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## **ACTIVE AGING IN A GLOBAL CULTURE. DO WE LIVE IN AN AGE-FRIENDLY ENVIRONMENT?**

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### **ABSTRACT**

The elderly are currently becoming one of the subjects of a global culture. As a consequence of a substantial increase in the number of individuals belonging to this age-group, the social status of the elderly is constantly growing. This change has resulted in science “re-accustoming” with the issue of the old age, and the culture has been promoting its new and medially attractive quality. This article analyzes the relevance of the stereotypes and prejudices conditioning the quality of life among the elderly. The authors discuss the new challenges resulting from the demographic revolution that is taking place right now. The examples employed here are to facilitate turning the theory of active aging in a friendly environment into practice. Nevertheless, the authors are aware that this change will not be an easy or a swift process.

### **Key words:**

active ageing, senior citizens, longevity, prejudices and stereotypes, volunteerism, third age universities, innovative technology

## 1. Introduction

Nowadays, the number of senior citizens in modern societies has been continuously increasing. Demographers indicate the global shift from low to high proportion of the elderly in various populations. This affects not only European countries, where the birth and death rates are converging at low levels, which results in minimal or no population growth. Demographers estimate that by 2030, 20% of the population in the USA will be over the age of 65; in Canada this level will be reached even sooner, by 2024, and in China by 2030<sup>1</sup>. The prolonged life expectancy, the declining number of births, the “beanpole” family structure or the “sandwich generation” are relatively common aspects of the problem of “population ageing”<sup>2</sup>. Some other issues still need to be recognised and addressed, e.g. longevity, life maintenance reserve, and exceptional survival. This genetic quest on the nature of aging is tempting, especially in the face of an observation that the number of people aged 85+ increases 6 times faster and the number of centenarians grows even 10 times faster when compared to the growth of a population at large<sup>3</sup>.

While analysing this demographic transition along with the increase of economic mobility among the young we should reflect on how the aging process of future generations is going to unfold. We should also address the questions whether contemporary global culture promotes active ageing, and whether we live in an age-friendly environment. These queries, along with the debate on the quality of life in late adulthood, are to be addressed in this article.

## 2. The study of aging and the aged

When we try to understand what aging is, we must perceive it as a process and not an event. Christine Bigby argues that “[a]geing occurs at a different rate with diverse manifestations for each individual and is strongly connected to earlier parts of the life course. Health, lifestyle, informal and formal supports from earlier years combined with genetic dispositions all influence the processes

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<sup>1</sup> A. Błachnio, *Starość non profit. Wolontariat na Uniwersytetach Trzeciego Wieku w Polsce i na świecie* [Old Age Non-Profit. Volunteering at the Universities of the Third Age in Poland and Abroad], Bydgoszcz 2012, p. 18.

<sup>2</sup> Ibidem, pp. 17–21.

<sup>3</sup> S.M. Jazwinski, *Aging and Longevity Genes*, “Acta Biochimica Polonica” 2000, No. 47(2), pp. 269–279.

of ageing for an individual, its challenges and accompanying opportunities or vulnerabilities<sup>4</sup>.

Combining all these biological, socioeconomic and psychological criteria we deprive ourselves of a consistent image of old age. With time, we develop a better understanding of ageing, and gain more sophisticated knowledge, thus acquiring skills necessary for revising our negative picture of aging. The traditional approach to aging underlies deterioration, decline, and senescence. It presents aging as a state of aggregating disadvantages such as: memory lapses, poor health, general slump in fitness and decline in mobility, a decrease of physical attractiveness; a reduced will to live, deaths of one's relatives and friends, and approaching the perspective of one's own death. Further, ageing tends to be connected with the increasing sense of uselessness and lack of respect; often poverty, and alienation from the youth culture, which can often lead to social exclusion<sup>5</sup>. Currently, we become more prone to underline "the bright side of life" of seniors. We encourage them to retain, protect and build resources so that they can sustain their autonomy and independence in everyday functioning, thus diminishing stress in situations when the environmental demand exceeds an individual's capacities<sup>6</sup>.

If we accept the heterogeneous nature of aging, it is easier not only to challenge the idea of ageing limited to decline and deterioration processes but also to perceive the concept of "active ageing" as more appealing to senior citizens. According to World Health Organisation, in order for "active" and "successful" to become used with reference to "aging", senior citizens ought to be able to meet three conditions: (1) the enhancement of their own opportunities for preserving health (mental as well as physical); (2) the possibility to remain active participants of life within their societies; and (3) ability to preserve the feeling of security<sup>7</sup>. These factors implement two others: independent living and the employment of senior citizens.

