

# Trajectories of ageing in a south European country: the case of Portugal

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*One of the most prominent characteristics of the present Portuguese society is the growth of its older population. Portugal is presently facing a reality that, although common to most European countries, is starting to come to terms with the relevant social impact that this is causing. It is based on this assumption that we propose to reflect on some of the predominant traits of the ageing experience in Portugal, identifying areas of psychosocial analysis and intervention. The evaluation of and intervention with older populations implies a consideration of material, social, bio-behavioural, psychological, emotional and health measures, frequently establishing links between one (or more) of these measures and the quality of life. The big question is to understand how and which of the psychological, social and other aspects that make the quality of life of the older people vary. Only after answering this question can we, therefore, define standards of quality of life for older people, hence deriving policies for preventive and optimized interventions of successful ageing.*

## INTRODUCTION

One of the most prominent characteristics of the present Portuguese society is the growth of its older population. Portugal is presently facing a reality that, although common to most Western and European countries, is starting to come to terms with the relevant social impact that this is causing: low rates of birth and mortality, in conjunction with a significant increase of the “weight” of the senior citizens as a percentage of the total Portuguese population.

To have an idea of what the numbers represent in terms of the urgency of this “new” segment of the population, between the period of 1941 and 2001 we registered an increase of 243% in the population of 65 years and above, this meaning a rise from 505.600 to 1.735.500 individuals (representing 6,5% and 16,6% respectively of the total Portuguese population). Everything points to the direction that by the year of 2020 the senior population will reach a staggering number of 2.027.000 individuals, representing then 19,2% of the total population (Rebelo & Penalva 2004). The projections made by the European Statistics Department (EUROSTAT) go even further, painting a scenery where the older population in Portugal will double between years 2004 and 2050, and reaching the 31,9% mark of the total population (it will then be

the fourth country in Europe with the largest percentage of older people). In other words, in approximately fifteen years, one in every five Portuguese citizens will be 65 years and over, and by the middle of the XXI century this relationship will be of one in every three Portuguese citizens!

It is based on this framing data that we propose to reflect on some of the predominant traits of the ageing experience in Portugal.

## **AGEING AND COMPETENCE**

The question of competence in old age emerges nowadays with reinforcing importance with respect to the process of ageing. The EXCELSA study (Paúl, Fonseca, Cruz, & Cerejo 2001), carried out on the Portuguese population, suggests a model of human ageing where it is possible to foresee that an older individual or an individual with a higher risk due to his/her lifestyle will necessarily suffer losses (even though the condition of old age is not representative of risk as such): lesser competence, poor self-evaluation of health, less extensive social network, more negative psychological condition.

According to the data of the EXCELSA Study, "the health and the decline of the biological and mental capabilities, even when we refer to primary ageing, are the largest determinants of the psychological and social conditions of the seniors and the main indicators of a better or worse ageing" (Paúl, Fonseca, Cruz, & Cerejo 2001: 425).

Ageing is a complex process, means that the adjustment from the psychological point of view always implies an adaptation that can be equated, vis-à-vis a growing vulnerability, the resort to compensation mechanisms, namely, from environmental changes that re-balance the congruency between the elderly and the environment, optimizing its development. It is in this framework that the lifestyle emerges as an important factor that can, in the face of what happens in other phases of life, play a prominent role contributing to the diminishing of losses or, conversely, to the reinforcement of them.

## **AGEING AND HEALTH**

In their work entitled *Psychosociology of Health*, Paúl and Fonseca (2001) explore the possibility of a health-sickness *continuum* being influenced by the psychological characteristics of the elderly, and/or by

their lifestyle and surrounding environment, all of which are variables that interfere in a more or less negative manner – in accordance with its own sickness morbidity and of the  *coping* resources that each individual possesses – with the state of vitality of the older ones. The direct implications of the alteration of this vitality state can be observed, taken into account the way an older person is going to deal with all the inherent demands of his or her daily life activities (self care, in terms of nutrition and/or hygiene), instrumental activities of daily life (going shopping, going to the doctors), and self valued activities that can be compromised through illness (going for a stroll, or reading). The outcome of this is that older people evaluate their own health situation as a function of the limitations that are required to execute the activities that are valued. In other words, those who value reading evaluate in a more negative manner the visual limitations; those who value strolling and outdoors will feel more penalized with motor limitations.

