

Rocío Fernández-Ballesteros (Editor)

GeroPsychology



European
Perspectives for an
Aging World

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GeroPsychology

European Perspectives for an Aging World

Dedicated to the memory of
Paul B. Baltes

GeroPsychology

European Perspectives for an Aging World

Edited by
Rocío Fernández-Ballesteros



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Foreword

This is a wonderful and timely book and, being a lifespan psychologist myself, I want to recommend it to all who are interested in psychology's answer to the new challenges presented to Europe and our discipline by the growing share of elderly in our communities. Why? The editor and her colleagues have brought together facts and figures on the current situation of scientific research and academic teaching on aging, and have assembled authors from around Europe who write authoritatively about what we know and how this knowledge was achieved in various basic and applied topics of aging. This combination is unique and without competition.

When it comes to the daily experiences with aging, the Europeans in a sense count among the world champions. In many countries the share of people in the age range 0 to 14 compared to those 65 years and older is about the same, and in a few countries, such as Italy, the oldest even form a higher percentage. This is the combined result of extended life expectancies and low fertility rates, with the consequence of a growing burden for the adult age groups that have to take care for those younger and older. The question is whether we as a society are prepared to deal with around 75 million Europeans aged 65 and older, and this figure, which refers to 2004, is projected to grow rapidly.

These and other facts led the United Nations to develop the 2002 International Plan of Action on Ageing, requiring specific measures to achieve a better understanding of aging concerning psychosocial development, options for health promotion, and the design of supportive environments. European science looks back on a long tradition of research in such fields, but is the state of the art enough in terms of substantive knowledge and scientific training to develop and implement social policies and programs?

To help answer these questions the European Federation of Psychologists' Associations (EFPA) was asked by its Spanish member organization to form a task force of renowned specialists in the field who would analyze the situation in Europe concerning research and teaching in "Geropsychology." We found a group of energetic and knowledgeable scientists who, under the leadership of Rocio Fernandez-Ballesteros, herself the winner of EFPA's prestigious Aristotle Award in 2005, have worked on this project for three years. As member of the executive committee with the portfolio for science, I was their liaison with EFPA.

This book is the result of this task force's work, and it is impressive. For the first time we know as comprehensively as possible that there is indeed a lot of research, but

that it mainly covers only a few topics, with impairment of cognitive competencies most frequent and prevention of aging-related ailments, unfortunately, usually at the bottom. Here is much room for improvement. In addition, we have a big divide between East and West in Europe, with countries of the latter region (but not all) much more productive thus far in research and dissemination of knowledge on psychological aging. In part this reflects the urgency of the challenges in this region, but actually the disparity originates more in a relative lack of international collaboration and networking in the East. This situation particularly needs improvement, and hopefully this book will be instrumental in achieving this, especially given the fact that there is a great tradition of multisite, multitopic cross-national studies in Europe.

The factual priorities of research are mirrored in the situation of academic teaching and training. The bulk of established programs refer to development and aging in general and to psychopathology and assessment, and even this somewhat one-sided focus is not represented in all European countries. Other issues of pressing urgency, such as the necessity for lifelong learning and the activation of new and alternate work roles in later periods of the life-span, are very much underrepresented. Given the changes in the demographic composition of the populations in Europe, psychology is urged to establish the ground for a new culture of aging, including opportunities for fulfilling, productive activities for the later years – and all this to the advantage of all generations and cohorts.

What is most in need of change is the situation of post-graduate training and specialization – in only a few countries do we have specialized study programs for geropsychology, and also very few professors within this specific field.

Here I have to refer to EFPA again. We developed the EuroPsy standard for the comprehensive training of psychologists (www.efpa.be), and this model allows for the addition of fields of specialization achieved subsequent to the MA or equivalent. Thus far the specializations envisioned relate for instance to psychology concerning work and organizations or clinical issues. I deem it very important to think about geropsychology as another field of specialization that would signify psychologists' qualified competence to work on psychological aging issues, such as intervention, education, and clinical work. The many chapters of the book devoted to current knowledge in the field give a representative overview on such topics, and moreover they introduce readers into the world of renowned European researchers in the field.

What should be the next step? If I see it correctly it would be joint efforts to increase research collaboration across Europe and to implement advanced training, probably accomplished best by multi-site teams and utilizing new forms such as virtual graduate schools. I am confident that EFPA will, and can, contribute to such endeavors.

Rainer K. Silbereisen
EFPA Executive Committee Member

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1. Geropsychology

Demographic, Sociopolitical, and Historical Background

Rocío Fernández-Ballesteros, Martin Pinguart, and Per Torpdahl

Introduction

In demographic terms, Europe is the oldest continent in the world. In 2004 in Western Europe (EU-15 plus Switzerland and Norway) there were 66 million inhabitants over 65, and if we take Eastern Europe (EU-10) into account, the total European (EU-25) elderly population was around 75 million.

Although 50-year projections are somewhat uncertain, on the basis of increasing life expectancy and the decline in fertility over the last 25 years, and in line with the United Nations demographic projections for the year 2050, it is predicted that half a century from now Europe will have about 300 millions inhabitants over 60 (UN, 2002).

