate was 20.5%. In fact, recent figures show that Portuguese elderly are very deprived, moreover, their social and psychological condition is mostly unknown (European Commission, 2003).

The scientific study of the development of individually and socially adaptive behavior constitutes the subject matter of the psychology of adjustment (Cattell, 1950; Havighurst & Albrecht, 1953; Shaffer, 1936; Williams, Tibbitts, & Donahue, 1966). Furthermore, a model that represented the nature of development and aging with the focus on adjustment was developed in more recent years (Baltes & Baltes, 1990; Baltes & Carstensen, 1996).

Adjustment to aging (AtA) is a multi-dimensional function of the dynamic interaction of elements such as autonomy, control, self-acceptance, personal growth, positive social network, purpose in life (Bauer & McAdams, 2004; Keyes, Shmotkin & Ryff, 2002; Ryff, 1989; Slangen-Dekort, Midden, Aarts & Wagenberg, 2001; Staudinger & Kunzmann, 2005) that may vary with time, age, gender, race, culture, illness, financial status and society (Neri, Cachioni & Resende, 2002). Moreover, AtA is a relevant and proximate concept, yet distinct, from subjective well-being (Diener, Suh, Lucas & Smith, 1999; Kesebir & Diener, 2010; Pavot & Diener, 2004) and quality of life (World Health Organization Quality of Life Assessment Group, 1995), previously defined and validated in the gerontological literature. Additionally, the concept of successful aging includes a state of being or a process of continuous adjustment (Lewis, 2011). Growing evidence suggests that AtA should be a relevant key consideration for research and health practitioners to comprehend the implications of old age and longevity (Lohman, 1977; Slangen-Dekort *et al.*, 2001; Staudinger & Kunzmann, 2005).

Being satisfied with one's own aging can reflect age identity and the operation of self-related processes that enhance well-being (Levy, 2003). Furthermore, there is consensus that positive self-perceptions of aging serve to sustain levels of social activity and engagement, enhance self-esteem and boost biophysiological functioning (Kleinspehn-Ammerlahn, Kotter-Grühn & Smith, 2008; Stephan, Caudroit & Chalabaev, 2011). Distinctively from chronological age, subjective age is a multidimensional construct that indicates how old a person feels and into which age group a person categorizes him or herself (Barak, 2009; Barrett, 2005; Montepare, 2009). Previous research suggests that age contributed to a greater decline in aging satisfaction and an increase in the discrepancy of subjective age (Kleinspehn-Ammerlahn, Kotter-Grühn & Smith, 2008).

In spite of the findings described above, the concept of 'adjustment and age' is relevant to a salutogenic approach focussed on the well-being, health, and adapted

functioning of older adults (Brandtstädter & Rothermund, 2003; Eriksson & Lindstrom, 2006; Slangen-Dekort *et al.*, 2001; Schafer & Shippee, 2010; Staudinger & Kunzmann, 2005; Von Humboldt, Leal & Pimenta, 2012).

In addition, to date, little research has focused on the association between AtA and SA in a joint overall model of "adjustment" and "age", in a cross-national population.

Personal perception of age reflects age as an individual experience. Instead of applying traditional definitions and measurement models, we assert that the use of qualitative methodologies such as in-depth interviews subjected to content analysis provide opportunities for exploration of the multi-dimensional context of AtA and SA. In fact, subjective dimensions, which touch on the core of a person's sense of meaning and self-definition, may not be accessible to survey-type, structured questions (Potter & Hepburn, 2005). Moreover, an international comparison study is pertinent to uncover the distinctiveness of older adults' experiences concerning the multi-cultural context of AtA and SA. Therefore, the central aim of this study is to make a relevant contribution to the existing literature by: (a) eliciting categories that had impact on Portuguese and English older adults' SA and AtA; (b) investigating latent constructs that can work as major determinants in SA and AtA and (c) examining the potential explanatory mechanisms of the overall model "adjustment and age". Results suggest that the hypothesized link between the two concepts may exist.