The EXCELSA Study, previously described, permitted the collection of interesting data relative to the significant variations of the successful ageing indices of the Portuguese older people, as a function, precisely, of the health's self-evaluation. Thereby, *those who self-evaluate as having better health*, present better results in cognitive tests, have more friends and social relationships, more coherence, less neuroticism, more extroversion and openness to new experiences, more inner control, practice more physical activities, have less health problems and consume less alcohol (Paúl, Fonseca, Cruz, & Cerejo 2001). Thus, this data confirms that, similarly to real health, the perceived and self-evaluated health also constitutes an important criterion whereby it is possible to predict with certainty the successful ageing of individuals (or at least considered by them).

### **AGEING, SATISFACTION AND QUALITY OF LIFE**

Assuming that both concepts – life satisfaction and quality of life – are currently interpreted in light of the perspectives that value the successful ageing, where the criteria of success is, in its most basic version, the physical, psychological and social autonomy of the older, it makes every sense to research what are the aspects that contribute towards the satisfaction and quality of life of Portuguese older people.

In a study where these two notions were considered (Paúl, Fonseca, Martin, & Amado 2005), the portrait of the Portuguese senior citizens with low level of schooling (or even illiteracy) and very low levels

of income has a clear weight not so much from the point of view of psychological life, but from the point of view of the evaluation of the quality of life. Their social support network is extensive and made up by family, friends, neighbours and some confidants. The level of autonomy, in terms of instrumental capabilities is high, especially in rural settings, which have allowed them, even for those living alone, to remain in their own homes.

The general quality of life for 27% of the elderly was classified as "good" or even "very good", and "nor good nor bad" for 41%, being that for 33% was "bad" or even "very bad". There were no significant statistical differences between rural and urban older people. A global analysis of the results obtained shows that the level of autonomy is, in fact, the dimension that better predicts the quality of life, once, even though with different weights, it is associated with all the quality of life variables considered in the study. Nevertheless, older Portuguese make a negative evaluation on the corresponding life satisfaction, which suggests the existence, at a psychological level, of some difficulties associated with the higher difficulty of surpassing ageing. In particular, the majority of the older feel unsatisfied with their health (58% say "very unsatisfied" or "unsatisfied" with their health).

If an effective change in the satisfaction of life of the elderly seems difficult to promote (in the sense of its improvement), the same does not hold true for the associations verified between contextual (physical and social) and quality of life, pointing to promising paths in its promotion from a community perspective. To increase the level of education and revenue, access to health and its services, as well as social integration, can be the answers in the way of implementing active ageing and quality of life.

## **AGEING AND PSYCHOLOGICAL WELL BEING**

In a study carried out on a population of 502 Portuguese old age pensioners regarding the impact of the psychological well-being during the transition from active to retirement life, Fonseca (2007) proposed the delimitation and characterization of three dominant patterns of "transition-adaptation" towards retirement of the Portuguese population: (i) the OG Pattern (Openness – Gain): positive attitude towards life and openness towards the outer world, others and self; (ii) the VR Pattern (Vulnerability – Risk): progressive increase of vulnerability, with the diminishing of the psychological well-being; (iii) the LD

Pattern (Loss – Disengagement): a situation generalized by losses which results in dissatisfaction, loneliness, difficulty in appreciating the every day pleasures and a disconnection from social activities. It is obvious that the fixation on a LD pattern is not unavoidable, nor is the “natural conclusion” of the ageing process; aspects of the deterioration of the health, the potential loss of capability and opportunities for occupying free time in a beneficial manner, the occurrence of stressful life events, and so many other factors, can contribute towards the progressive diminishing of the psychological well-being, resulting in a disenchantment with the actual life, in the quest for discovering that the day-to-day is getting poorer since leaving the professional life.

In another study that took place in Portugal on the subject of psychological well-being of senior women, Novo (2003) reveals pessimistic about the possibility of people being able to live with an effective quality in the remaining decades of their lives, given the difficulties the Portuguese society have towards the formulation of creative experiences. For this author, the biggest difficulty facing anyone that is ageing, whatever their psychological condition, is to be able to continue to be seen as a *human person*, even though old, given that society does not accept or recognises the capabilities of the elderly, hindering these from being developed.

## **AGEING AND THE RESIDENCE CONTEXT**

A particularly important aspect of the adaptation of the ageing process in the Portuguese case is the relation of the effect of the environment (rural/urban) in the ageing experience. The residence context (or simply, the place where one lives) plays an important role in the comprehension of the different ageing patterns, as well as to explain why some people reach (and others do not) a successful ageing. The notion of “ageing-in-place” is, therefore, central to the comprehension of the relationships between the residence context and successful ageing. Let’s look at two situations that relate with these issues: (i) living at home *versus* living in an institution, (ii) living in a rural setting *versus* living in an urban setting.

In what concerns the first situation – living at home *versus* living in an institution, in general terms, the residents in old age homes tend to feel lonelier and unsatisfied, distant from their social networks, living a monotonous day-to-day, without any hope or investment in their remaining life (Paúl, 1997).

