From an aging person to an elegant senior: a humanistic approach to viewing older adults

Review

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Abstract: The continuing growth in the number of adults aged 60-plus has raised global alertness of population restructuring. This demographic change, on the one hand, reduces productivity and increases public expenditure due to aging, resulting in prejudice, bias, misrepresentation, and discrimination against them. On the other hand, it develops a specific consumer market segment and extends the availability and accessibility of the elderly through employment, volunteering, or grandparenting. This study argues against the stigmatization of this age group from a functional perspective that damages social cohesion. It advocates a humanistic view toward seniors to eradicate marginalization and promotes the manageability of the senior population. With the aid of advanced technology and health equity, senior adults can retain everyday competence for self-care with dignity, as well as gracefully attain physical and psychological health, autonomy, and well-being in their later life. All these considerations give medical and nursing professionals insight into how to take care of the elderly.

Keywords: *demographic revolution • elegant senior • gerontology • optimal aging • productive aging • silver economy*

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1. The myth of the demographic tsunami

Research reports the global presence of a structural population change, metaphorically depicting it as a demographic tsunami, “silver tsunami”,¹ or “gray tsunami”.² This analogy specifies the impacts of an unceasing rise of people who are aged ≥60 years.³ The aging of the baby-boom generation (1945–1965), low fertility, increased life expectancy, and reduced old-age mortality have caused population aging,^{4,5}

with the result that 12% of the world population is now aged 60-plus and this segment is growing at a rate of 3.26% annually.⁶ Such a faster growth of the proportion of older adults compared to other age groups creates a “demographic revolution”⁷ that affects economical, political, and social dimensions. In particular, 22% of the aging population is in high-income countries, such as Japan (33% of its local population), Germany (28%), Italy (28%), and Finland (27%).⁸ Many scholars are alarmed by the negative effects on human capital⁹ and overall economic growth¹⁰ due

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to a contraction of the younger age groups and total population size.¹¹

In addition, misrepresentations of aging in the mass media^{12,13} result in a phobia concerning aging, or gerontophobia, i.e., “the unreasonable fear and/or irrational hatred of old people by the society and by themselves”.¹⁴ The media magnify pessimistic perceptions, negative images,¹⁵ and stigmatized attitudes toward the elderly¹⁶ regarding their vulnerabilities in personal (e.g., stereotypic assumptions), institutional (such as compulsory retirement), intentional (for instance, elder abuse), and unintentional (such as insufficient aged care facilities) deficiencies.¹⁷ They also belittle this group as being an inactive labor force.¹⁸ Worse, they allude to gender-biased social representations¹⁹ stemming from the loss of beauty and reproductive value in older women.²⁰

These contentious social perceptions²¹ hinder social cohesion. Many older adults suffer from unfavorable housing conditions, income sources, social support, and civic participation.²² Younger generations may be unwilling to involve themselves with this disadvantaged group. This not only engenders an insufficient health-care workforce serving the elderly,²³ which hampers the medical system, but also causes negligence. Moreover, social exclusion worsens their physical and psychological health²⁴; for instance, it can lead to disability,²⁵ cognitive underperformance,²⁶ anxiety,²⁷ and depression,²⁸ resulting in social disengagement.²⁹

Such a problem-directed discourse³⁰ toward the aged is controversial. Aging is an inevitable part of the life process, resulting from accumulated physiological changes³¹ associated with illnesses and the natural deterioration of bodily systems³²; for instance, sensory (auditory, gustatory, olfactory, and visual) and kinesthetic dysfunctions lessen the quality of life among elderly people. Conversely, reframing the discourse on the aging population will enrich inclusiveness and social justice.^{33, 34}

This study (1) analyzes the challenges and the opportunities in the context of population aging; and (2) subsequently highlights the paradigm shift from a biomedical to a humanistic perspective. It also suggests various measures to achieve a senior-respecting context.

