

INTRODUCTION

Aging is a part of the life span developmental process of humans, it is a constant process of change, beginning at birth and ending at death, the process involves biological, psychological and social influences, all of which are interrelated.

"Self-perceptions of aging refer to how old people feel about themselves and see themselves in relation to others" (*Denmark, 2002*).

Elderly with positive self-perception of aging tend to engage in additional health behaviors related to prevention (*Levy et al., 2004*) and report better functional health (*Levy et al., 2002*) and live longer (*Levy et al., 2002*). "Positive changes in society's view of aging may also help to reduce and prevent age-related declines in function and the associated deleterious consequences" (*Hausdorff et al., 1999*).

Elderly with the more positive attitudes toward aging lived 7.5 year longer than those with less negative attitudes. "The effect of more positive self-perceptions of aging on survival is greater than the physiological measures of low systolic blood pressure and cholesterol, each of which is associated with a longer lifespan of four years or less". (*Levy et al., 2002*).

Older adults with low expectations for aging are more likely to report sedentary lifestyles and less likely to report seeking health care for age-associated conditions. Based on this evidence and the possibility that older adults might be able to change their beliefs about aging and influence health outcomes, there is substantial interest within the multidisciplinary gerantological community in gaining an understanding of whether and how beliefs about aging influence health (*Sarkisian et al., 2006*).

Elderly are those who are considered to be retired or unemployed. Their physical and mental conditions are rapidly changing. They experience many health problems as the result of deteriorating health. Consequently, the health-care team needs to focus on the elderly perception of health, self-image, and health care provided. Understanding the nature of aging will enhance the elderly's health, such that they will perform self-care and live a more enjoyable life (*Jamjan et al., 2002*).

AIM OF THE WORK

The aim of the study is to assess the self image of community dwelling elderly toward aging in shubra el khima city.

AGING PROCESS

What Aging Means:

Aging is presumed to be a process starting from infancy and continuing until death (*Akdemir et al., 1992*). On the other hand, being elderly is an unpreventable process that has biological, chronological and social aspects and problems (*Bilginer et al., 1996*). Generally, the age of 65 and above is considered the beginning of elderliness (*Durgun, 1999*).

The biological definition of ageing: Ageing is defined as those processes in an organism that increase the mortality risk as a function of time (*Finch, 1990*).

The biological process of ageing reflects the interactions between our genetic inheritance and environmental influences. The ageing process includes progressive and irreversible biological changes, resulting in a growing risk of chronic diseases, cognitive impairments, impairment of functions, and an increased probability of dying (*Khaw, 1997*).

Ageing is the accumulation of damage to somatic cells, leading to cellular dysfunction and culminates in organ dysfunction and an increased vulnerability to death (*Izaks et al., 2003*).

Successful Aging

Older adults' definition of successful aging is multidimensional, encompassing physical, functional, psychological, and social health (*Phelan et al., 2004*).

Sheldon (1948) identified diseases that were thought to be attributable to old age, which led to the theory that the development of these diseases was part of 'normal' ageing (age-associated diseases). Although most of these age associated diseases do not occur exclusively in older people and/or in all older people, it is interesting to note that the high prevalence of these diseases in the elderly has created the impression that disease is a necessary part of ageing. Given this later definition of ageing as being a time of disease, it is not surprising to see that one part of the biological definition of 'successful ageing' is compression of morbidity (*Fries, 1980*).

The idea behind the notion of compression of morbidity is that if the period from onset of chronic infirmity to death can be shortened, this would benefit both the individual and society (*Fries, 1993*). Interventions based on primary preventions (smoking cessation, exercise, cholesterol Reduction, etc.) Have had significant effects on the number of age-associated diseases, which reveals that the notion of compression of morbidity has a positive impact on successful living (*Fries, 1993*).

Successful aging and normal aging were both influenced by factors such as perceived health status, personal beliefs (meaning to life), depression, hopelessness, social activities/relationships, psychosocial support, functional capacity (physical, independence) and family relations/friendships. Improving health care for the elderly contribute directly to successful aging. We can conclude that health is a necessary condition for successful aging. However, health is only one part of the equation. The successful elderly are expected to have a positive vision of the future, the capacity to accept changes, high self-esteem, a positive self-image, a sense of autonomy, well-developed mechanisms for selecting significant goals/objectives, as well as for optimizing resources and compensating for losses (developing strategies to compensate for failures), and capacity in reserve or resilience in order to recover from, adjust and readapt to new conditions for daily life interactions (*Duarte et al., 2005*).