Ann A. Wilcock has personalised the formula of active ageing in order to tailor it better to meet old people's needs, and preferences. Seniors should continue

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<sup>4</sup> Ch. Bigby, *Ageing with a Lifelong Disability. A Guide to Practice, Program and Policy Issues for Human Services Professionals*, London-Philadelphia 2006, p. 19.

<sup>5</sup> M. Straś-Romanowska, *Późna dorosłość. Wiek starzenia się* [Late Adulthood. The Age of Growing Old] [in:] *Psychologia rozwoju człowieka* [Psychology of Human Development], B. Harwas-Napierała, J. Trempała (eds.), Warszawa 2003.

<sup>6</sup> S.E. Hobfoll, *Stres, kultura i społeczność. Psychologia i filozofia stresu* [Stress, Culture and Society. Psychology and Philosophy of Stress], Gdańsk 2006.

<sup>7</sup> A. Sidorenko, A. Zaidi, *Active Ageing in CIS Countries: Semantics, Challenges, and Responses*, "Current Gerontology and Geriatrics Research" 2013, <http://dx.doi.org/10.1155/2013/261819>, [Access date: 03.10.2013].

to do, to be, to become and to belong in ways meaningful to each of them<sup>8</sup>. If old people manage to accomplish it they gain wellness and improve their quality of life. In addition, senior citizens, if they are not straitjacketed by cultural, societal, and familial expectations and environmental barriers, can live longer. The recent study prove the positive view of ageing tends to translate into increased longevity<sup>9</sup>.

### 3. Global culture and ageing

Global culture contributes to promoting the old age as fashionable. The increase of the number of the senior citizens combined with the globalization of the market that has intensified the contest for clients have contributed to the change in the social and economic status of the elderly. It is not connected with the economic improvement of the standard of living among the senior citizens, particularly in Poland, but with the sensitizing to their very presence and with revising blunt manifestations of ignorance and prejudices. Although ageist stereotypes are preserved in popular jokes, everyday language in general avoids open “branding” and criticizing of the elderly, and when describing the reality in which they function it employs euphemisms as a rule, as this is much safer mode of behaviour. Thus along with many global range changes we witness changes in norms and behaviours that may result in improvement of seniors’ quality of life. There are already the first forerunners of change that show the elderly stop being invisible for the media and the popular culture.

The old age has become the topic of various commercials and media campaigns. Numerous TV series and box office hits have the elderly as their protagonists. The image that is presented there, however, is usually quite biased, and incidental attempts to portray the truth on the quest for the dignity and meaning in the old age of an individual<sup>10</sup> leave viewers helpless and lost in defining the spectrum of emotions the message conveyed in such a presentation causes. Nevertheless, this state of affairs ceases to be surprising if we become aware of the reason behind such behaviour. The society as a rule receives the message that the old age is a beautiful, vigorous and joyful time. Virpi Ylänné, Angie Williams, and Paul Mark Wadleigh

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<sup>8</sup> A.A. Wilcock, *Active Ageing: Dream or Reality?*, “New Zealand Journal of Occupational Therapy” 2007, No. 54(1), p. 17.

<sup>9</sup> C. Phoenix, G. Faulkner, A.C. Sparkes, *Athletic Identity and Self-ageing: The Dilemma of Exclusivity*, “Psychology of Sport and Exercise” 2005, No. 6, pp. 335–347.

<sup>10</sup> *Amour* (2012) – a French drama directed by Michael Haneke.

(2009) analysed the advertising message containing an image of an old person printed in 140 British newspapers and magazines. The researchers came to the conclusion that the image that was employed most frequently was the figure of a “young old person”. The dominant information was that thanks to the offered services or purchasing the advertised products every person can experience their old age “well”, namely postpone it and stop the signs of ageing or even reverse the symptoms and the consequences of the old age.

Consequently, although we can witness some change, in real life the media and the culture do not favour the old age at all. The reason for that is the fact that “youth” and “body” still constitute the most precious aspects of an individual’s existence. Because of anticipated degradation of physical-self, people become frightened with ageing when they shape representations of their possible future selves<sup>11</sup>. Being attractive still occurs component of identity and self-esteem of great significance in global culture<sup>12</sup>.

