THE SPECIFICITY OF PSYCHOLOGICAL STATE IN OLD AGE IN THE CONTEXT OF AGE-RELATED CRISES

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Abstract

The article examines the psychological condition of older adults through the analytical lens of age-related crises. The author proceeds from the premise that later life is not a uniform period of decline but a sequence of developmentally meaningful turning points, each of which reorganises the personality's relation to time, to the body and to the social world. Drawing on a theoretical review of gerontopsychological literature and a secondary analysis of empirical findings published between 2010 and 2024, the study distinguishes four crisis nodes characteristic of old age: the loss of occupational identity after retirement, the tension between ego-integrity and despair, the growing salience of finitude, and the crisis of dependence provoked by declining functional autonomy. It is argued that the psychological outcome of each node is determined less by the objective severity of the event than by the meaning the individual ascribes to it and by the resources of the immediate social environment. The concluding section formulates a set of criteria that allow practitioners to distinguish a normative developmental crisis from an incipient affective disorder, and outlines directions for preventive psychological support.

Keywords: old age, age-related crisis, psychological state, ego-integrity, retirement, gerontopsychology, adaptation, meaning of life.

Introduction

The demographic transformation of the past half-century has made late adulthood one of the most socially consequential stages of the life course. In a growing number of countries the proportion of citizens above sixty exceeds a fifth of the population, and the years lived after the end of working life now constitute a substantial biographical period rather than a brief epilogue. This shift has obliged psychology to reconsider a long-standing assumption according to which personality development effectively terminates in middle adulthood and everything that follows can be described in the vocabulary of loss, involution and regression.

Contemporary gerontopsychology proposes a different reading. Old age is treated as a stage with its own developmental agenda, its own achievements and its own characteristic vulnerabilities. Within this framework the concept of the age-related crisis acquires particular explanatory value. A crisis, understood in the developmental rather than the clinical sense, denotes a relatively short period during which the previously established equilibrium between the individual's capacities, self-image and social demands loses its validity, and a new equilibrium has yet to be constructed. Such periods are marked by heightened emotional lability, by the revision of habitual attitudes and, crucially, by an increased openness to change.

The problem addressed in this article arises from a discrepancy between two bodies of knowledge. On the one hand, the literature on crises of childhood and adolescence is extensive and methodologically mature. On the other, the crises of later life remain comparatively under-theorised: they are frequently mentioned but rarely differentiated, and in practice they are often conflated with depressive or anxious disorders. The consequence is twofold. Normative developmental difficulties are medicalised, while genuine affective pathology is dismissed as an inevitable accompaniment of ageing.

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The aim of the present study is therefore to describe the specificity of the psychological state of older adults through the category of the age-related crisis, and to identify the criteria that distinguish a normative crisis from a disorder requiring clinical intervention. Three tasks follow from this aim: to systematise the theoretical positions on which the notion of late-life crisis rests; to reconstruct, on the basis of published empirical findings, the principal crisis nodes of old age together with their psychological content; and to formulate practical implications for preventive work.

Theoretical Framework

The conceptual foundation of the present analysis is drawn from three complementary traditions. The first is the epigenetic conception of personality development, which posits that each stage of life confronts the individual with a specific polarity that must be resolved. For the final stage this polarity is formulated as the opposition between the integration of one's own biography and a sense of futility regarding time that cannot be recovered. The productive resolution yields wisdom, understood not as accumulated erudition but as a reconciled attitude towards the finitude of existence. The unproductive resolution manifests itself in bitterness, chronic dissatisfaction and a retrospective search for those responsible for an unrealised life.

The second tradition is the cultural-historical approach, which interprets a crisis as a normative and necessary mechanism of development rather than as a malfunction. From this standpoint the crisis of later life is generated by a contradiction between preserved needs — for recognition, productivity, belonging — and the narrowing repertoire of socially sanctioned means of satisfying them. What ages, in other words, is not the need but the institutional channel through which it was previously realised. This reading directs the practitioner's attention away from the individual's deficits and towards the reconstruction of these channels.

The third tradition is the existential-humanistic one, within which the decisive variable is the meaning ascribed to lived experience. Empirical work in this line consistently demonstrates that the perceived meaningfulness of life predicts subjective well-being in old age more reliably than health status, income or the frequency of social contact. Meaning operates as a mediating structure: identical biographical events produce divergent psychological outcomes depending on whether they are integrated into a coherent life narrative or experienced as arbitrary losses.

Taken together, these traditions permit a working definition. A late-life age crisis is here understood as a bounded period of personality reorganisation, triggered by the loss of validity of a previously stable configuration of identity, activity and social position, and resolved either through the construction of a new configuration adequate to the individual's actual resources, or through the fixation of a defensive, developmentally regressive stance. It is this alternative, rather than the presence of the crisis as such, that determines the psychological state of the older adult.

Materials and Methods

The study is theoretical and analytical in character. Its empirical basis consists of published research findings; no new data collection involving human participants was undertaken, and accordingly no ethical approval was required.

The literature was retrieved from international and regional scholarly databases using combinations of the search terms late-life crisis, ageing and identity, retirement adjustment, ego-integrity, psychological well-being in old age. Publications were included when they met three conditions: they appeared between 2010 and 2024; they reported either original empirical results or a systematic theoretical analysis; and their subject population consisted of persons aged sixty and above. Purely

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biomedical studies of dementia and works devoted exclusively to pharmacological treatment were excluded, since the object of the present analysis is the normative rather than the pathological trajectory.

Three methods were applied to the resulting corpus. Conceptual analysis was used to clarify the content of the categories crisis, psychological state and adaptation as they function in gerontopsychological discourse. Comparative analysis served to juxtapose the interpretations offered by the three theoretical traditions described above. Systematisation and typologisation were employed to derive the crisis nodes presented in the following section; a node was retained only when it was independently documented in no fewer than three sources belonging to different research groups.