METHODS

Participants

The total sample comprised 108 eligible non-institutionalized individuals, aged 75 and over ($M = 81.1$; $SD = 6.43$; range 75-99), 53.7% female, 50.0% English and 57.4% professionally inactive. The sampling of participants was based on the availability of respondents and they were recruited through senior universities message boards, local and art community centres list-serves, in Lisbon and the Algarve regions. Older adults were included when not diagnosed concurrent severe mental disorders according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994) and excluded if they had difficulty completing the Mini-Mental State Examination (MMSE) (Folstein, Folstein & McHugh, 1975). Interviews lasted between 30 and 90 minutes. Table 1 shows the characteristics of the interview participants.

Table 1
Distribution of the Study's Participants According to Sociodemographic and Health-Related Characteristics

	English		Portuguese		Total	
	N	%	n	%	n	%
N	54		54		108	
Age (<i>M</i> ; <i>SD</i>)	80.1 (6.264)		81.8 (6.753)		80.9 (6.537)	
Gender						
Male	24	44.4	26	48.1	50	46.3
Female	30	55.6	28	51.9	58	53.7
Education						
Primary school	2	3.7	10	18.5	12	11.1
Middle school	17	31.5	23	42.6	40	37.0
High school	24	44.4	13	24.1	37	34.3
University degree or higher	11	20.4	8	14.8	19	17.6
Marital Status						
Married or in a relationship	23	42.6	31	57.4	54	50.0
Single	10	18.5	3	5.6	13	12.0
Widowed	21	38.9	20	37.0	41	38.0
Professional Status						
Active	27	50.0	19	35.2	46	42.6
Inactive	27	50.0	35	64.8	62	57.4
Family Annual Income						
≤10,000 €	1	1.9	1	1.9	2	1.9
10,001–20,000 €	14	25.9	16	29.6	30	27.8
20,001–37,500 €	21	38.9	24	44.4	45	41.7
37,501–70,000 €	15	27.8	8	14.8	23	21.3
≥70,001 €	3	5.5	5	9.3	8	7.3
Perceived Health						
Good	32	59.3	34	63.0	66	61.1
Poor	22	40.7	20	37.0	42	38.9

Note: Total sample: $n = 108$; SD = standard deviation.

Materials and Procedure

Data Collection

Semi-structured interviews based on an interview guide were conducted in the participants' own homes. Each interview was performed individually and began with a set of straightforward background questions, to find out about the participant's living arrangements, health, nationality, age, family, education and work, followed by two open-ended questions that were created in order to be bias free and to allow any kind of narrative about each theme, as well as to facilitate the fluency of the participants' narratives about their perceptions: "How do you feel about your age?" and "I would like to understand what, in your point of view, contributes to your adjustment to aging in this phase of your life". These questions were elaborated to address two core areas: SA and AtA. All interviews were conducted and audio-recorded by the same researcher (SVH) who had no previous relationship with the participants. Upon completion of the interview, participants were asked to evaluate the schedule and the interview process. This evaluation included questions

about the length of the interview and the appropriateness and relevance of questions asked. Participants were also asked to identify any questions that they found difficult to answer or offensive. No further questions were added to the interview.

Data Analysis

Data was analyzed, employing content analysis and using the following procedure: a) development of major emergent categories, mutually exclusive, that reflected the 108 interviews, for each one of the two pre-existing categories: SA and contributors to AtA; b) creation a list of coding cues; c) analysis of verbatim quotes and best fit characterizations for a given emergent category; d) definition of sub-categories, within and across the narratives, while preserving the principle of homogeneity of the category and e) derivation of major emergent categories until the point of theoretical saturation was reached (Bardin, 2007; Morse, 1995). Our structure of sub-categories and categories was then subjected to an external review and critical feedback was obtained from reviewers with experience with older adults. An independent analysis of the 108 interviews was performed by a jury of two psychologists (both faculty) and a final group co-resolution, regarding the categories was made.