On the basis of these sociodemographic data, several sociopolitical decisions have been taken by the United Nations (UN, 2002), the World Health Organization (WHO, 2002), and the UN Economic Commission for Europe (UNECE, 2003). In fact, the II International Plan of Action on Ageing (MIPAA, UN, 2002) and its strategy for Europe (UNECE, 2003), the Research Agenda on Ageing for the 21st Century (developed by the International Association of Gerontology in collaboration with the United Nations; UN-IAG, 2003; Andrews, et al. 2006), and the policy framework for developing healthy and active aging (WHO, 2002) were all discussed and approved by the year 2002. The general objective of all of these documents is to cope with the challenge of aging; moreover, in all international recommendations for scientific or political action, psychology and psychologists are strongly involved in and committed to the field of aging, age, and the aged (Birren, 1996).

Taking into consideration the demographic situation and data and the research findings, the European Federation of Psychologists Associations (EFPA), at its 2003 general assembly in Vienna, approved setting up a Task Force on Geropsychology with the objectives, among others, of examining the relevant contexts and issues to which psychologists (with their scientific knowledge and professional competences) can contribute to the enhancement of elders' quality of life and well-being, of deciding which European universities and research centers will develop official research programs on the psychological study of aging, and of identifying and organizing the profile of European research.

The task force has been working since 2004 using two main strategies: (1) Internet search on geropsychological research, training, and practice, and (2) survey of key

persons suggested by all EFPA organizations throughout Europe working on geropsychology (see Chapter 2). This book presents data on those strategies. However, before presenting some data from this work, we will provide some demographic data at the root of scientific interest in the study of aging.

Europe: The World's Oldest Continent

Table 1 shows two indicators of population aging for the 25 European countries and for EU-15 and the new EU-10: percentage of inhabitants over 65 and ratio of youngest (0–14) to oldest (65 +) for the year 2003 (European Council, 2004). As it can be seen, there are considerable differences among countries in these indicators. For example, in

Table 1. Percentage of older and younger European population in Western and Eastern European countries

European Countries	% Population per age	
	< 15	65+
Western Countries:	17	16
Austria	17	15
Belgium	18	17
Denmark	19	15
Finland	18	15
France	19	16
Germany	16	16
Greece	15	17
Ireland	21	11
Italy	14	19
Luxembourg	19	14
Netherlands	19	14
Portugal	16	16
Spain	15	17
Sweden	18	17
UK	19	16
Eastern Countries:	18	13
Cyprus	22	10
Czech Rep.	16	14
Estonia	18	15
Hungary	17	15
Latvia	17	15
Lithuania	19	14
Malta	20	12
Poland	19	12
Slovakia	19	11
Slovenia	16	14

Italy almost one in five inhabitants (19.2%) is over 65, while in Ireland the figure is around 1 in 10 (11.1%). Taking into consideration the proportion of youngest to oldest, it is in Italy where we find the fewest children per older inhabitant (14/19), while in Ireland there are almost two children per older adult (21/11). There are also countries with a high percentage of inhabitants over 65 and a relatively good balance of youngest and oldest. For example, Sweden has 18% of over-65s and 17% children.

If we compare Western and Eastern Europe, on the basis of the 15-member EU and the 10 nations that joined in 2005 (includes Malta), Western Europe is significantly older than Eastern Europe; on average one in six citizens in Western Europe are older than 65, and there are more older citizens than children, while in Eastern Europe (considering EU members only), one in seven citizens are over 65, and there are more children than older adults. Looking at projections made by the United Nations (2000), by the year 2050, 30% of Western Europe's population will be over 65, while 12% will be over 80.

As is well known, population aging depends on the ratio of fertility to mortality, or its derivative, life expectancy at birth (migration is a third type of population data, which we do not consider here; see Diez-Nicolás, 2004). **Figure 1** shows the evolution of fertility in European countries (in terms of number of children per woman in reproductive age range); in most of them fertility is declining strongly, but in others the pattern is the opposite (e.g., in Scandinavian countries, where demographic transition took place earlier). However, we can say that fertility is declining in all Eastern and most Western European countries, though on average Western countries have higher fertility rates than Eastern ones, several of which fall short of the replacement rate.

Life expectancy at birth was increasing all over the world throughout the 20th century, during which it almost doubled in European countries. **Figure 2** shows life expectancy in 25 European countries with data for most of the EU-15 and EU-10.

