

Latent Aging

Fahri Özsungur*^{1,2}

¹Department of Family and Consumer Sciences, Hacettepe University, Turkey

²Department of Business, Turkey

*Corresponding author: Fahri ÖZSUNGUR, Adana Chamber of Commerce Karasoku Abidinpaşa st. 22 01010 Seyhan, Adana, Turkey



ARTICLE INFO

Received: 📅 August 09, 2019

Published: 📅 August 21, 2019

Citation: Fahri Özsungur. Latent Aging. Biomed J Sci & Tech Res 20(4)-2019. BJSTR. MS.ID.003497.

Keywords: Latent aging; Systemic lupus erythematosus; Palliative disease; Gerontology

ABSTRACT

Objectives: It was aimed to determine the causes and consequences of perceptual adoption of aging with cognitive learning and acceptance, in this study.

Methods: This study was conducted in June 2019 with 58 participants (41 female, 17 males; living in the province of Adana in Turkey; selected from 1432 individuals; ages ranging between 18 to 30).

Results: In this study, it was found that the perception of aging emerged as a result of the participants' comparison and internalization of the information obtained from the elderly people and themselves who exposed to the symptoms of aging. Latent aging was associated with chronic pain in the body, palliative diseases, physical changes. Individual effects of latent aging were determined as tiredness, fatigue, arthritis pain, burnout, unjustified pain, stress, anxiety and nervousness. Medical effects of latent aging were determined as systemic lupus erythematosus (SLE), high blood pressure, nephrotic syndrome, digestive and stomach diseases.

Conclusions: It was revealed that individuals' perceptions of aging were exposed to latent aging through cognitive learning and acceptance regardless of age. In addition, the association of latent aging with palliative diseases and SLE was proved.

Introduction

Aging is an important process that results in physical, psychological, mental and social declines. Many theories have been developed in the literature in order to understand this process. Gerontology is a science that investigates these reasons. Active aging, healthy aging, psychological aging, premature aging are some of the theories that try to explain the causes of aging. Active aging is based on the idea that decreases in active participation in life due to advancing age affect the elderly [1]. Healthy aging includes the idea that aging is a symptom due to diseases and physical health deterioration with increasing age [2]. Psychological/cognitive aging is a type of aging that results from the deterioration of the individual's psychological balance [3]. The premature aging, known as Werner syndrome (WS) and Hutchinson-Gilford Progeria syndrome (HGPS), is a physically and physiologically non-age-related disease that can be seen at an early age [4]. Some of its findings are as follows: alopecia areata, mandibular hypoplasia subcutaneous, subcutaneous fat, atherosclerosis, periportal fibrosis, mandibular hypoplasia, thin skin on the distal extremities

hands [5]. All of these theories associate the cause of aging with environmental or individual reasons. As the effect level of these causes increases, the signs of aging increase and the absence of these causes indicates a successful aging level. Furthermore, none of these ideas directly correlates elderly people's experience, perception, cognitive errors, cognitive distortions and aging. As a result of the experiences, perceptual errors, environmental effects, psychological and social effects, the individual may get the perception that he/she is getting old spontaneously. In such a case, two questions arise: Does the individual get old under these influences? How do these effects affect individual's life? What are the types of diseases associated with latent aging?

Materials and methods

This study was conducted in June 2019 with 58 participants (41 female, 17 male; living in the province of Adana in Turkey; selected from 1432 individuals; ages ranging between 18 to 30). The selected 58 people were those who responded "yes" to questions Q1 and Q2 (Appendix 1). However, 4 participants refused

to participate the research. Participants' consent for this research was obtained. Qualitative research methodology and multiple case design were adopted in this study. Structured interview, data collection approach and observation techniques were used [6]. The predetermined questions were asked to all participants in the same order [7]. Qualitative data were analyzed by an academician, who had not previously worked in this field to minimize the systematic error [8]. Conceptualization, classification and component analysis were applied respectively in data analysis [9]. A total of eight questions were asked to the participants (Appendix 1). These eight questions were based on the information obtained from individuals' past experiences that aim to reveal latent aging. After the questions were asked, individuals were asked to submit the medical reports of diseases (after they began to feel old) diagnosed by a doctor. These reports were examined in detail. The reports were compared with the complaints and the responses.