#### 4. Age-friendly or age-unfriendly environment?

The care-providers, GPs, therapists and other professionals are reluctant to respond to older people’s needs and concerns. Thereby the promotion of active ageing is also meagre. This belief is shared by many, but only few decide to speak about it openly. Ann A. Wilcock believes that active ageing “is not alive and well in communities such as ours. That is except amongst some of those striving to be active agers who often, daily, have to fight against conventions, bureaucracy, families, and health professionals for that right. It is a difficult fight for many. It may call for the fight of their lives, at a socio-political level as well as a personal one, and it places huge demands at a time when many are financially strapped, physically hobbled, emotionally fatigued, and socially ignored”<sup>13</sup>.

The debates on ageing allude to the fact that prolonged life expectancy is not an equivalent of health life expectancy (HLE) or disability-free life expectancy (DFLE). Ageing concerns people with disabilities as well; frequently they suffer from long-term and incurable diseases e.g. Christine Bigby describes the demographic change among people with intellectual disability. She discusses the regular

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<sup>11</sup> R.P Eibach, S.E. Mock, E.A. Courtney, *Having a ‘Senior Moment’: Induced Aging Phenomenology, Subjective Age, and Susceptibility to Ageist Stereotypes*, “Journal of Experimental Social Psychology” 2010, No. 46, pp. 643–649.

<sup>12</sup> C. Phoenix, G. Faulkner, A.C. Sparkes, *op.cit.*, p. 337.

<sup>13</sup> A.A. Wilcock, *op.cit.*, p. 15

falling of their age-specific mortality rate in comparison to the general population. In the first half of the twentieth century, people with intellectual disability at an average reached their twenties. By 1993, their average lifespan increased to fifty years, and now many of them are septuagenarians<sup>14</sup>. This tendency presents a challenge for health care system where the shift from the “responsibility” to “profitability” category takes place<sup>15</sup>.

The negative approach to aging is intensified by economic prognosis of high-cost of seniors’ demands (pensions, allowances, and health and social care services, including long-term care). Meanwhile, the current social and health-related situation of seniors has already been recognised as unsatisfactory. In general, we observe the low standard of services offered to older people. Many age-advanced patients often suffer from misdiagnosis (e.g. depression symptoms are commonly ignored by their GPs) or incorrect diagnoses. They are also provided with less detailed information on their health condition<sup>16</sup>. Insufficient financial expenditures in aid sectors leads to the shortage of qualified and experienced personnel proficient in dealing with the elderly. Hospitals, nursing homes and hospices provide inadequate assistance and care. Official reports identify this problem giving numerous illustrations of geriatric patients’ neglect<sup>17</sup>. In Poland, we also witness different forms of the seniors’ mistreatment which move them to “the very periphery of attention (how many geriatricians are currently being trained at Polish medical universities, and how many medical students express interest in studying this subject?); the very periphery of access (how many senior citizens become the patients of private hospitals and clinics?); the periphery of importance (how many senior citizens have heard ‘You are too old for this service, and besides what do you expect at your age?’)”<sup>18</sup>.

Seniors’ conspicuousness in social life eliminates or at least lessens some of the existing prejudices and stereotypes concerning elderhood. A good example to illustrate this phenomenon is the breakthrough in the general approach to seniors’ sexuality. Medical science and pharmaceutical market have introduced a new perspectives on sexuality in the late adulthood. After discovering how lucrative

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<sup>14</sup> Ch. Bigby, *op.cit.*

<sup>15</sup> A. Błachnio, *Impact of Older Adults’ Social Status and Their Life Satisfaction on Health Care Resources*, “Acta Neuropsychologica” 2011, Vol. 9(4), pp. 335–349.

<sup>16</sup> A.J.C. Cuddy, M.I. Norton, S.T. Fiske, *This Old Stereotype: The Pervasiveness and Persistence of the Elderly Stereotype*, “Journal of Social Issues” 2005, No. 61(2), pp. 265–283.