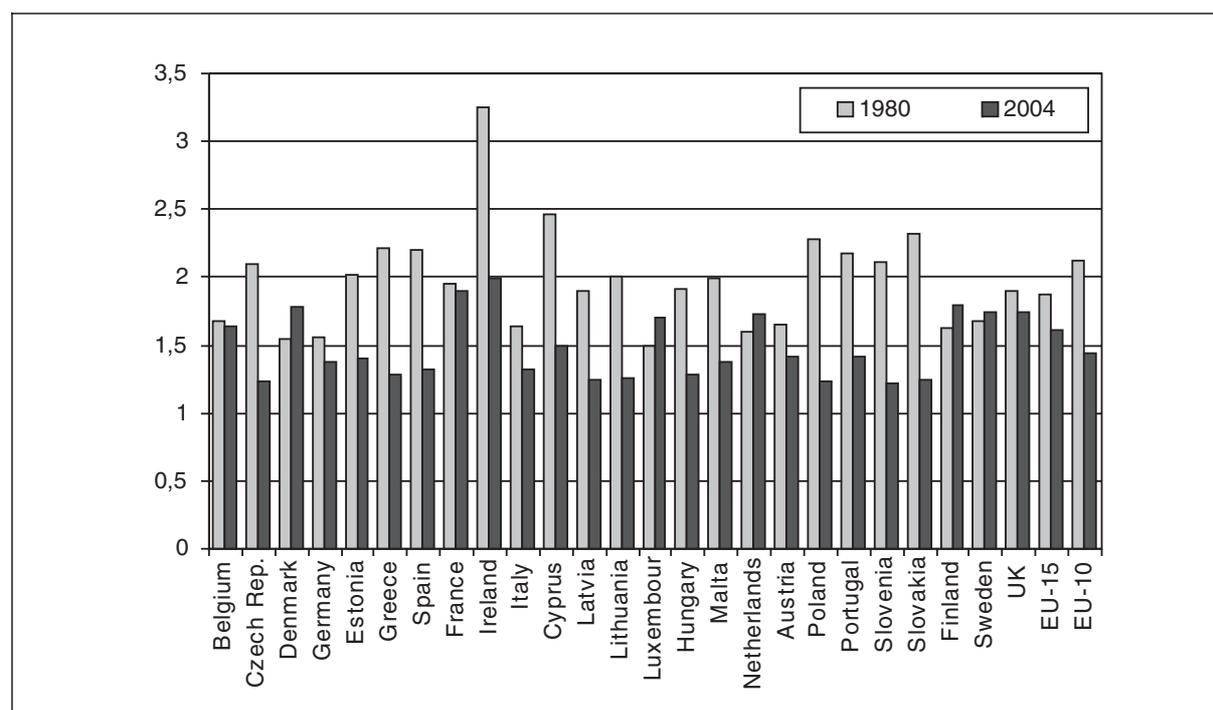


Figure 1. Evolution of the total fertility rate (children per women) in European countries, EU-15, and the new EU-10 (1980–2004; European Council, 2004)

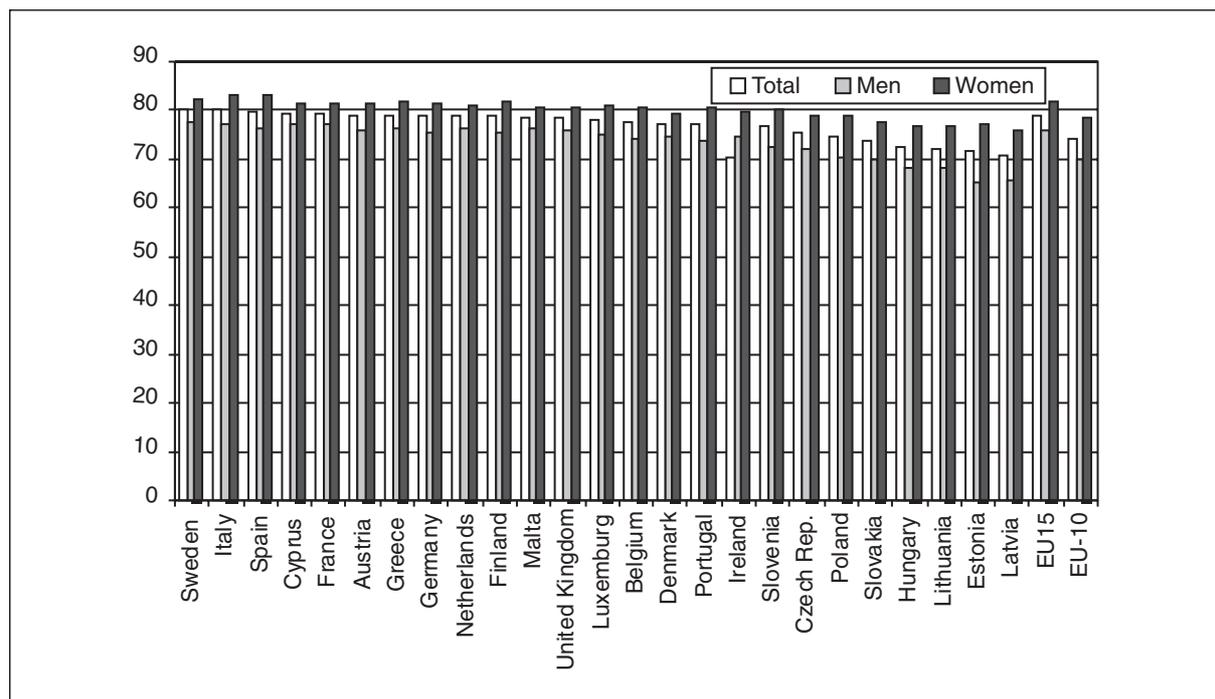


Figure 2. Life expectancy at birth in European countries, EU-15, and the new EU-10 (European Council, 2004)

