Aging and psychosocial

There are several challenges that are often associated with the process of aging. As enumerated by DeLaune and Ladner (2002), the most prominent of which is those which are classified under the broad categories of developmental, mental, physiological, and psychosocial challenges.

First, developmental challenges include those which are related to several capabilities and skills that are developed through time (DeLaune & Ladner, 2002). Second, mental challenges include those which are related to their intellectual capacities where there are associations of mental disabilities for aged people (DeLaune & Ladner, 2002).

Third, physiological changes include those which affect the physical and bodily functions of the aged where there are oftentimes aging people who have limited capabilities and due to their illnesses, can not do so much as they do before (DeLaune & Ladner, 2002).

Within the realms of the challenges stated above, aging people also experience particular problems and this could likewise be classified under the categories mentioned above. Among the greatest difficulties of the elderly people include that of physical inability, psychological isolations, and discriminations.

As for physical inability, this is sometimes caused by how their physical environments are built (Frank, Engelke, & Schmid, 2003). There are special needs that the elderly require to make their living easier and comfortable and the generic designs that are being placed nowadays including that of the public areas do not address all of these.

Thus, they are further limited with regard to the physical activities that they could engage into. With regard to psychological isolations, there is a side of the picture that points towards the elderly people feeling a sense of isolation especially for those who are not living with their kin (Abbot & Payne, 1990).

This is likewise true for those who are asked to live in homes for the aged where they are not able to interact with a lot of people. Lastly, that ofdiscriminationstems from the perceptions of people that the elderly are " rigid, unhealthy, unhappy, and unemployable" (Newman & Grauerholz, 2002, p. 501).

To a certain extent, it has been considered by Estes (1979) that the major difficulties that are faced by the elderly, for that of the geographical area of the United States are those which are brought about by the perceptions that are formed of them (as cited in Estes, 2001).

It is considered by the author that what is known about the aged from the perceptions that are formed of them has affected them in such a way that problems have stemmed from these perceptions.

The knowledge that is gathered about the elderly has created a box that has limited their potentials and has formed a particular web of conceptions that direct the image of the elderly people towards a particular direction (Estes, 2001). It is mentioned by the author that " in an important sense, then, the major problems faced by the elderly are the ones we create for them" (as cited in Estes, 2001, p. 29).

The clear emphasis of the author with regard to the relevance of the

Likewise, it can be seen that the, indeed, the physical process of aging also affects the way elderly people interact for their everyday living.

For example, it has been mentioned by Edelstein, Goodie, and Martin (2001) that the cardiovascular and respiratory system and the changes associated with it may have a considerable impact on the behavior of the adults together with their moral relationships.

Likewise, there are also problems associated with the physical process that occurs especially so that their vision and hearing may be affected such that they have lower levels of capabilities as compared before when they are younger (Edelstein, Goodie, & Martin, 2001).

It is not the process itself nor the outcomes for them but the experience that they associate with their externalenvironmentthat leads them to consider these as their difficulties in life.

Ageism, or age discrimination, is a concept which " is defined as a process of systematic stereotyping and discrimination against people because they are old, just asracismand sexism accomplish[es] this for skin color and gender" (E. Margolis, H. Margolis, Braun, 1995).

As mentioned before, it also affects the way elderly go about their everyday living because there are certain perceptions and notions created of them that may be considered as stereotypes for them to live with. This means that the society has created an image which they have to live with.

Likewise, the social institutions accept this as they are without prior consideration to the greater impact that it has over the elderly population.

This particular set of stereotypes is evident in the age limit that is given for certain occupations.

Where some are considered to be valid, some are purely stereotypes and should not be applied to all of the members of the elderly population.

It can not be considered that the difficulties and challenges that are faced by the elderly population may be applied in a universal setting. The characteristic of universality is not applicable to a certain extent because there are still vulnerable groups that may be considered within the group of aging individuals.

For example, it has been mentioned by Lustig (2000) that the " elderly poor women" are among those which experience vulnerability among the aged population (p. 119). This concern gives rise to the special needs that each of the vulnerable groups hold.

Likewise, the differences in terms ofculturealso provide for the variations among the impact that they feel as a result of the challenges and problems drawn from those mentioned above, especially with that of access to social services such ashealthcare (Breitung, 2002). There are differences with regard to the settings to which they have to live with and this produces a source of inequality where some cultures experience better access to social services than the rest.

References

Abbott, P. & Payne, G. (1990). *New directions in thesociologyof health* . London: Routledge.

Breitung, J. (2002). *The eldercare sourcebook* . NY: McGraw-Hill Professional.

DeLaune, S. & Ladner, P. (2002). *Fundamentals ofnursing: standards and practice* . NY: Thomson Delmar.

Edelstein, B., Goodie, J. & Martin, R. (2001). Aging: Physiological and behavioral concomitants. In W. E. Craighead & C. Nemeroff, *The Corsini Encyclopedia ofPsychologyand BehavioralScience* . New York: John Wiley & Sons.

Estes, C. (2001). *Social policy and aging: A critical perspective* . Thousand Oaks, CA: SAGE.

Frank, L., Engelke, P., & Schmid, T. (2003). *Health and community design: The impact of the built environment on physical activity* . Washington, D. C.: Island Press.

Lustig, N. (2000). *Social protection for equity and growth* . Washington, DC: Inter-American Development Bank.