Representations of the associations between the emergent categories obtained from the narrative analysis, and latent constructs that can work as major determinants in older adults' recognized SA and contributors to AtA, were assessed by a Multiple Correspondence Analysis (MCA). Statistic criteria included the following: (a) minimum of 5.0% of the total variance explained by each factor and (b) minimum eigenvalue of 1 for each factor. Data were analyzed using SPSS for Windows (version 19.0; SPSS Inc., Chicago, IL).

The Portuguese Foundation for Science and Technology (FCT) and ISPA -- Instituto Universitário, approved the study. Informed consent was received from all participants and the study protocol was approved by the Research Unit in Psychology and Health's coordination.

RESULTS

Content Analysis of the Emergent Categories

As regards to the results from content analysis, the jury identified a total of five categories for SA: (a) 'in congruence', (b) 'without concern', (c) 'with apprehension', (d) 'young-at-heart' and (e) 'good enough'.

In Congruence

Participants verbalized that they felt in congruence with their present age, as it corresponded to their expectations at the present moment.

"I feel very comfortable about my age." (Participant 12)

Without Concern

Participants reported no concerns about their age.

"I don't worry too much about getting old." (Participant 4)

With Apprehension

Participants verbalized concerns about their age and their future lifetime.

"I look at the future with concern." (Participant 43)

Young-at-Heart

A youthful attitude towards age was pointed out by the participants.

"I still feel as when I was 18." (Participant 87)

Good Enough

Age was verbalized by participants as acceptable.

"Age has been good to me." (Participant 67)

"In congruence" was the most mentioned SA for English (25.9%) and Portuguese participants (33.3%) (see Table 2).

"I feel good about my age. I know that I am not young anymore but I also know that I have plenty of years ahead of me." (Participant 18)

"I don't imagine myself with a different age. Everything that I am today has to do with my age and with my life." (Participant 59)

"I feel congruent about my age. I see myself as a person that has matured... like a good wine." (Participant 87)

Table 2
Emergent Categories Resulting from Content Analysis of the Pre-Categories 'Subjective Age' and 'Contributors to AtA'

	English		Portuguese		Total	
	Category frequency	Category percentage	Category frequency	Category percentage	Category frequency	Category percentage
Subjective age						
With congruence	42	25.9	45	33.3	87	29.3
Without concern	36	22.2	36	26.7	72	24.2
With apprehension	27	16.7	24	17.8	51	17.2
Young-at-heart	33	20.4	27	20.0	60	20.2
Good enough	24	14.8	3	2.2	27	9.1
Score of pre-category 'subjective age'	162	100.0	135	100.0	297	100.0
Contributors do aging						
Family, Social and Interpersonal Attachment	18	6.6	33	14.5	51	10.2
Health status, Physical and Intellectual Functioning	36	13.2	30	13.2	66	13.2
Occupation, Profession, Autonomy and Leisure	33	12.1	24	10.5	57	11.4
Accomplishment, Personal Fulfilment and Future Projects	45	16.5	27	11.8	72	14.4
Stability, Quality and Financial Situation	30	11.0	33	14.5	63	12.6
Valorization of Time and Age	57	20.9	33	14.5	90	18.0
Sense of Limit and Existential Issues	54	19.7	48	21.0	102	20.2
Score of pre-category 'contributors to AtA'	273	100.0	228	100.0	501	100.0

Moreover, findings designated a total of seven categories for AtA: (a) 'accomplishment, personal fulfilment, and future projects', (b) 'occupation, profession, autonomy and leisure', (c) 'health status, physical and intellectual functioning', (d) 'valorization of time and age', (e) 'family, social and interpersonal attachment', (f) 'stability, quality and financial situation' and (g) 'sense of limit and existential issues'. 'Sense of limit and existential issues' was the most verbalized contributor to AtA for

Accomplishment, Personal Fulfilment, and Future Projects

Participants verbalized accomplishments (e.g., artistic projects), and personal fulfilment as contributors to AtA.