Positive self-perceptions of aging are viewed as indicators of successful aging, age identity, and self-regulation processes. Although these perspectives propose different underlying processes, there is consensus that positive self-perceptions of aging serve to sustain levels of social activity and engagement, enhance self-esteem and well-being, and boost bio physiological functioning. Studies that address questions about successful aging find that youthful subjective age is associated

with good health and high levels of well-being. High satisfaction with aging is associated with good health (*Levy et al., 2002*) and few daily health symptoms (*Rakowski et al., 1988*) and it is uniquely related to living longer (*Levy et al., 2002*).

Perception of Aging Process:

"Self-perceptions of aging refer to how old people feel about themselves and see themselves in relation to others" (*Denmark, 2002*).

Positive Perception of aging includes perceptions of happiness, sense of importance, contact with kin, reverence for the elderly, and concerns about political-economic situations (*Denmark, 2002*).

Elderly with the more positive attitudes toward aging lived 7.5 year longer than those with less negative attitudes. "The effect of more positive self-perceptions of aging on survival is greater than the physiological measures of low systolic blood pressure and cholesterol, each of which is associated with a longer lifespan of four years or less". It is also greater than the independent contributions of lower body mass index, no history of smoking, and a tendency to exercise, each of these factors has been found to contribute between one and three years of added life (*Levy et al., 2002*).

The negative self-perceptions can diminish life expectancy; the encouraging one is that positive self-perceptions can prolong life expectancy (*Levy et al., 2002*).

Individuals with positive self-perceptions of aging were less likely to die of respiratory causes than individuals with negative self-perceptions of aging (*Levy et al., 2005*). Relationships between self-perceptions of aging and psychological health outcomes such as life-satisfaction (*Efklides et al., 2003*), quality of life (*Steverink et al., 2001*), loneliness (*Beyene et al. 2002*) and depression (*Gattuso, 2001*), have also been documented. Furthermore, at a behavioural level, self-perceptions of aging are related to the adoption of health-promoting behaviours (*Levy et al., 2004*), and coping strategies (*Prohaska et al., 1987*). Such findings are particularly important given that negative perceptions and beliefs about aging might be amenable to change (*Marcia et al., 2003*) and as such could be considered in intervention to facilitate physical and psychological health in later life.

The elderly are the age group that is the least likely to engage in preventive health behaviours, even though these behaviours continue to benefit individuals throughout the life span. Individuals with more positive self-perceptions of aging tended to practice more preventive health behaviours over the next two decades after controlling for age, education, functional health, gender, self-rated health, and race (*Levy et al., 2004*).

Elderly are those who are considered to be retired or unemployed. Their physical and mental conditions are rapidly changing. They experience many health problems as the result of deteriorating health. Consequently, the health-care team needs to focus on the elderly perception of health, self-image, and health care provided. Understanding the nature of aging will enhance the elderly's health, such that they will perform self-care and live a more enjoyable life. The majority of elderly perceived that health is composed of a good physical and mental condition and (physical strength and happy mind). They identified three things that made them healthy: exercise, good food, and having hobbies. Exercise was seen as excellent medicine, and lack of disease was seen as good fortune. Four major factors were identified as contributing to making the elderly feel old: physical changes, declined functions, declined health, and emotional instability (*Jamjan et al., 2002*).

Models and Stereotypes of Age Perception:

Jan-Erik Ruth and Peter Coleman (1996) delineate three main distinct models of old age that are prevalent in the literature on seniors.

First: Is a negative perception of old age, citing loss as a source of major distress. Possibilities include loss of spouse, friends, roles, income, and health.

Second: Is a positive picture based on "the normative nature of aging" (*Ruth and Coleman, 1996*). *Mather and Carstensen (2005)* describe aging people as feeling fewer negative emotions. They maintain that "older adults show more emotionally gratifying memory distortion for past choices and autobiographical information than younger adults do". Together, these studies present old age as an improved stage of life.

Third: A more neutral stance, considering both the stressful and low stress circumstances of old age (*Ruth and Coleman, 1996*). Therefore, health has a greater impact than life experiences on overall quality of life in seniors.

Rothermund (2005) adds two more extreme perspectives which describe old age in either negative or positive terms. He found that older individuals tend to fluctuate between two reactions:

- a- They may either internalize age stereotypes or they may benefit from a "downward comparison". Stereotypes that are internalized, such as frailty, loneliness, helplessness, and dependency contaminate seniors' self-perceptions and damage their self-esteem, sense of proficiency, and overall personal welfare.
- b- On the other hand, age stereotypes may actually have the opposite effect and increase self-esteem and self perceptions among seniors.

Seniors compare themselves to a low standard of negative characteristics, thereby creating "an impression of 'relative advantage". But the term "old" remains negative, yet one's personal value reflects her relationship to the negative position.

Older persons with more negative and external age stereotypes performed worse on hearing measures. According to *Levy et al., (2006)* Hearing loss is the third most common chronic condition among persons age 65 years and older and can lead to increased social isolation, self-denigration, loneliness and depression. Also negative and external age stereotypes could have adverse health-behavior consequences, such as older individuals becoming more accepting of hearing loss than younger people and not seeking medical attention. (*Levy et al., 2006*).