2. Challenges of population aging

The fear of getting old³⁵ originates from the rejection of the natural life span leading up to death, which emphasizes the losses while neglecting the gains acquired in late life. These losses relate to health, economic capacity, status, and power, implying impotence and helplessness.

2.1. Increasing medical costs

Aging erodes physical fitness and health,³⁶ with a high prevalence (25%–30%) of neurodegenerative diseases,³⁷ such as dementia³⁸ and Parkinsonian syndromes,³⁹ together with chronic illnesses, including cardiovascular diseases,⁴⁰ hypertension,⁴¹ osteoporosis,⁴² constipation,⁴³ memory loss,⁴⁴ vision and hearing impairments,⁴⁵ and poor oral health.⁴⁶ Additionally, malnutrition and obesity are not rare among this population.⁴⁷ These produce limitations, e.g., gait abnormality,⁴⁸ recurrent falls,⁴⁹ and swallowing difficulties.⁵⁰ Such age-related disabilities⁵¹ not only weaken everyday competence,⁵² but more importantly, they increase the risks of psychiatric problems,⁵³ including depression⁵⁴ and sleep disorders,⁵⁵ along with weaker emotion regulation due to an aging brain.⁵⁶ These factors restrict their social life. Therefore, heavy long-term care costs are incurred.^{57–60}

Reinhardt⁶¹ argued that age-specific health-care spending is not necessarily the sole factor of public medical expenditure. Life-threatening illnesses occur in younger age groups as well, e.g., heart attack⁶² and stroke.⁶³ Early-onset dementia⁶⁴ and Parkinson's disease affect the middle-aged. Medical expenses cover all ages. Medical specialists recommend health promotion in early life,⁶⁵ such as a good diet and a nonsmoking, nonalcoholic lifestyle. Such health-care planning and preventive measures⁶⁶ maintain good health fundamentally, especially for diminishing medical costs in low-income or underdeveloped countries.⁶⁷

2.2. Reducing economic growth

Scholarly studies elucidate a negative correlation between the growth of population aging and the gross domestic product (GDP) per capita, pointing to a decrease of 5.5% in the GDP due to a 10% increase in 60-plus-year-old citizens.⁶⁸ This decrease is caused by a shrinking labor volume⁶⁹ and lower productivity, with a 0.2% yearly reduction over the following 2 decades,⁷⁰ directly mitigating national competitiveness.⁷¹

Apart from demographic restructuring, age discrimination in the workplace⁷² limits the employment and career promotion opportunities available to older people. Prejudices against the elderly stem from misunderstandings regarding them, e.g., poor job performance, low retraining ability, inflexibility, less adaptability, resistance to change, higher medical leave rates, and higher wages,⁷³ which result in excessive operational expenses and push them to retire involuntarily,⁷⁴ especially in the process of escalating economic development during urbanization.⁷⁵

2.3. Augmenting retirement expenses

Despite the fact that social pensions and retirement schemes can improve the financial conditions,⁷⁶ health,⁷⁷ and well-being⁷⁸ of the elderly, the monetary amount provided by social security occupies a significant proportion of public expenditure.⁷⁹ However, the effects of wealth redistribution are debatable,^{80, 81} and the poverty rate among the elderly increases with age,⁸² urging pension reforms.^{83,84} Turner⁸⁵ refuted that age-driven economic burdens are probably overestimated or overstated.

Gerontologists warn that weak health, fiscal incapacity, and discrimination press the elderly to experience social withdrawal,⁸⁶ and vice versa,⁸⁷ which are connected to higher risks of suicide⁸⁸ and mortality.⁸⁹

3. Opportunities of population aging

The elderly deserve a graceful life, for which a holistic range of health (“a state of complete physical, mental, and social well-being”)⁹⁰ is crucial to substantiate their abilities in developing a silver economy. This makes them capable of active aging, successful aging, productive aging, optimal aging, and vitality aging.