"I enjoy doing things that make me feel alive." (Participant 100)

Occupation, Profession, Autonomy and Leisure

Profession and occupation (e.g., volunteering) and leisure (e.g., dancing) were indicated by participants as contributing to AtA.

"I'm still working in the hospital as a volunteer." (Participant 53)

Health Status, Physical and Intellectual Functioning

Participants reported health and well-being as relevant to their AtA.

"I need to be well, in body and spirit." (Participant 14)

Valorization of Time and Age

Participants pointed out time as a valuable resource and that old(er) age made them perceive life as a valuable time.

"Time is my most precious thing. I know I am getting older" (Participant 88)

Family, Social and Interpersonal Attachment

Being with their family, professional peers, neighbours and friends was verbalized as contributing to AtA.

"I love the fact that I can still be with by work colleagues." (Participant 54)

Stability, Quality and Financial Situation

Older adults reported accessibility quality of life and financial stability, as important for their AtA.

"My house is very central. Everything is nearby" (Participant 13)

Sense of Limit and Existential Issues

Participants reported future death and the awareness of the end of the life cycle as contributing to their AtA. Furthermore, participants reported spiritual and religious beliefs as relevant for their AtA.

"I feel connected to every human being." (Participant 90)

'Sense of limit and existential issues' was the most verbalized contributor to AtA by Portuguese participants (21.0%), whereas 'valorization of time and age' was the most mentioned contributor to AtA by English participants (20.9%), as seen in Table 2.

Portuguese participants verbalized their focus on existential issues, as contributing to their AtA.

"I feel closer to my inner-being." (Participant 37)

"I think about the meaning of my life." (Participant 41)
 Moreover, English older adults referred time and age as relevant for their AtA.

"My time is very valuable for me. I know that I have to make the most of it." (Participant 72)

"It's important to me to balance all the good and bad things of my age." (Participant 89)

Multiple Correspondence Analysis of the Emergent Categories

Findings from MCA indicate a model for both pre-categories, with diverse factors and factor loadings and assess the correlational structure of the pre-categories in our international comparison study: AtA and SA.

When representing an overall model that joins the concepts of "adjustment" and "age", we considered the correlational structure of the pre-categories in our study (contributors to AtA and SA). Results suggested a three-dimension model (accounting for 84.4% of total variance) composed by: 'integrated', 'involved', and 'young-at-heart', as a best-fit solution (see Table 3) for Portuguese participants and a three-dimension model (accounting for 87.7% of total variance) composed by: 'attentive', 'driven', and 'connected', as a best-fit solution for English participants (see Table 4).

Table 3
Three-Dimensional Representation for 'Subjective Age' and 'Contributors to AtA' for Portuguese Older Adults: Factor Loadings for Each Dimension, Mean Loadings and % Inertia (Variance) Explained

Categories	Dimensions			
	Integrated	Involved	Young-at-heart	Mean
With congruence	.655	.068	.057	.260
Without concern	.757	.015	.070	.281
With apprehension	.005	.745	.137	.296
Young-at-heart	.007	.271	.703	.327
Good enough	.011	.037	.295	.114
Family, Social and Interpersonal Attachment	.884	.009	.079	.324
Health status, Physical and Intellectual Functioning	.804	.011	.023	.279
Occupation, Profession, Autonomy and Leisure	.016	.806	.059	.294
Accomplishment, Personal Fulfilment and Future Projects	.005	.745	.137	.296
Stability, Quality and Financial Situation	.884	.009	.079	.324
Valorization of Time and Age	.007	.271	.703	.327
Sense of Limit and Existential Issues	.048	.605	.106	.253
Eigenvalue	4.085	3.592	2.447	3.375
Inertia	.340	.299	.204	.281
% of Variance	34.043	29.934	20.394	28.123