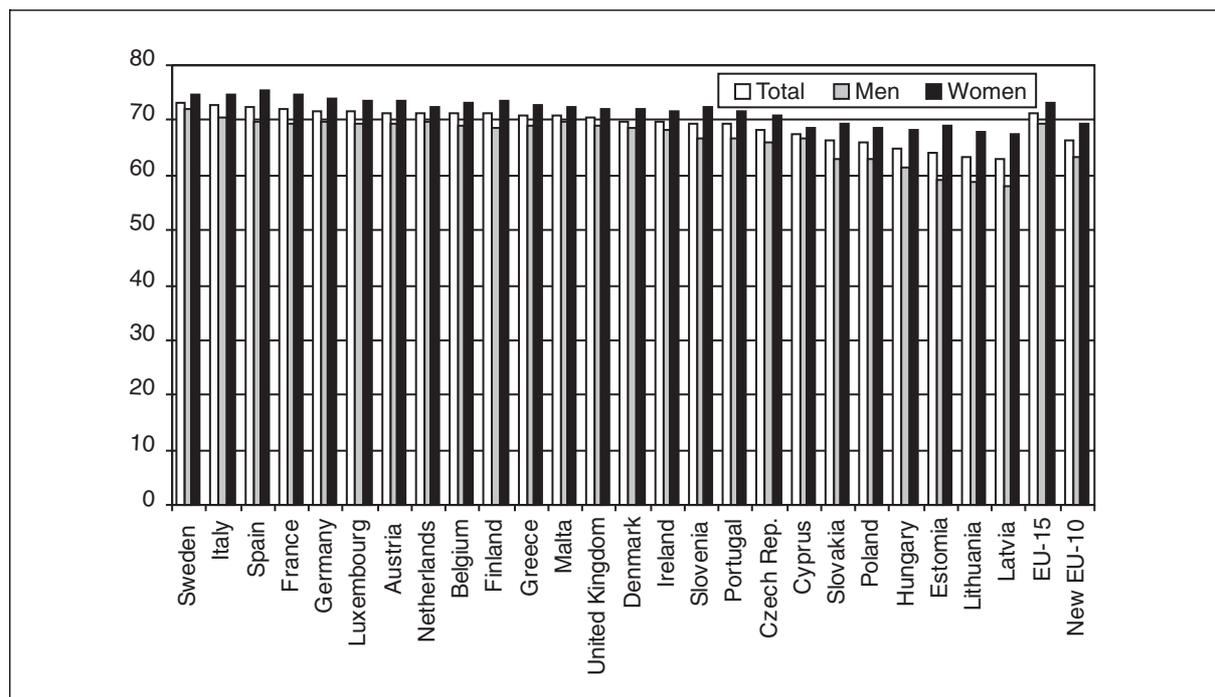


Figure 3. Disability-free life expectancy at birth in European countries, EU-15, and the new EU-10, year 2003 (European Commission, 2005)

As it can be observed, total life expectancy runs from 80.1 years in Sweden to 70.9 years in Latvia. The highest life expectancy for men is also in Sweden (77.7), while the lowest is in Estonia (65.3); highest life expectancy for women is 83.3 years (Spain) and lowest is 76 years (Latvia). In conclusion, it can be said that there is almost 5 years difference in life expectancy between Western and Eastern European countries.

Although living longer is important – since it is an indicator of human development – the most important concern is whether people are living in good or poor health. Disability Free Life Expectancy (DFLE) are measures of the remaining years a person of a specific age is expected to live in a healthy condition (European Commission, 2005).

Figure 3 shows that DFLE for 25 European countries have similar profiles to those of life expectancy. Europeans can expect (at birth) a mean of some 7 years of disability (approximately 6 years for men and almost 8 years for women). Highest total DFLE is in Sweden, at 73.3, and lowest is in Latvia, at 62.8.

In summary, increasing life expectancy can be considered an indicator of giving more “years to life” but it is highly important to give “life to years;” thus, the most important finding is that evolution over time (1998 to 2003) shows an increasing DFLE (EC, 2005). How psychology as a science and as a profession can work toward increasing disability free life expectancy is one of the key issues in geropsychology.

Sociopolitical Influences on Geropsychology Research and Profession

Population aging is not only a trend in the European region but a worldwide phenomenon. The silent demographic revolution occurred during the 20th century and is the expression of human intelligence and social development but is also a challenge for science and society. At the same time that aging is an opportunity for individuals and societies, aging is associated with risk of illness and disability, causing pain and suffering to the individual and his or her family, and it is linked to high social and health costs. The United Nations called for a First World Assembly on Ageing at Vienna in 1982 and adopted the First International Plan of Action on Ageing, which guided the course of thinking and action on aging over the last decades of the 20th century. Twenty years later, in 2002, at the Madrid Second World Assembly, the Second International Plan of Action on Ageing (MIPAA) was approved (UN, 2002). At the same time, specific recommendations for the European Region (UNECE, 2002) as well as a Research Agenda on Ageing for the 21st Century were decided by the joint effort of the International Association of Gerontology and the UN Program on Ageing (2003).

As has been pointed out by Andrews et al. (2006), the link between policy, research, and professional work is usually not explicitly known and sometimes missing. However, in the case of aging, documents addressing policies and professional and research needs and requirements are explicitly known and have been published and disseminated. Nevertheless, these documents are not usually distributed (or may even be neglected) by target research teams and professional bodies (COP, 2002). Let us present an overview of the MIPAA general recommendations, noting some of the relevant psychology issues.

Figure 4 shows how the MIPAA is organized through three priority directions: (1) Aging and development, (2) Advancing health and well-being, and (3) Ensuring enabling and supportive environments. Each priority direction has a set of Issues divided into objectives and recommendations. Let us give some examples from the *Research Agenda on Ageing for the 21st Century* (IAG-EU, 2003) about the involvement of psychology and psychologists in these three priority directions.