3.1. Energy maintenance

The postponement of functional declines⁹¹ is a key strategy for aging care, which ameliorates self-efficacy for cognition performance and physical capability,⁹² in addition to achieving a balanced emotional state.⁹³ This cultivates *active aging* among those who are ardent in personal, social, cultural, physical, mental, behavioral, financial, and civic affairs,^{7,94} thus accomplishing social engagement and contribution by the elderly.⁹⁵

Active aging elicits *successful aging* for those who benefit from the dynamics related to “low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life”.⁹⁶ This group of “third age”⁹⁷ pursues both individual and societal care,⁹⁸ including physical, mental, occupational, environmental, and social activities.⁹⁹ For instance, dancing¹⁰⁰ and physical exercise¹⁰¹ improve their motor, sensory, and cognitive performance, health,¹⁰² and social development,¹⁰³ enriching intra- and interpersonal relationships.¹⁰⁴ Their enthusiasm in personal growth¹⁰⁵ and social connection¹⁰⁶ reinforces their subjective self-satisfaction¹⁰⁷ and life fulfillment.¹⁰⁸

3.2. Silver economy

The misperception regarding the economic burdens induced by population aging has been disputed.

The elderly are eager to advance contributory opportunities to society,¹⁰⁹ which is known as *productive aging*.^{110,111} Hence, a *silver economy* of older entrepreneurs and a *white economy* for medical services for the elderly population¹¹² have been developing. Silver economy refers broadly to “all types of goods and services for older adults and an aging population, including extending the working life, volunteerism, and active citizenship of older people”.¹¹³

With the aid of advanced technology,¹¹⁴ the dimensions of elderly employability¹¹⁵ and silver entrepreneurship¹¹⁶ increase the involvement and potentiality of old adults in business ventures, gaining financial rewards, autonomy, self-attainment, and recognition in their later lives. This sets them forward as social assets and resources for expediting the use of social capital.¹¹⁷

Meanwhile, the silver consumer market^{118,119} is growing rapidly and profitably,¹²⁰ and attracts tremendous investment.¹²¹ It expands product development and marketing expenses.¹²² Aside from private medical services for the elderly,¹²³ community-based programs¹²⁴ and leisure products¹²⁵ – for instance, recreation centers,¹²⁶ spas¹²⁷ and senior tourism¹²⁸ – are also some of the major components in the *silver industry*.

Productive aging enhances their accessibility and availability in the family and society,¹²⁹ including in grandparenting¹³⁰ and volunteering.^{131,132} Social engagement enhances subjective and objective health.¹³³ Simultaneously, their contributions push society in a positive direction toward this group of people.¹³⁴

In summary, the notion of *optimal aging* brings about a distinct domain pertaining to the wisdom and expertise of the elderly to assist other people, optimize capabilities, attain a meaningful life, and deal with death anxiety,¹³⁵ with an emphasis of *vitality aging* on independence, resilience, and an energetic quality of life.¹³⁶

4. From aging person to senior

This demographic trend is not necessarily a tsunami¹³⁷ when it is perceived under a proper lens. The Universal Declaration of Human Rights¹³⁸ affirms that “all human beings are born free and equal in dignity and rights”, which values all age groups. In order to comply with this belief, the United Nations should take forward-looking leadership to advocate a humanistic approach toward the elderly and pioneer innovative methods.

4.1. Reframing the concept of the elderly

In accordance with the Oxford Learner’s Dictionaries,¹³⁹ as a noun, “*aging*” refers to “the process of growing

old", while as an adjective, it means to become "older and usually less useful, safe, and healthy", implying deterioration. Similarly, population aging is socially constructed as a group of feeble, lonely, unproductive, dependent people¹⁴⁰ who are poor of health and considered as "social other[s]".¹⁴¹ In fact, age is not necessarily associated with negative consequences when such a functional-instrumental-biomedical model is reviewed.