Table 4
Three-Dimensional Representation for ‘Subjective Age’ and ‘Contributors to AtA’ for English Older Adults: Factor Loadings for Each Dimension. Mean Loadings and % Inertia (Variance) Explained

Categories	Dimensions			Mean
	Attentive	Driven	Connected	
With congruence	.211	.621	.082	.305
Without concern	.122	.808	.001	.310
With apprehension	.842	.120	.002	.322
Young-at-heart	.179	.713	.000	.297
Good enough	.890	.030	.016	.312
Family, Social and Interpersonal Attachment	.162	.174	.328	.221
Health status, Physical and Intellectual Functioning	.637	.207	.017	.287
Occupation, Profession, Autonomy and Leisure	.842	.120	.002	.322
Accomplishment, Personal Fulfilment, and Future Projects	.275	.522	.087	.295
Stability, Quality and Financial Situation	.732	.021	.011	.255
Valorization of Time and Age	.019	.219	.635	.291
Sense of Limit and Existential Issues	.003	.143	.729	.291
Eigenvalue	4.915	3.696	1.911	3.507
Inertia	.410	.308	.159	.292
% of Variance	40.956	30.802	15.929	29.229

DISCUSSION

The objective of this paper was to bring fresh perspective to a relevant topic of interest in gerontology. ‘Without concern’ and ‘young-at-heart’ were the most referred SA for older adults. Additionally, this international comparison study prompted the emergence of subjective (e.g. sense of limit) and objective themes (e.g. safety), as contributors to AtA, which indicated the importance these can have on AtA for the respondents and supported existing literature (Bauer & McAdams, 2004; Brodsky, 1988; Keyes, Shmotkin & Ryff, 2002; Ryff, 1989; Ryff & Keyes, 1995).

For Portuguese participants, the largest factor ‘integrated’ accounted for 34.0% of total variance, whereas for English participants, ‘attentive’ represented 41.0% of total variance. ‘Young-at-heart’ was the least representative factor for Portuguese elderly (20.4% of total variance) and ‘connected’ for the English participants (15.9% of total variance).

The MCA regarding the correlational structure of the two pre-categories, contributors to AtA and SA, emphasizes that these are largely explained by a three-factor model, for each nationality. Thus, for Portuguese participants, ‘with congruence’, ‘without concern’, ‘family, social and interpersonal attachment’, ‘health status, physical and intellectual functioning’ and ‘stability, quality and financial situation’ constituted the first factor (‘integrated’). Previous studies suggest that social activities often leave people feeling connected, recognized and valued (Folkman, 1997) and that significative social relationships are relevant for older adults (Low & Molzahn, 2007). Additionally, age associated attrition in social networks is partially attributed to functional loss, health disparities and the discontinuation of personal relationships (Lang, 2001).

The second factor (‘involved’) gathered ‘with apprehension’, ‘occupation, profession, autonomy and leisure’, ‘accomplishment, personal fulfillment and future projects’ and ‘sense of limit and existential issues’. Gerontological literature is drawing attention to the increasingly influential role of existential factors such as religiosity, sense of limit, spirituality and personal meaning in the well-being of older adults (Fry, 2000; Kotter-Grühn, Grühn & Smith, 2010). Previous literature indicated that older adults search for existential meaning and conscious aging (Malette & Oliver, 2006) and that being active in old age may satisfy various personal needs (Ryan & Deci, 2000). Moreover, growing literature suggest that success in fulfilling challenges may yield more positive perceived age (Kleinspehn-Ammerlahn, Kotter-Grühn & Smith, 2008; Ward, 2010) and that older adults feel conscientious, driven and more agreeable than middle-aged and younger adults (Allemand, Zimprich & Hendriks, 2008).

Furthermore, in our study, the third factor (‘young-at-heart’) comprised ‘young-at-heart’, ‘good enough’ and ‘valorization of time and age’; hence these older adults valorized time and age. Yet, ‘good enough’ (.295) had a low loading in this factor, which indicated that this category is not very significant in this factor. Brandtstädter and Rothermund (2003) stressed the importance of time as an action resource and a source of meaning. Moreover, the experience and awareness that one’s lifetime is running out leads to a shift to intrinsic or ego-transcending goals (Brandtstädter, Rothermund, Kranz & Kühn, 2010).