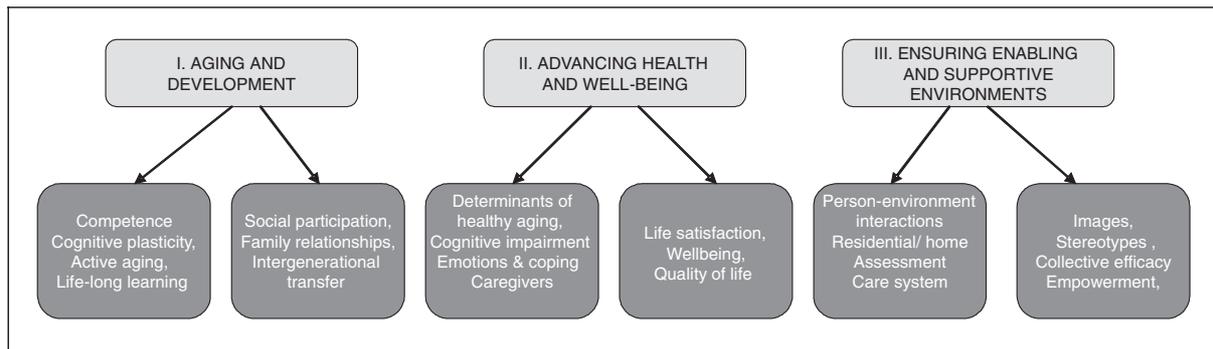


Figure 4. MIPAA priority directions and psychology issues

1. *Aging and development.* The main idea behind this priority direction is that older persons must be full participants in the development process and also share its benefits. This is a very general objective requiring much more research on cognitive resources in old age (cognitive plasticity), concepts and determinants of active aging, and the extent to which there are potential developments and competences over the life cycle. In addition, life-long learning, access to knowledge, education, and training are required to enlarge and increase human development and human capital. This priority direction also emphasizes the importance of the study of the psychosocial determinants of participation and integration, family relationships, and intergenerational transfer and solidarity, all relevant issues in social psychology.
2. *Advancing health and well-being into old age.* Good health is a precondition for psychological well-being and quality of life. In fact, as has been stated, at the population level, the most important indicator for improving living conditions in old age is healthy life expectancy. The WHO defines health as the state of complete physical, mental, and social well-being, not merely the absence of disease. The research agenda emphasizes the importance of defining and delimiting the scope of healthy aging, including individual behavioral habits and psychosocial determinants of healthy aging (cognitive functioning, emotions, and coping), and physical and mental health. Finally, life satisfaction, well-being, and, partially, quality of life, are subjective constructs, therefore the research agenda emphasizes the importance of the development of measures, harmonization of them between countries, and their description across age.
3. *Ensuring enabling and supportive environments.* The promotion of an enabling environment for social development was one of the central goals of the MIPAA in obtaining commitments to strengthen policies and programs to create inclusive, cohesive societies for all ages. The research agenda emphasizes the importance of studying person-environment interactions, residential, home, and care contexts, as well as situations of elder abuse. Finally, linking priority directions III and I, the study of images of aging, ageism, as well as how to empower elders in order to promote their participation in society and increase their self and collective efficacy are critical research arenas.

These examples illustrate how sociopolitical plans, such as the Second International Plan of Actions on Ageing, can lead research and how, necessarily, they are influencing professional practice through national political programs and actions.

European Contributions to Geropsychology: Past and Present

The aging of the European population calls for more basic and applied research on geropsychology. European aging research can build upon on a long history. There are prominent European traditions in aging research and in the psychology of aging in particular. Ideas about the aging process can be traced back to Greek and Roman philosophers, such as Democritus (460–370 B.C.), Epicurus (341–271 B.C.), Plato (427–327 B.C.), Aristotle (384–322 B.C.), and Cicero (106–42 B.C.). For example, Plato emphasized that the feeling of being old is dependent on the person's view of young and old people, and that living a righteous life would be a precondition of aging peacefully. In addition, Cicero discussed the need for memory training in older adults and encouraged older adults to make themselves useful in various advisory, intellectual, and administrative functions. These thoughts are still reflected in recent models in the field of geropsychology (for more information on the early history of geropsychology, see, for example, Birren & Schroots, 2001).

The beginning of empirical research on psychological aspects of aging can be traced back to the work of the Belgium statistician Adolphe Quételet (1796–1874; Quételet, 1835) on age-differences in mental performance, morality, suicide, delinquency, and other aspects of behavior. The assessment of mental performance, reaction time, and other measures in over 9,300 visitors to the International Health Exhibition of London from age 5 to 80 by the British physician and natural scientist Sir Francis Galton (1822–1911; Galton, 1983) marked the beginning of *empirical* psychological life-span research. Later, Galton set up an experimental laboratory and assessed age-differences in sensory thresholds. Although his work was cross-sectional, Galton had already suggested longitudinal studies for analyzing human development and aging.

In the first half of the 20th century, a growing number of researchers from different European countries started research on geropsychology, although there were not yet research institutes on aging with large or even interdisciplinary research programs (the first institute on aging research was founded in 1928 at Stanford University in the United States). For example, Paul Ranschburg (1870–1945), a Hungarian neurologist, studied the pathology of cognitive function and memory in older persons (Ranschburg, 1912). In Russia, Ivan Pavlov (1894–1936) analyzed age-differences in the learning abilities of dogs and found that older dogs built conditioned reflexes more slowly (Pavlov, 1926). In Germany, Weiss (1927) tested the performance of 500 ticket collectors of the German railway who had to find out the shortest way between two destinations. Although Weiss had expected to find a negative association between age and performance, he could not find such a result. One year later, Giese (1928) published a study on self-perceptions of aging. He asked readers of German newspapers to identify signs of getting old. Age at the first perception of signs of aging varied between 18 and 82. Not surprisingly, respondents most often associated aging with physical changes. In 1919, the first report on psychotherapy with older adults was published by the German psychoanalyst Karl Abraham (1919/1927). He held an optimistic view on the treatment of older adults and suggested that the age at which the older adult started psychotherapy was less important than the age of the patient at the time the psychological problem began.

In 1933, Charlotte Bühler (1893–1974) published her book on the life course at the University of Vienna, which was the second textbook on life-span development. In her book, Bühler analyzed life courses of 200 scientists, artists, technicians, and politicians, and included the results of 50 biographical interviews with residents of nursing homes in Vienna. Similar to U.S. researchers of that time period, her model of the life course was strongly tied to biological models of growth and decline, and she associated old age with regression.