<sup>17</sup> A. Błachnio, *Impact of...*, *op.cit.*

<sup>18</sup> M. Kuchcińska, *Edukacja przeciw marginalizacji seniorów* [Education Against Marginalization of Seniors], “Chowanna” 2009, No. 2(3), p. 179.

the market of Viagra and other pharmaceutical products enhancing male potency has become, medical and pharmaceutical businesses ceased to treat the sexuality of the elderly as an individual's need. Instead it became one of the conditions of an individual's wellness, and consequently a public health concern<sup>19</sup>. Older people have gained more opportunities to express sexuality and get sexual satisfaction. The interest in seniors' sexual behaviours has been also implemented to science. Since the beginning of the 21<sup>st</sup> century, the seniors have become a regular part of almost every research or a discussion on human sexuality. The gathered data have stimulated many scientists and GPs to raise the queries on how to preserve vigour and satisfaction of sex among the elderly<sup>20</sup>. In addition, the obtained results reveal the urgent need to adjust social and individual approach to the older adults' sexuality. According to Margaret McGrath and Eithne Lynch, there is a gap between professional knowledge and practice. Seniors' sexuality is still perceived as an absent need, a source of amusement or deviation<sup>21</sup>. This misperception discourages many seniors from expressing their sexuality. As a result, it harms their self-image, and diminishes their quality of life because sexuality is not only sexualisation or sexual identity. This also includes sensuality (awareness of one's body) and intimacy (sharing emotional closeness)<sup>22</sup>.

Although we observe certain significant changes caused by the demographic "revolution", the age-related limitations fixed in the local context induce interactional and cultural passivity of the elderly in everyday life. At the same time, the concept of positive and active ageing with many examples of good practise is easily available through the high-tech media. Nevertheless, not all of the senior citizens are eager to use e.g. the Internet resources. Although the number of well-educated and sometimes even affluent seniors has been increasing gradually, there are still many seniors who lack lifelong learning habits and opportunities, ignore new technological devices, rarely set new goals, and focus too much on their senility<sup>23</sup>. The members of the last group often preserve self-handicapping behaviours imposed by culture. The aggravating problems of the old people still need to be solved,

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<sup>19</sup> M. McGrath, E. Lynch, *Occupational Therapists' Perspectives on Addressing Sexual Concerns of Older Adults in the Context of Rehabilitation*, "Disability and Rehabilitation" 2013, <http://informahealthcare.com/doi/abs/10.3109/09638288.2013.805823>, [Access date: 03.10.2013].

<sup>20</sup> B.L. Marshall, *Science, Medicine, and Virility Surveillance: 'Sexy Seniors' in the Pharmaceutical Imagination* [in:] *Technogenarians. Studying Health and Illness Through an Ageing, Science, and Technology Lens*, K. Joyce, M. Loe (eds.), Malaysia 2010, pp. 38–50.

<sup>21</sup> M. McGrath, E. Lynch, op.cit.

<sup>22</sup> Ibidem.

<sup>23</sup> J. Mucha, Ł. Krzyżowski, *Aging in Poland at the Dawn of the 21st Century*, "Polish Sociological Review" 2010, No. 2, pp. 247–260.

but at the same time there are many new opportunities introduced to them. It is difficult to verify if the environment we live in is age-friendly or age-unfriendly one, though. Although numerous traces of prejudices and ageism can still be experienced, the new approach to active ageing is gaining numerous supporters.

## 5. New opportunities raised by active ageing

Active ageing implements new possibilities for numerous improvements in the seniors' lives. The three pioneering realms of the elderly's activation encourage employing: sophisticated technological devices that make life easier and more autonomous, widespread interest in volunteer services, and lifelong learning programmes.

The seniors' population is the catalyst to outburst of innovative technology. In order to age successfully, older people demand open and friendly environment. They need greater number of safe street intersections as well as green and open spaces to preserve their physical activity. When their mobility decreases, they require accessible and affordable transport services. Sooner or later the seniors need support and care in everyday activities. Because the relatives' assistance is often limited and unsatisfactory, a broad spectrum of care technologies is designed. Among them, there are fixed assistive technologies designed for domestic space (such as ramps and lifts), portable assistive technologies (alarms, monitors, motion detectors etc.), electronic pill dispensers, "smart clothing and fabrics" with inbuilt sensors to monitor the heart rate, pulse, temperature, and even robotic pets<sup>24</sup>. Especially the last device was designed to help the seniors cope with loneliness and isolation. Nevertheless, the Internet has offered even better solution for people socially excluded and immobile. It has become "the seniors" wide open window to the outside world. The possibilities it offers to the senior citizens are innumerable. It gives access to information and communication. It is a tool for encouraging pro-social behaviour, and group discussion. The number of fora and websites dedicated for the elderly has been increasing systematically. The e-services addressed to older customers are developing fast and progressively, too. Currently, their impact is still limited but for the future ageing generations all these technological devices will become major tools of life-facilitation.