Results

According to the findings of the study, the responses given to the questions asked to measure the latent perception of aging according to the findings obtained from the participants are focused on three main subjects as cognitive learning (associating physical

changes with aging), cognitive learning (associating diseases and pain perception with aging), environmental factors. It was found that the perception of aging emerged as a result of the participants' comparison and internalization of the information obtained from the elderly people and themselves who exposed to the symptoms of aging (Table 1). Comparisons and internalizations are performed by determining the physical changes, frequent sickness and chronic pain in the elderly. In particular, female participants associate aging with the growth of children and males associate aging with environmental changes. According to another finding, the participants stated that latent aging was associated with chronic pain in the body, chronic/palliative diseases, physical changes. Individual effects of latent aging were determined as tiredness, fatigue, arthritis pain, burnout, unjustified pain, stress, anxiety and nervousness. Medical effects of latent aging were determined as systemic lupus erythematosus (SLE), high blood pressure, nephrotic syndrome, digestive and stomach diseases. According to the findings, there were no high effects of latent aging in terms of social effects. Diseases with age-related symptoms associated with aging were identified by the participants as alzheimer's, dementia, parkinson's disease, cancer and SLE. These findings constitute the level of imitation of latent aging.

Table 1: Case report results: 58 (41 females, 17 male); Q: Question; R: Response; f: Frequency.

Q	Q3: Perception of latent aging	Q4: Sense of latent aging	Q5: Perception of the individual effects of latent aging	Q6: Medical effects of latent aging	Q7: Social effects of latent aging	Q8: The imitation level of latent aging
R	Cognitive learning (associating physical changes with aging)	Chronic Pain Syndrome	Fatigue, arthritis pain, burnout	Systemic lupus erythematosus	Decrease in social activities	Alzheimer, dementia, Parkinson's disease
f	19	24	23	28	6	24
%	32,76	41,38	39,66	48,28	10,35	41,38
	Cognitive learning (associating diseases and pain perception with aging)	Chronic diseases/ palliative diseases	Unjustified pain	Hypertension	Feeling excluded from society	Cancer
f	24	25	16	18	4	14
%	41,38	43,11	27,59	31,03	6,89	24,14
	Environmental factors (e.g. children's growth, technology change, etc.)	Physical changes: skin wrinkles	Stress, anxiety, nervousness	Nephrotic syndrome, digestive and stomach Diseases	No change	Systemic lupus erythematosus
f	15	9	19	12	48	20
%	25,86	15,51	32,75	20,69	82,76	34,48

Discussion

The responses obtained from the participants and the medical reports were evaluated together in this study. The study carried out in order to determine the effects of latent aging on individuals and the types of diseases associated with this aging type. The perception of latent aging allows the imitating of elderly individuals via cognitive learning and the comparison of experience with the states of the individual. Sense of latent aging, medical effects, and

the imitation levels together indicate that palliative diseases and SLE are associated with latent aging. Chronic diseases and pains, mental illnesses were associated with aging by the participants in latent aging. The findings supported the physical, physiological, psychosocial, psychological and cognitive consequences of aging [1,2,3,10]. The participants believed that, despite their age between 18 and 30, they were old and these perceptions led them to medical illness. In addition, the participants believed that the diseases

of the elderly individuals that they scrutinized would occur in themselves. The imitating ability of SLE which was one of these diseases was proved. Fatigue, arthritis pain, burnout, stress, anxiety, nervousness, and chronic pain were detected in the participants (especially in women) who scrutinized elderly individuals with SLE. These symptoms are in line with the clinical symptoms of SLE [11-15]. It can be said that these symptoms are caused by the fear of developing cognitive and palliative diseases (monopathophobia) observed in elderly individuals from whom the individual was scrutinized. However, this finding should be supported by clinical research.

The findings of the study revealed that latent aging is an exception to socio-emotional selectivity theory. Socio-emotional selectivity theory, which is based on the perception that each individual's perceptions vary according to age, is based on the idea that time is perceived as limited due to the advancement of age and emotions are prioritized [16,17]. However, the findings of the study revealed the exception of this theory. The individual encodes the events associated with them as "cognitive acceptance" and "aging", the negative effects of this perception are also manifested. There was no study on these findings in the literature. The concept and theory of latent aging was first introduced by this study. However, despite its strengths, the study had some limitations. Small sample size was the limitation of the study. It is recommended that this study be conducted with samples with different cultural characteristics. In particular, clinical studies are recommended to reveal the association between palliative diseases and latent aging of SLE patients.