The first scientific gerontological journal was founded in 1938 in Germany (*Zeitschrift für Altersforschung*). Although this journal originally had a strong biological and medical focus, from the beginning there were individual papers on psychological topics (e.g., on age-differences in mental performance and the inner mental world; Bracken, 1939).

In the prewar period, the center of psychological aging research shifted from Europe to the United States. Many European researchers emigrated to the United States, such as Erik Erikson, whose book *Childhood and Society* (1950) encouraged research in life-span psychology and geropsychology, and Charlotte Bühler.

Whereas geropsychology expanded rapidly in the United States after World War II (Riegel, 1973, 1977), it took time to rebuild and expand aging research in Europe, for example, due to the destroyed scientific infrastructures, different priorities of the fatherless young generation, and the emigration of many scientists, all of which resulted in a widening gap between geropsychological research in Europe and the United States. Nonetheless, in 1946 a research group on physical and mental abilities of older workers was founded at the University of Cambridge in the UK (e.g., Welford, 1958), and in the 1950s psychological aging studies started in France (Pacaud, 1953), The Netherlands (Van Zooneveld, 1958), Finland (Karsten, 1959), and other European countries.

In recent decades there has been a considerable increase in aging-related research in Europe. We used the PsycInfo electronic database for a bibliometrical analysis of change in the numbers and percentages of European studies in the field of geropsychology over the last 60 years. We first identified publications that included the search terms (*ageing or aging or late life or old age or geriatric or gerontol**). We next analyzed the subgroup of studies with at least one author coming from a European country. On average, 21.6% of the identified studies were authored or coauthored by a European researcher, as compared to 46.4% of studies authored by researchers from the United States. About 1% of the studies were coauthored by researchers from Europe and the United States.

As shown in **Figure 5**, in the first years of the 21st century, the number of publications on aging-related topics is now more than 35 times higher than it was in the late 1940s (551 vs. 19,342). The number of publications began to rise in the 1960s, and the increase further accelerated in the 1980s. An even steeper rise was observed for European publications: For example, between 2001 and 2005, the percentage of European publications was more than 360 times higher than it was in the late 1940s (15 vs. 5,517). Whereas in the late 1940s and in the 1950s, between 1% and 2.7% of the aging-related publications came from Europe, the percentage increased to about 12% in the late 1970s and early 1980s, and to 28.5% in the first half of the current decade (2001–2005). In 2005, about 31.8% of all related publications had at least one author from Europe.

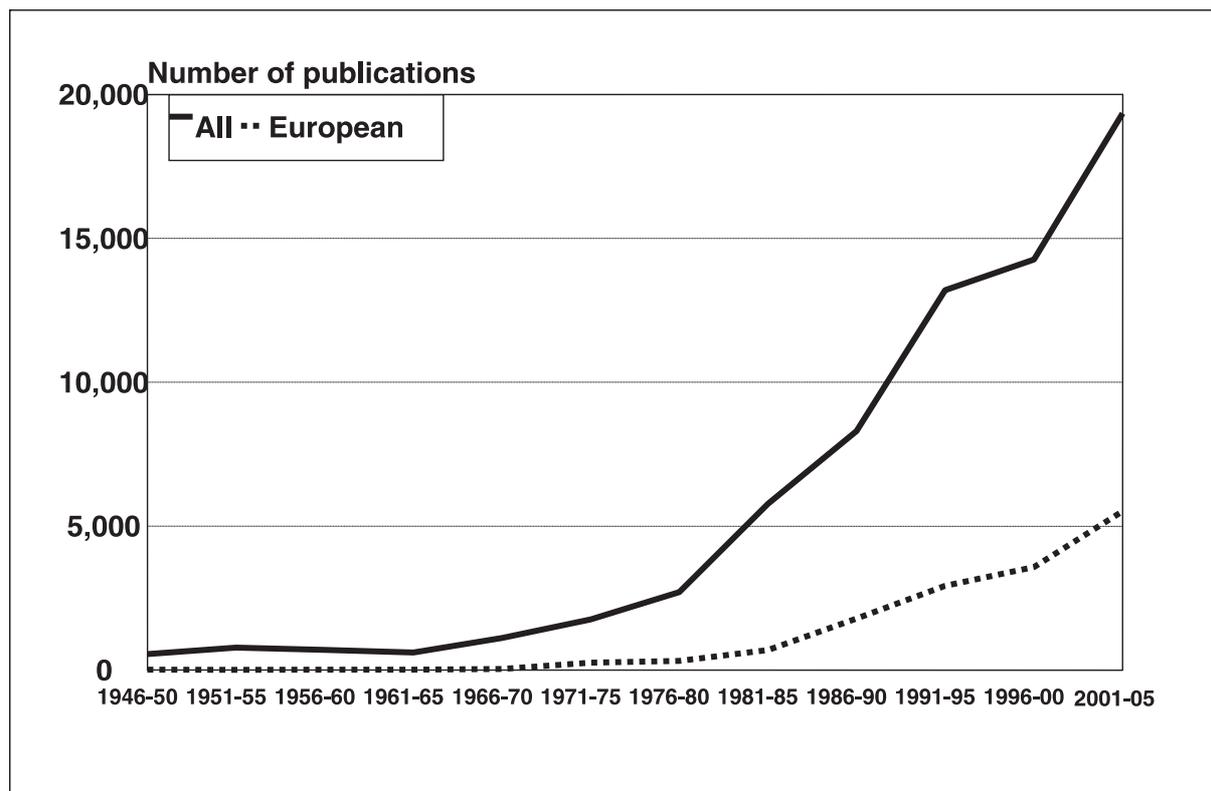


Figure 5. Number of aging-related publications in the PsychInfo database

A bibliometrical analysis of aging-related publications from different European countries is reported by Pinquart (this volume).