Better life and active ageing can also be achieved by voluntarism. The assistance and care are key-needs of seniors. However, we should remember not all elders

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<sup>24</sup> Ch. Milligan, *There is No Place Like Home: Place and Care in an Ageing Society*, Farnham 2009.



are care-receivers. Very often they are care-givers in various non-profit activities. Voluntary services gain attention and appreciation among actively aging people<sup>25</sup>. This is because the advantages offered by volunteering are abundant, both on individual and social levels. Just to mention a few: voluntary service is the source of satisfaction and the joy of life, it breaks social isolation and develops new and strong social network, it maintains self-esteem and stimulates personal growth, self-confidence and self-integration. Voluntarism develops civic sense of responsibility, social involvement, respect for the others, and empathy. The old people who invest their time and want to do something positive to others often receive appreciation. They are perceived as competent by those looking for help because they not only know but very often understand and experience. Thus, they act as models and effectively inspire others to change themselves. Apart from obvious gains for the care-receivers, the volunteering seniors profit from their actions as well. The available study proves positive association of volunteering work with the following aspects of everyday existence: improved physical health, sense of achievement, greater life satisfaction, lower psychological distress, and even lower rates of mortality<sup>26</sup>. One could argue if it is the result or maybe the reason why some people are more prone to become volunteers than others. Nevertheless, the general gain is undisputable.

The last of the aforementioned realms is to activate the seniors' to incorporate lifelong learning ideology. Its main assumption is that the education continued throughout one's life encourages personal development, raises wellness and solves various socio-economic problems present in narrowing global job-market. For the seniors citizens, it meets their natural need to learn and develop. It also helps them to develop new skills and update their expertise. The elders' response to lifelong learning opportunities is generally positive. Especially in Poland we observe a vivid and continuously increasing involvement in the Universities of the Third Age. They put seniors at the core of interest. The curricula of U3As enable the progress of personal growth, the amelioration of psycho-physiological and social conditions of the elderly, and enhance them to take up and carry out new challenges of lifelong learning. Further, the students extend their knowledge, integrate with local communities, start new friendships, and improve their quality of life.

The interest in technology that many seniors express, the eagerness they demonstrate in testing the most recent gadgets, and their involvement in education and

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<sup>25</sup> A. Błachnio, *Starość non profit...*, op.cit.

<sup>26</sup> J.H. Barlow, G.V. Bancroft, A.P. Turner, *Volunteer, Lay Tutors' Experiences of the Chronic Disease Self-management Course: Being Valued and Adding Value*, "Health Education Research" 2005, No. 20(2), pp. 128–136.

non-profit work they display can all contribute to solving the problem of the impact the environment has on ageing and turn it into a positive value. The condition is general involvement and confidence in active ageing promotion. Its advantages will serve not only the seniors themselves but also the future generations.

## 6. Conclusions

In a global society, analogous to the Polish society, the increase in the elderly population is a challenge for many public sectors: medical and social care, education, and public finance. The practises that can be observed today prove that many prejudices and stereotypes are still deeply rooted in the society. Ageism enlarges barriers for senior citizens everyday life. They are marginalized in public life. Their needs are often ignored or unrecognised. As patients they are often misunderstood by their GPs, therapists, psychologists and social care workers. Seniors' lives are frequently medicalized and their aging is perceived as an endless list of various diseases only several of which can be treated. As consumers, the elderly often have very limited choice and unsatisfactory protection. As family members, they are too often left on their own. Moreover, ageing people often try to adjust their behaviours and expectations to cultural stereotypes. As a result, self-handicapping becomes a common problem in late adulthood.

Although some prejudices have already been broken, the socio-cultural approach to aging and the aged still needs to be improved. Professionals are encourage to respond to "new reality" of ageing including older peoples' concerns about sexuality and sexual health<sup>27</sup> or ageing among people with intellectual disability in the context of rehabilitation services<sup>28</sup>. We should help senior citizens to re-establish their self-esteem, and sense of integrity. They must regain satisfaction and control over their life. The society and senior citizens themselves should revise their knowledge on aging as is a heterogeneous process and not merely deterioration and dependence. Many factors (socioeconomic, educational, health, habits as well as one's subjective expectations) can ameliorate the way people experience aging. Another task is to encourage young generation to work with the senior citizens. We need education in order to prepare competent and confident in work with older adults specialists in educational, health and social care sectors.

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<sup>27</sup> M. McGrath, E. Lynch, op.cit.

<sup>28</sup> A. Błachnio, *Impact of...*, op.cit.

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