Conclusion

In this study, it was revealed that individuals' perceptions of aging were exposed to latent aging through cognitive learning and acceptance regardless of age. In addition, the association of latent aging with palliative diseases and SLE was proved.

Reference

1. Constança Paúl, Oscar Ribeiro, Laetitia Teixeira (2012) Active Ageing: An Empirical Approach to the WHO Model, Current Gerontology and Geriatrics Research 2012.
2. Chard J, Edey R, Yon D, Murphy J, Bird G, et al. (2019) Atypical emotion recognition from bodies is associated with perceptual difficulties in healthy aging. *Journal of Experimental Psychology: Human Perception and Performance* 45(6): 803-811.
3. Harada CN, Natelson Love MC, Triebel KL (2013) Normal cognitive aging. *Clinics in geriatric medicine* 29(4): 737-752.
4. Kramer JH, Blusewicz MJ, Preston KA (1989) The premature aging hypothesis: Old before its time? *Journal of Consulting and Clinical Psychology* 57(2): 257-262.
5. Shelton MD, Parsons OA, Leber WR (1984) Verbal and visuospatial performance in male alcoholics: A test of the premature-aging hypothesis. *Journal of Consulting and Clinical Psychology* 52(2): 200-206.
6. Gerring J (2004) What is a case study and what is it good for?, *American Political Science Review* 98 (2): 341-354.
7. Gall MD, WR Barg, JP Gall (1996) *Educational Research: an Introduction* 6th (edn.). New York: Longman.
8. Maxwell JA (1996) *Applied social research methods series, Qualitative research design: An interactive approach*. Thousand Oaks, CA, US: Sage Publications 41.
9. Spradley JP (1980) *Participant Observation*. Orlando FL: Harcourt Inc. Spreitzer GM *Psychological empowerment in the workplace: dimensions, measurement, and validation*. *Academy of Management Journal* 38(5): 1442-1465.
10. Kolodziejczak K, Rosada A, Drewelies J, Düzel S, Eibich P, et al. (2019) Sexual activity, sexual thoughts, and intimacy among older adults: Links with physical health and psychosocial resources for successful aging. *Psychology and Aging* 34(3): 389-404.
11. Uslu AU, Kucuk A, Icli A, Cure E, Sakiz D, et al. (2017) Plasma Atherogenic Index is an Independent Indicator of Subclinical Atherosclerosis in Systemic Lupus Erythematosus. *The Eurasian journal of medicine* 49(3): 193-197.
12. Kutner KC, Busch HM, Mahmood T, Racis SP, Krey PR (1988) Neuropsychological functioning in systemic lupus erythematosus. *Neuropsychology* 2(3-4): 119-126.
13. Shucard JL, Lee WH, Safford AS, Shucard DW (2011) The relationship between processing speed and working memory demand in systemic lupus erythematosus: Evidence from a visual n-back task. *Neuropsychology* 25(1): 45-52.
14. Andrews NR, Chaney JM, Mullins LL, Wagner JL, Hommel KA, et al. (2009) The differential effect of child age on the illness intrusiveness-parent distress relationship in juvenile rheumatic disease. *Rehabilitation Psychology* 54(1): 45-50.
15. Druley JA, Stephens MAP, Coyne JC (1997) Emotional and physical intimacy in coping with lupus: Women's dilemmas of disclosure and approach. *Health Psychology* 16(6): 506-514.
16. Fung HH, Carstensen LL, Lutz AM (1999) Influence of time on social preferences: Implications for life-span development. *Psychology and Aging* 14(4): 595-604.
17. Carstensen LL (2006) The influence of a sense of time on human development. *Science (New York, N.Y.)* 312(5782): 1913-1915.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2019.20.003497

Fahri Özsungur. Biomed J Sci & Tech Res



This work is licensed under Creative Commons Attribution 4.0 License

Submission Link: <https://biomedres.us/submit-manuscript.php>



Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

<https://biomedres.us/>