Going back to Galton (1883), longitudinal studies rather than cross-sectional studies have been recommended for studying aging, as, for example, age-differences in cross-sectional studies are confounded with cohort differences and because interindividual differences in intraindividual change of psychological variables can only be identified with a longitudinal study design. We included the search term *longitudinal* into our analysis and analyzed the change in the number of studies that referred to longitudinal work. In most cases, these papers reported results from a longitudinal study on aging. In a few cases, they summarized available data from previous longitudinal studies or compared longitudinal and other research designs from a methodological view. As shown in **Figure 6**, the number of papers on longitudinal aging studies has dramatically increased since the late 1970s, and is now more than 130 times higher than it was in the 1940s and 1950s. Note that the absolute numbers overestimate change in the number of longitudinal studies as usually more than one paper is published from each longitudinal study.

Similarly, the percentage of papers on aging-related topics from European authors has increased. For example, only one individual longitudinal study was available from European authors between 1946 and 1965 (4.5% of the available papers on longitudinal research of that time period). However, the percentage of European papers that employed a longitudinal research methodology has increased from 12.9% (1966–1969; mainly based on the Bonn Longitudinal Study on Aging) to 39.5% (2000–2005).

In international research, cognitive aging and psychopathology in old age are the

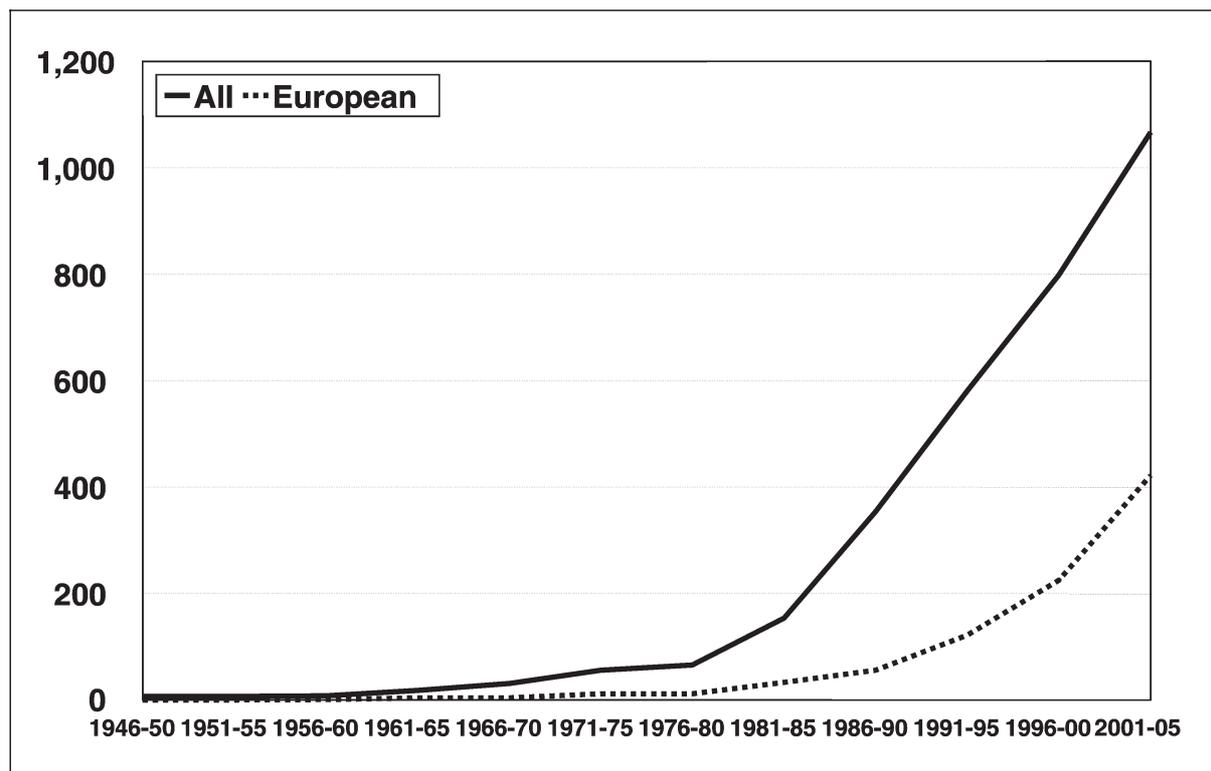


Figure 6. Number of aging-related papers in the PsycInfo database that used a longitudinal study design or that referred to longitudinal research methods