The limitations of this design should be stated explicitly. Reliance on secondary sources means that the typology proposed here has the status of an analytical hypothesis rather than of a verified empirical structure. Furthermore, the majority of the reviewed studies were conducted in European and North American settings, whereas the meaning of retirement, of intergenerational obligation and of dependence is strongly culturally conditioned. Verification in other cultural contexts, including those in which extended-family care remains normative, constitutes a necessary next step.

Results and Discussion

The analysis of the corpus allowed four crisis nodes to be distinguished. They are presented below in the order in which they typically appear, although the sequence is not rigid: biographical circumstances may compress two nodes into one period or postpone a node by a decade.

1. The crisis of occupational identity

The withdrawal from working life is the first and, in many biographies, the most abrupt turning point of later adulthood. Its psychological difficulty lies not in the reduction of income or of daily activity but in the dissolution of a self-description that had organised decades of experience. For an individual whose sense of worth was grounded in professional competence, the question of who one is once one no longer practises loses its ready answer.

The reviewed studies converge on the observation that the trajectory of adjustment depends primarily on the degree of voluntariness. Where the transition is planned and self-initiated, indicators of well-being typically recover within twelve to eighteen months and in a proportion of cases exceed pre-retirement levels. Where the transition is imposed — through redundancy, illness or administrative age limits — the risk of a protracted depressive reaction increases markedly. A second consistent predictor is the diversity of the individual's identity structure: those who, prior to retirement, sustained roles unrelated to their occupation pass through this node with substantially less disturbance.

2. The crisis of biographical summation

The second node has no external trigger and is therefore easily overlooked. It consists in an involuntary and often intrusive re-examination of one's own life as a whole, prompted by the recognition that the time available for correction is finite. This process is normative and, in itself, productive: the integration of one's biography, including its failures, into an accepted narrative is the developmental achievement proper to this stage.

The node becomes problematic when the review yields a verdict of irreversible failure. The literature describes a characteristic configuration in which retrospective rumination, an intensified sense of guilt regarding decisions taken many years earlier, and hostility towards those held responsible reinforce one another. It is precisely here that the differential-diagnostic task is most acute, since the phenomenology of unresolved summation overlaps considerably with that of a depressive episode. The

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distinguishing feature reported in the sources is the preservation, in the normative case, of interest in the present and of the capacity for pleasure, both of which are lost in clinical depression.

3. The crisis of finitude

The third node is organised around the increasing psychological presence of death. Its manifestations are heterogeneous: heightened anxiety concerning bodily sensations, a reordering of priorities in favour of emotionally significant relationships, a diminished interest in long-term projects, and in a substantial minority of cases a paradoxical increase in emotional stability.

This last outcome deserves emphasis, since it contradicts the intuitive expectation of uniform deterioration. Research on the selectivity of emotional goals indicates that the perception of a limited time horizon leads older adults to filter their social contacts and informational input in favour of what is emotionally rewarding, with the result that the subjective quality of experience may improve even as its objective scope narrows. Religious and philosophical frameworks appear to function in this node as culturally supplied instruments of integration rather than as mere consolation.

4. The crisis of dependence

The final node is precipitated by the loss of functional autonomy — the point at which everyday self-care requires the assistance of others. Its psychological core is a conflict between the need for help and the need to preserve dignity, and this conflict is frequently resolved through the concealment of difficulties, the refusal of assistance, or displaced irritability directed at carers.

The evidence indicates that the outcome of this node is determined largely by the manner in which care is organised rather than by its quantity. Where the older person retains a voice in decisions concerning their own routine, indicators of well-being remain comparatively stable even under considerable functional limitation. Where care is administered in a custodial mode that presupposes incompetence, well-being declines independently of the objective quality of provision. The practical implication is that the preservation of decisional agency constitutes a psychological intervention in its own right.

Differential criteria

Synthesising the four descriptions, the following criteria may be proposed for distinguishing a normative crisis from an affective disorder. A normative crisis is temporally bounded and thematically specific: distress is attached to an identifiable content — the lost occupation, the unrepeatable decision, the failing body. A disorder is diffuse and pervasive, colouring domains unrelated to the triggering event. In a normative crisis the capacity to anticipate and to enjoy the immediate future is retained, whereas anhedonia is a defining feature of the disorder. Finally, a normative crisis retains its dynamic character: the individual formulates questions, tests solutions and revises them. Fixation, the cessation of any attempt at reorganisation, is the principal indicator that specialist intervention is required.

Conclusion

The material examined here supports the view that the psychological state of the older adult cannot be adequately described as a monotonic decline. Later life is structured by a succession of developmental crises, each possessing its own content, its own trigger and its own range of possible outcomes. Four such nodes were identified: the dissolution of occupational identity, the summation of one's biography, the growing presence of finitude, and the confrontation with dependence.

Two conclusions of practical significance follow. First, the outcome of each node is governed less by the objective magnitude of the loss than by two mediating variables — the meaning the individual attributes to the event and the degree of agency preserved within the social environment. Both variables

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are modifiable, which establishes the legitimacy of preventive psychological work at this stage of life. Second, the differentiation of normative crisis from affective disorder is feasible on the basis of three observable features: the thematic specificity of the distress, the preservation of hedonic capacity, and the retention of dynamic reorganisation.

Further research should proceed in two directions: the empirical validation of the proposed typology on culturally diverse samples, and the development of targeted support programmes for each node, since interventions appropriate to the crisis of occupational identity differ substantially from those required in the crisis of dependence.

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