For English participants living in the community, the first factor (‘attentive’) assembled ‘with apprehension’, ‘good enough’, ‘health status, physical and intellectual functioning’, ‘occupation, profession, autonomy and leisure’ and ‘stability, quality and financial situation’.

Oerlemans, Bakker, and Veenhoven (2011) indicate that spending more time on social, physical and cognitive activities related positively to state happiness among seniors, whereas household activities related negatively to happiness.

‘With congruence’, ‘without concern’, ‘young-at-heart’ and ‘accomplishment, personal fulfillment, and future projects’ constituted the second factor (‘driven’). Previous literature suggests that productive activities contributed to well-being of older adults (Wahrendorf & Siegrist, 2010) and that professional engagement especially with peers (Stevens-Ratchford, 2005; Stevens-Ratchford & Diaz, 2003), productive creativity (Brodsky, 1988) and status (Hatch, 2000) contributed to aging well.

The third factor (‘connected’) assembled ‘family, social and interpersonal attachment’, ‘valorization of time and age’ and ‘sense of limit and existential issues’. Yet, the category first category (.328) had a low loading in this factor, which indicated that this category is not very significant in this factor. It must be noted that older adults live within a relatively steady social network which provides regular contact over time (Lang, 2001). AtA can be increased by improving the fit between the person and the environment. For English elderly living abroad, when family support was not available, more varied forms of support were tapped to meet their needs (e.g., friends, professional peers, neighbors). Although both family and friends play important support functions, some scholars have taken the view that friends may be more contributive to well-being than the family (Cheng, Li, Leung & Chan, 2011). Moreover, Bowling (1995), Birren and Schaie (1996), and Whitbourne and Weinstock (1986) reported interpersonal relationships and health to be relevant for older adults. Kotter-Grühn, Grühn, and Smith (2010) suggested that in lifespan developmental psychology, the perception that one’s life is coming to an end is operationalized, among others, in the concept of future time perspective, which has received particular attention in the context of socio-emotional selectivity theory (Carstensen, 2006). Furthermore, collaboration between scholars, researchers and social gerontologists will help shed light on the relational causes and consequences of forms of bridging potential in later life. Future work should avoid some of the limitations of this study. Although a diverse sample of participants was recruited, the selection procedure based on the availability of the participants could have resulted in some selection bias. Sampling of participants was performed purposefully (Miles & Huberman, 1994), with the objective of facilitating the understanding of the multi-dimensional and cross-cultural context of AtA and SA.

Furthermore, the interviews were only semi-structured. Even though the interviews were conducted with a view to being bias free, two core areas were predefined to be addressed. Thus, interviews tended to be steered to these areas, and to be directed to older adults’ self-reports

of AtA and SA. Yet, biased results were minimized by the checking of results with external review and with respondents themselves. Qualitative research thus, was necessary to maximize validity and to highlight the need for researchers and health professionals to be aware of the variation in perceptions of the participants.

Additionally, there is no certainty that different researchers would not come up with different categories. Finally, our findings cannot be generalized to other samples and only reveals the perceptions of our participants. It indicated only relevant clues to take into account in broad assessment for older adults, clinical practice and future research. Although this sample comprised older adults from 75 to 99 years old, more studies are needed with older adults younger than 75. Additional research is needed into the conceptual framework of SA and AtA for older adults.

The support on variety of aging well presented in this paper is an important contribution to the under-developed potential of the overall model that joins the concepts of “adjustment” and “age” in this population. In brief, we consider the questions about adjustment to the process of aging and SA to be critical aspects for the well-being of old people and that by exploring these issues in greater depth, gerontologists will at least be better able to enlighten the value of aging well.

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