Apparently, variables such as the decision to live in an old age home (by free will or forced), the degree of discrepancy between individual competencies and the institutional environment (it is definitely grievous for those that have a “competent image” of themselves to suddenly see themselves in a position of constant disrespect and dependency), or the personality characteristics of each individual (more or less ability to deal with formal contexts), contribute towards the evaluation of the impact of the institutionalization of people in old age homes.

As for the second situation – living in a rural environment *versus* living in an urban environment – it is important to point out from the outset that the interior rural of our country is, in general, an aged and feebly populated zone, where the young ones have deserted (especially during the 60's and 70's decade) towards the big cities and foreign countries, looking for better ways of life. Many of the Portuguese villages only have elderly people, where the primary schools are shut down and old age homes open. There the elderly remain, either left by themselves, with their partners, or institutionalized.

A comparative study (Paúl, Fonseca, Martin, & Amado 2003) on the life conditions of older people living in rural and urban environments took place in two Portuguese parishes (one in a rural environment and the other in an urban environment). This research had the objective to evaluate the impact of the residence context in successful ageing, evaluated through the autonomy and satisfaction of life, amongst 100 subjects in each location. The resulting data from this study allows us to draw the conclusion that the largest differences between country and city with respect to physical and social environments, towards their history of life and style, seem not to influence the predominant feeling of loneliness that is verified in both settings. Other than this factor in common, “the attitudes facing the ageing itself are significantly more negative in the urban elders. The same is observed for anxiety/restlessness, which is more accentuated in the metropolitan residents. The global rate of life satisfaction differs greatly between the two communities, being higher for the rural residents than for the urban ones” (Paúl, Fonseca, Martin, & Amado, 2003: 165).

Taking successful ageing and satisfaction of life as criterion, the authors of this study confer a superior condition to the rural elders: they are more active, autonomous, their main transitions in life have been smoother, without causing significant ruptures (almost all the subjects were farmers, so we cannot really refer to retirement as such, for example). Although their level of social participation is low, the truth is that it was never high at any time.

## **AGEING AND LONELINESS**

Looking closely at the predominant feeling of loneliness that is largely verified in different samples of Portuguese older people, we are faced with persons that do not expect much from what is left of their lives. They pray to God for their good health (which is the same as asking for autonomy) and transmit a feeling of resigned peace, mixed with loneliness only alleviated by the day-to-day companionship of their partners. Apparently, the social support networks not only provide emotional support as well as some kind of instrumental support during of slight dependency, but as the state of their health deteriorates, institutionalization becomes almost a sure thing. Ageing far away from their offspring's and grandchildren (frequently living abroad), positions them in a not so encouraging psychological condition, even though their resignation and low expectations relative towards what the future holds disguises a state that even the widespread social can do anything about it. The lonely nights, the cold winters in houses with no proper living conditions, an absence of the offspring's by their side, makes ageing a painful experience, almost like a collective violence, shared by those who meet daily in the town centre "tasca", weekly at the door of the church, or simply crossing paths. There is a feeling of end, not only of a life, but also of a land, their homeland, without any glimpse of any change now that the immigrants no longer think of returning, the couples are diminishing at arms length due to death, they have even to face the possibility of following their offspring's to foreign lands.

## **CONCLUSION**

On the Portuguese case, Paúl (1997) thinks that the policy for the older should be based on a profound knowledge of their psychological, social, economic, health and contextual conditions. For that to happen, it is not enough to know how many older people there are, what their expected longevity are, or what the value of their retirement pensions is. Even objective ratings such as the ones we just saw acquire a "differential value" if we are reporting a person living either in Lisbon, in the Alentejo or in a small village in the north of Portugal. Does loneliness have the same correlation? Will it be the same for someone living on the 5<sup>th</sup> floor without a lift as for someone living in an old cottage? Surely not, therefore the answer for these and other numerous questions will

always have an ecological validity, which is important to point out, and that obliges us to observe and comprehend the people from their contexts and subjectivities, as a whole as well as individually.

The evaluation of older Portuguese population implies, then, a consideration of material, social, bio-behavioural, psychological, emotional and health measures, frequently establishing a conclusion between one of these measures (e.g.: the physical state of health) and the quality of life, this later notion being considered as a direct consequence of the measure at stake (namely, the state of health). The big question, in our opinion, is to understand how and which of the psychological, social and other aspects that make the quality of life of the older person vary. Only after answering this question can we, therefore, define one (or more) standard(s) of quality of life for the older, hence deriving policies for preventive and optimized interventions of successful ageing.

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