



Review Article

Adjustment to Aging in Late Adulthood: A Systematic Review[☆]Sofia von Humboldt^{*}, Isabel Leal

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SUMMARY

Background: This systematic review aims at providing a trustworthy overview of the concept of adjustment to aging (AtA) in late adulthood.

Methods: A computerized literature search was carried out, and PubMed/Medline, Psychology and Behavioral Sciences Collection, and Scielo databases were searched for studies published from 1981 to 2012. Studies must have investigated AtA in old age.

Results: Thirteen articles from 1291 records met the inclusion criteria, with a total of 1156 participants aged ≥ 60 years. There are rather consistent findings that older adults develop active and adaptive strategies during AtA, and that psychological variables, engagement with significant others, and social and temporal processes of comparison have a relevant role in AtA among older populations.

Conclusion: The findings presented here contribute to a better understanding of AtA and its multidimensionality. These may be a starting point for further research in this insufficiently explored field.

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1. Introduction

Population aging is progressing rapidly in both industrialized and developing countries. The elderly population is projected to grow from 6.9% of the population in 2000 to 19.3% in 2050¹. Furthermore, the average annual growth rate of the number of persons aged ≥ 80 years is 4.0%, currently being $> 50\%$ higher than that of the population aged ≥ 60 years (2.6%)².

As individuals live longer, the quality of that longer life becomes a central issue for both personal and social well-being³. Likewise, due to this growing number, new approaches, focused on aging well, should be developed for the elderly⁴.

It is generally accepted that as a person ages, his or her experiences acquired over their life time, ways in dealing with the environment, economic and social resources, relationships, and support systems can impact on his or her longevity and well-being profoundly⁵. Moreover, as adults reach late adulthood, they are more likely to be challenged with physical, mental, and social changes⁶. Furthermore, some authors suggested that older adults showed multiple attitudes toward aging⁷. Additionally, aging well

involves the flexible use of adaptive strategies, to optimize personal functioning and well-being within the constraints of personal competence and resources⁸.

Adjustment to aging (ATA) was initially defined by Cattell⁹ as the goodness of internal arrangements by which an adaptation is maintained; Williams et al¹⁰ proposed that this concept was dependent on an individual's state of mind and subjective psychological reactions. Bearing in mind the relevance of internal arrangements for AtA, we addressed the multidimensionality of AtA, considering the internal arrangements within personality types and theoretical models. In this context, two early theoretical models explained AtA: the activity theory¹¹ and the disengagement theory¹². Rosow¹³ suggested that AtA was best viewed as a dynamic phenomenon and it relied on the concept of equilibrium. Furthermore, Havighurst¹⁴ conducted empirical research and proposed that AtA was a dynamic process, which encompassed a goodness of fit between personality, social environment, and physical organism. This author regarded personality as the pivotal dimension in describing patterns of aging, and in predicting relationships between the level of social role activity and satisfaction with life. Moreover, Havighurst et al¹⁵ defied disengagement theory by suggesting that consistency of personality increased with age. For these authors, the personality that remained integrated in late adulthood reflected an internal arrangement, a high degree of satisfaction with life, and an adequate AtA^{15,16}. McMordie¹⁷ also challenged the disengagement theory by suggesting that the

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withdrawal phenomenon exhibited by older adults simply reflects reduced environmental opportunities for social interaction. Despite a reduced social sphere and the prevailing negative attitudes of old age, older adults make a satisfactory adjustment to their later years. Additionally, in that study, the level of AtA was determined based on their intimate relationships with others and the self-concept¹⁷.

Later, the identity process theory¹⁸ proposed that ATA can be conceptualized based on the three processes of identity assimilation, identity accommodation, and identity balance, whereas Brandstädter and Renner¹⁹ found that older cohorts tended to report more accommodative strategies than younger ones. Furthermore, according to Brandstädter and Greve's²⁰ model, ATA involves the adjustment of a person's goals and aspirations in the face of age-related challenges and corresponds to what the authors named "accommodation". Atchley²¹ referred to continuity as the ability of older persons to maintain a strong sense of purpose and self, in the face of the changes associated with aging. More recently, Wrosch and colleagues²² examined the emotional, biological, and physical benefits derived from adaptive self-regulation of challenges in the process of AtA. For these authors, goal adjustment is associated with a high level of well-being in late adulthood, namely by facilitating adjusted levels of activity^{23–25}.

To date, insufficient attention has been paid to investigating AtA in late adulthood. Yet studying AtA is pertinent because older adults, in particular the oldest old, experience specific aging challenges²⁶.