Instead, the term *senior* represents adults or people either at a more advanced level or higher in rank or status.¹⁴² Life exhibits a course of maturity within the continuum of a person's life span,¹⁴³ which is perceived differently in the light of cultural variations.¹⁴⁴ People affected by Asian cultures comparatively emphasize how they value the elderly.¹⁴⁵ For example, the Chinese respect senior members with filial piety.¹⁴⁶ They recognize the promising experiences, contributions, expertise, knowledge, wisdom, and autonomy¹⁴⁷ of these "golden years"¹⁴⁸ with dignity.

Elderly subjectification¹⁴⁹ views the senior as subjects,¹⁵⁰ increases awareness of this group, and promotes their values.¹⁵¹ This empowerment¹⁵² eliminates the dichotomous connotation between junior and senior, dismantling an *age divide*, and entitles the *elegant senior* to secure a social identity.¹⁵³ Without this divide, the elegant seniors are accepted by themselves and society, which increases self-actualization, self-achievement, and self-fulfillment, as well as facilitating better life enjoyment¹⁵⁴ and social integration.¹⁵⁵ This study suggests the development of a senior-respecting community built on an age-friendly society,^{156,157} nourishing the well-being¹⁵⁸ of the senior.

4.2. Managing senior competence

Although aging is unavoidable, it is manageable, thereby boosting "age management"¹⁵⁹ effectively to nurture the *smart senior* through technology and flexibility.

Cyber technology positively affects the health and longevity of the elderly.¹⁶⁰ Extensive utilization of an e-medical system for physical health¹⁶¹ and emotional care¹⁶² is able to improve their physical and cognitive functions and, hence, increase social connections.¹⁶³ Recent bioengineering equipments¹⁶⁴ and three-dimensional printing have revolutionized medical applications.¹⁶⁵ These investments in health equity for seniors^{166,167} enable their longevity while minimizing severe disabilities,¹⁶⁸ in spite of having functional physical limitations. Meanwhile, lowering health risks can strengthen psychological resilience,¹⁶⁹ forming "the life span diamond"¹⁷⁰ that interacts among relational

resources, physical well-being, positive mental states, and engaging activity.

With the assistance of advanced technology, a smart home¹⁷¹ provides automated convenience services,¹⁷² senior-friendly furniture, and tailor-made facilities,¹⁷³ accommodating the specific needs of seniors while enhancing their quality of life.

Chronic stress escalates the senescence process among adults¹⁷⁴ physiologically and psychologically.¹⁷⁵ Thus, a flexible employment pattern and retirement behavior,¹⁷⁶ when prevalent among seniors, results in not only a reduction in stress but also in the retention of their knowledge and skills.¹⁷⁷ The use of their professionalism in the silver market,¹⁷⁸ in collaboration with available technology, elevates silver productivity.¹⁷⁹ Amazingly, senior entrepreneurship¹⁸⁰ fosters a novel work culture.

Studies signify an inverse relationship between education level and cognitive decline.¹⁸¹ Cognitive performance in late life helps retain social connection,¹⁸² as well as prevent disability and social isolation,¹⁸³ resulting in better life satisfaction.¹⁸⁴ Continuing education for seniors refines their sociopsychological adaptability^{185,186} and personal development,¹⁸⁷ building stronger self-confidence, self-esteem, self-worth, and self-efficacy.¹⁸⁸

5. Conclusion

This study investigates the challenges and opportunities in the context of the growing senior population in order to de-stereotype the negative images regarding the elderly. Destigmatizing this group is critical for the demarginalization and sustainability of the elegant senior, who can then proceed toward a graceful ending with dignity in his/her life. A decent discourse concerning them is essential to providing the support of health equity and an age-barrier-free environment, to ensure the fulfillment of their psychological needs, a meaningful life, and wellness. This research reframes, with humanistic concerns, a population in which the number of seniors is continuously rising. Additionally, these shed insightful light on geriatric care for helping professionals, including medical and nursing teams.

Ethical approval

Ethical issues are not involved in this paper.

Conflicts of interest

There are no conflicts of interest.

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