most prominent topics with more than 20,000 papers each, followed by developmental issues (about 12,300 papers), psychological assessment (8,800 papers), environmental issues (e.g., adaptation of the environment to age-associated change in abilities) and gender issues (5,200 publications each), death, dying, and bereavement (about 4,100 studies), work and retirement (3,950 publications), clinical interventions (psychotherapy and counseling; about 3,450 papers), social relationships in old age (about 3,400 publications), caregiving (about 2,000 studies), aging and ethnicity (about 1,950 papers), prevention and health promotion (about 1,800 publications), nursing homes (about 1,550 studies), chronic illness (about 950 papers), ageism and elder abuse (about 750 publications), and longevity (about 500 studies). As shown in Figures 8a and 8b, identical topics are most prevalent in international and European research. However, the percentage of publications from European researchers was above average (> 21.6%) for psychopathology (e.g., depression, anxiety, dementia; 30.9%), cognitive aging (29.7%), psychological assessment (26.3%), caregiving (23.6%), and aging in nursing homes (23.4%), and average for death, dying, and bereavement (21.2%). The percentage of European publications was below average with regard to longevity (18.3%), prevention and health promotion (18.1%), developmental issues (16.9%), gender issues (16.3%), ageism and elder abuse (15.6%), social relations (14.2%), chronic illness/long-term care (12.7%), and ethnic differences (5.9%). The very low percentage of European publications on ethnic issues reflects the lower ethnic heterogeneity in most European countries when compared to the United States and Canada, and the fact that most working migrants who came to Western Europe after the 1950s have not yet reached old age. In addition, ethnic conflicts that happened in the former

Yugoslavia and in parts of the former Soviet Union did not lead to published research on their impact on older adults.

Although the Internet search slightly underestimates the number and percentage of European studies (as, for example, books and chapters in languages other than English are not listed in the electronic database), it shows that geropsychological topics have gained importance in European research, and in international research in general. Geropsychology in Europe is growing relatively fast and is narrowing the gap with the United States.

Despite that fact that the number of 0–14-year-old Europeans is almost identical to the number of older adults aged 65 and above, and that in the whole world there are about 3.8 times more people who are 0–14 years old than 65 years and above (United Nations, 2005), there were almost 6 times more studies on children and adolescents in the PsycInfo database than on older adults. Given the higher percentage of older adults in Europe, the number of European studies on children and adolescents was only 4.2 times higher than the number of studies on old age. Nonetheless, these data indicate a need for a further increase in aging-related research in Europe and around the world.

Looking at the increasing numbers of older adults it is obvious that there is a growing need for expertise and, therefore, it is necessary to discuss in which way we can recruit psychologists to the field of geropsychology and what kind of competencies they should have.

A while ago the European Federation of Psychologists' Association (EFPA) developed some European standards for education and training in professional psychology called EuroPsy. The argument was that it should be a basis for free mobility and automatic recognition based on some common standards.

Right now there is an ongoing pilot project in six EU member states (Finland, Germany, Hungary, Italy, Spain, and the UK) conducting a EuroPsy certification and registration for a EuroPsy Professional Card containing relevant information on the psychologist's education and training.

The EuroPsy requirements for qualification for independent practice are as follows:

1. Completion of education and training in psychology at a recognized university level of at least 6 years' duration, including:
 - a. A university degree in psychology, which has a duration equivalent to at least 5 years of full-time study (300 ECTS),
 - b. At least 1 year of supervised practice (included in or added to the university degree program), and
 - c. Commitment in writing to the ethical code of psychologists in the country of practice and the European Metacode of ethics for psychologists.

It could be argued that there should also be some common standards for the specialist in geropsychology for dealing with the demands of working with older adults. Standards or guidelines refer to statements that suggest or recommend specific professional behavior, endeavors, or conduct for psychologists. The specific goals of these guidelines are to provide practitioners with a frame of reference for engaging in clinical work with older adults. Basic information and further references and guidelines can be organized into six sections (attitudes, general knowledge, clinical issues, assessment, intervention, and education).

Because the United States has the most advanced infrastructure for teaching and research in geropsychology as well as strong national organizations, such as the Gerontological Society of America and the American Psychological Association with Division 20 on Adult Development and Aging, and because detailed suggestions and recommendations for teaching and applying geropsychology have been developed in the United States, several of their recommendations may be easily applied to Europe, such as suggestions on effective forms of psychological interventions for psychological disorders, which are based on best (international) empirical evidence. Nonetheless, although European scientists and practitioners could learn from U.S. experiences in establishing, teaching, and applying geropsychology, recommendations from the United States would have to be adapted to specific national conditions, and not all recommendations could be applied to every European country. For example, recommendations for integrating aging topics in the training of undergraduates could be applied to all countries that offer undergraduate courses in the field of psychology, whereas those related to PhD programs would not be relevant for countries that could not (yet) offer these programs. Note that even in the United States, the first PhD specialty training program in clinical geropsychology was only launched in 2004 (Qualls et al., 2005).

About This Book

Geropsychology: European Perspectives for an Aging World provides an overview of current European research and practice in the field of aging, age, and the aged (Birren & Schroots, 2001), most of them linked with MIPAA priority directions and research recommendations (UN, 2002; UN-IAG, 2003; Andrews et al., 2006).

Emerging from the EFPA Task Force on GeroPsychology, the first two chapters deal with introductory issues: demographic, sociopolitical, and historical bases, as well as the main trends in research, training, and practice. The second block (Chapters 3 and 4) refers to basic issues related to the subjective concept of age and person-environment relationships. The third block (Chapters 5, 6, 7, and 8) contains chapters devoted to healthy aging, including semantic memory, affect and emotion, and personality and the self, while Chapter 8 is devoted to the “oldest old,” given their demographic significance in Europe. The fourth block (Chapters 9, 10, and 11) looks at cognitive decline, cognitive impairment and dementia, and the need for care in Europe. Finally, Chapters 12, 13, and 14 deal with issues of positive geropsychology such as quality of life, life satisfaction, wisdom, and successful aging.

Most of the chapters include an overview of European research in a particular field. It should be stressed that both the topics covered and authors represent a small, but outstanding, sample of the field of research on aging in Europe.