Despite the high prevalence of negative age-related changes, older people feel younger than they actually are and generally are satisfied with their aging. Feeling younger and being satisfied with one's own aging are expressions of positive self-perceptions of aging. They reflect age identity and the operation of self-related processes that enhance well-being (*Kleinspehn et al., 2008*).

Subjective Age and Perception of Age:

Aging refers to changes that occur in biological, psychological, and social functioning over time and, therefore, affects each individual on the personal, organizational, and societal levels (*Lange et al., 2006*).

Subjective age reflects personal evaluation of age and consists of factors such as recognition of chronological age, role involvement, health and physical limitations as well as awareness of societal age norms. Subjective age also may reflect a person's general wellbeing and as such the faith he or she has on the future. As those who reported feeling 'older than their age' indeed had more diseases, a poorer self-rated health, a lower cognitive status score, and a higher depression score compared with people in the other perceived age categories. While with lower subjective age are healthier, have higher morale and evaluate their mental and physical status more favorably than their counterparts with a higher subjective age, Because adjusting for confounders decreased but did not eliminate its effect on mortality, perceived age may also include more aspects than just being an indicator of global well-being. Such as developmental expectations and cultural age norms (*Uotinen et al., 2005*).

Old age has been divided into different groups: biological, physiological, emotional and functional. Biological

aging is concerned with changes occurring in the structure and functions of the human body; physiological aging is concerned with individual and behavioral changes; emotional aging describes changes in one's attitude and lifestyle dependent on one's self-perception of being old; and finally functional aging is the comparison of individuals of the same age group in terms of those within the group being unable to maintain their functions in society (*Ayrance et al., 2005*).

People generally felt quite a bit younger than they actually were, and they also showed relatively high levels of satisfaction with aging (*Kleinspehn et al., 2008*). Poor health reduced the gap between felt age and actual age. How people feel about the aging process in old age can provide important indicators about the resilience and vitality of the older self. It was found that people who feel younger are less likely to die than those who don't, given the same level of chronological age and equivalent physical health. Feeling positive about getting older may well be associated with remaining active and experiencing better health in old age (*Kleinspehn et al., 2008*).

Elderly mostly represent themselves with younger identity. This identity is a strong example of self-enhancing illusions at the basis of the self-concept (*Uotinen et al., 2006*). Preserving a youthful identity are therefore compensatory strategies people use to counteract the negative cultural messages associated with aging and the realization of being past

their own desired chronological age (*Heckhausen and Schulz, 1998*). The beneficial effects of young age identities include qualitative benefits such as efficacy in coping with medical illnesses (*Boehmer, 2007*) and general life satisfaction (*Westerhof and Barrett, 2005*), as well as more concrete advantages such as reduced risk of disability and hypertension (*Demakakos et al., 2007*) and mortality (*Uotinen et al., 2005*). Age identity is not only related to aspects of physical well-being (*Barrett, 2003*) but that older subjective age is associated with more pessimistic perspectives on cognitive functioning, net of the effect of chronological age (*Schafer et al., 2009*).

Individuals with the same chronological age may differ in terms of health, career stage, and family status. Chronological or calendar age may serve as a proxy for age-related processes that can influence work outcomes directly or indirectly (*Kanfer and Ackerman, 2004*).

Among older adults, attributing problems to aging is independently associated with more passive coping mechanisms, lower rates of health services utilization, and greater mortality. Persons aged 50 and older who report "positive self-perceptions of aging" are less likely to experience disability or to die. Older adults with low expectations for aging are more likely to report sedentary lifestyles and less likely to report seeking health care for age-associated conditions. Based on this evidence and the possibility that older adults might be able to change their beliefs

about aging and influence health outcomes, there is substantial interest within the multidisciplinary gerantological community in gaining an understanding of whether and how beliefs about aging influence health (*Sarkisian et al., 2006*).

Health and Perception of Age:

Health status is an important factor that has a significant impact on the quality of life of an elderly population. The major elements of health status are perceived health, especially psychological well-being, chronic illnesses, and functional status. Various studies have shown that perceived health declines with age, and the effects of ill health impact on many areas of daily activity. Health and social services utilization is seen to be more closely related to psychological well-being (*Fitzpatrick et al., 1992*).

As the population ages, a better understanding of the aging process is important in order to improve quality of life among older people. With increasing age, older people become frail and vulnerable to a large range of adverse outcomes (**Fried et al., 2004**). In this context, current public health priorities comprise prevention of age-related vulnerabilities, including falls, hospitalizations, and need for assistance with activities of daily living (ADL). All these adverse outcomes can diminish the quality of life of older adults and compromise their autonomy. Therefore, recognition of factors that characterize