Late adulthood encompasses a wide range of ages; people in their late adulthood can be divided into three groups: namely the young-old (60–69 years), the middle-aged old (70–79 years), and the old-old (≥ 80 years). Nevertheless, there has been no general agreement among cultures on the age at which a person becomes old^{1–3}. Late adulthood is the final stage of life span development, and it is characterized by declines that occur in association with the process of aging in several aspects of development, namely sensory deprivation, memory difficulties, degeneration of physical functioning and organ systems, as well as by role changes in social relationships, family, and work, among others. Additionally, older adults usually have one or more chronic conditions that require medical attention, such as cardiovascular disease. Yet aging in late adulthood also presents specific challenges to maintaining an active, stimulating mental life and social integration^{26–28}.

Our goal is to facilitate a better understanding of the multidimensionality of the AtA concept; in this way, this review aims to systematically examine studies investigating the construct of AtA. For the purpose of this review, AtA will be regarded only in the perspective of older adults. This review will try to deepen AtA by assessing empirical studies on this construct. Thus, based on our critical review of gerontological literature, we will summarize research on AtA. This systematic review will be concluded by identifying its limitations, to inform future research.

2. Materials and methods

2.1. Search strategy

Scoping searches were performed initially to identify relevant search terms and key words, followed by a broad comprehensive literature search of Google Scholar, PubMed/Medline, Psychology and Behavioral Sciences Collection, and Scielo databases. These databases were chosen because they cover a range of perspectives and, thus, were likely to produce a comprehensive set of studies on the topic area and to minimize the chances of missing relevant papers. The search was carried out with the following parameters: since January 1981 to December 2012, with the terms (adjustment) AND (aging) AND (older OR senior OR later life OR late life OR late

adulthood) in the title, abstract, or keywords. Studies were included in the review if they met all four of the following criteria: the article was available; the study addressed the subject of AtA; the article was published in English, Portuguese, or Spanish; and the study population was clearly above 60 years of age.

Studies were excluded from the review if they met any of the following criteria: AtA was combined with other constructs and it was not possible to effectively distinguish the concept of AtA; the age group included participants who were under 60 years of age; and the study was found in gray literature.

All these criteria were applied independently to the full text of the articles that had passed the first eligibility screening, in order to make a final selection of the studies for the review. The authors interpreted the topic of AtA broadly because the aim of this review is to cover the multidimensionality of AtA in late adulthood. Additionally, reference lists of all included articles were reviewed, after being checked against the inclusion criteria. References that met the inclusion criteria were critically appraised.

Different research paradigms underline quantitative and qualitative studies. In particular, quantitative research uses the deductive or confirmatory scientific method, and it is used for description, explanation, and prediction, with the goal of generalizing the results. Conversely, in qualitative research, the inductive exploratory method is used, for the purposes of description and exploration and for gaining an understanding of individuals' experiences; thus, generalization is not its objective^{29,30}.

In the absence of a standard quality assessment tool suitable for use with a variety of study designs, the methodological quality of the research papers meeting the inclusion criteria was assessed by implementing two scoring systems: one for quantitative studies and one for qualitative studies. Our scoring systems draw upon existing published tools, trusting particularly on the instruments developed by Timmer and colleagues³¹ for quantitative studies and on the guidelines indicated by Mays and Pope³² for qualitative studies. Fourteen different items for the quantitative studies and 10 for the qualitative studies were scored depending on the degree to which the specific criteria were met ("yes" = 2, "partial" = 1, and "no" = 0), with a higher score indicating greater quality research.

Discrepancies were resolved through discussion, and a final coresolution for each paper was agreed by both researchers. Reliability between researchers was measured using the Cohen's kappa. The final resolutions concerning the articles showed a kappa value of above 0.80 ($k = 0.810$), indicating a high agreement rate. No missing ratings were reported in this study. Fig. 1 summarizes the above literature search process.

The Portuguese Foundation for Science and Technology and ISPA—Instituto Universitário, Lisbon, Portugal approved the study.

3. Results

Literature searches located 663 references in the PubMed/Medline database, 603 in the Psychology and Behavioral Sciences Collection database, and 25 in the Scielo database. In total, 1291 potential references were retrieved for inclusion in the study. Of these, 1280 references were excluded because the studies did not meet the inclusion criteria. Additionally, reference lists of all included articles were reviewed, and two additional articles^{33,34} were identified and included, after being checked against the inclusion criteria.

A total of 13 references met the inclusion criteria, all being peer-reviewed empirical studies. These were included in this systematic review (see Table 1)^{33–45}.

The quality of the studies varied, with eight being rated as good/high quality (> 0.75) and five as medium/fair quality (0.50–0.75), based on the total score that varied between 0 and 1. Scores for all the studies can be seen in Table 1.

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