

EMOTIONAL MANAGEMENT OF THE ELDERLY DURING THEIR ONGOING SELF-DEVELOPMENT PROCESS

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Abstract: *This research aims at studying the association between emotional intelligence and emotional management in the elderly's interpersonal relationships. There were involved 56 subjects aged between 60 and 85, enrolled in a continuous training programme within the University of the Third Age project. They were asked to fill in individually 4 questionnaires. The results highlight the importance of designing and implementing intervention programmes for the elderly, focused on the development of emotional abilities as well as on the most effective management strategies for their emotions within human relationships.*

Keywords: *emotional management; emotional intelligence; continuous training;*

1. Introduction

A striking feature of normal ageing is its widespread effect on a number of domains (Carstensen et al., 1998). Physically, we experience a reduction in physical strength due to a loss of muscle tissue (Milanović et al., 2013). Cognitively, we suffer from memory declines that, in some cases, herald the onset of dementia (Amieva et al., 2005). Conceptual reasoning and processing speed (Harada et al., 2013) also decline gradually over time. Socially, we are more likely to experience losses as the people we care about move away or die.

These observations paint a depressingly bleak picture of older age, making us think that as we get older, everything goes downhill. However, longitudinal research has shown that, compared to younger adults, older adults experience increases in subjective well-being (Cacioppo et al., 2008) and decreases in negative affect (Charles et al., 2001). In contrast with the declines seen in cognitive control, age does not impair emotional control (Mather & Carstensen, 2005). Research using eye tracking technology found that older adults showed preferential looking towards positive stimuli displaying happiness and turned away from negative stimuli displaying fear (Isaacowitz et al., 2006). Investigating whether these preferences are not merely an effect of current mood, Isaacowitz et al. (2008) found that older adults displayed mood-incongruent positive gaze, looking toward positive and away from negative faces when in a bad mood. On the contrary, young adults showed gaze patterns congruent with their negative mood, displaying gaze preferences toward angry and afraid faces. This suggests that compared to younger adults, older individuals activate a positive looking preference in order to optimize their current mood. Older adults are also better able to positively appraise and dwell less on negative information than young adults (Charles & Carstensen, 2008). It can therefore be assumed that emotion isn't on a parallel track with cognitive decline later in life and that it interacts with our environments quite differently in older adults than it does in younger adults. Moreover, even when they deal with chronic heart disease, stress experienced decreases with age (Farcaș & Năstasă, 2014).

Negative emotions can be toxic and disrupt one's balance in life, so the ability of older adults to regulate negative emotions can help them to enhance their quality of life. Being able to deal with age-related changes and manage the emotions caused by these changes in daily lives can thus be an important component of optimal aging. Emotion-based coping is the preferred mechanism used by the elderly, such as acceptance, asking for emotional support,

religion (Farcaş & Năstasă, 2011). A study investigating coping strategies of Iranian elderly women found that both problem and emotion focused approaches are used as strategies to reduce the harm caused by negative age-related changes (Bagheri-Nesami et al., 2010). While problem-focused strategies including changing their lifestyle, seeking healthcare, managing negative behaviours, etc., were used as proactive solutions to age-related changes, emotion-focused strategies were employed when elderly women felt unable to change the situation. Passive coping strategies such as self-control, distancing, praying, escape and avoidance, helped the participants to reinterpret the situation causing them difficulties and to modify their feelings towards these stressful events.

Despite reduced energy and functional constraints, older participants in a Swedish study, regarded being active and constantly doing things as very important in old age (Larsson et al., 2009). At the same time, they acknowledged the importance of social contacts and networks, making efforts to remain active in the society. Participants who did not have close family nearby, visited the post office, bank or shops to meet other people and have human contact. Adaptive strategies based on emotion-focused coping were also employed by older individuals in a similar study (Dunér, & Nordström, 2005). Not being keen on losing their independence, the elderly continued to strive and keep busy, while getting help from various sources and adapting to circumstances. These individuals managed to positively reinterpret and re-formulate their circumstances and exercise self-control over their feelings about needing help.

Research on the management of age-related changes have also shown that being active in leisure times helped elderly individuals maintain a healthy and balanced emotional life (Roelofs, 1999). There is ample evidence that physical leisure activities bring about qualitative changes in older individuals' psychological and social wellbeing (Kleiber & Linde, 2014). For instance, elderly individuals identified positive emotional effects as result of their participation in an outdoor adventure or leisure programme (Schwartz & Campagna, 2008). These were tied to their sense of belonging to a group, increased quality of life and ability to remain physically active. When asked about their emotions, the majority of participants identified the absence of fear, depression and boredom, while all participants reported positive feelings such as joy, mutual respect and naturalness. Similarly, communal gardening was associated with increased positive affects and emotional states in a sample of elder English participants (Bingley et al., 2004) and leisure-time physical activity facilitated increased physical and social functioning, emotional balance and mental health in Spanish older adults (Balboa-Castillo et al., 2011).

Taken together, these studies demystify aging, showing that, despite a cognitive decline, elderly individuals are not simply passive recipients of help and support. To cope with age-related changes, older adults use both problem solving and emotional coping strategies. Nevertheless, how elderly individuals boost their social lives and relationships with others in order to increase their wellbeing is not comprehensively investigated. The purpose of this research is to explore how a group of elderly people, living and managing on their own, manage their emotions in order to improve their relationships with friends and family and thus increase their social and psychological wellbeing.

2. Method

2.1. Research objectives and hypotheses

This research investigates quantitatively and qualitatively the relationship between the elderly's emotional intelligence and the management of the emotions experienced in relationships with family and friends. The study also seeks to identify the emotional states

experienced by them in their family and friendships as well as the elderly's needs related to these relationships. The research design is correlative and the hypothesis are:

- (1) The elderly's emotional intelligence correlates with emotional dissonance.
- (2) Their emotional intelligence is associated with emotional effort.
- (3) Emotional intelligence correlates with the regulation of emotional expression.
- (4) Emotional dissonance is associated with the regulation of emotional expression.
- (5) Emotional effort correlates with the regulation of emotional experience.

2.2. Participants and procedure

There were 56 people involved, aged 60-85, enrolled in a continuous training programme within the University of the Third Age project, designed and implemented by the "Dunarea de Jos" University in Galați through the Centre of Legal, Administrative, Social and Political Research. The project is a novelty for the academia in our country and aims to provide a structure for the continuous training of the elderly in order to improve their physical and mental health and to maintain an active and independent life.

For the organization of the focus groups, the group of subjects was divided into 5 groups. The interview guide for each focus group included the following questions: (1) What emotions do you experience in the interpersonal relationships with family members and friends? (2) Which are your real needs in the relationships with family members and friends? (3) Which are the coping strategies used?

2.3. Measure

The elderly were invited to individually fill in the following four questionnaires:

(1) *Emotional Intelligence Scale* - EIS aims at assessing the emotional intelligence seen from an aptitude perspective, based on the original model proposed by Salovey and Mayer, through a self-administered questionnaire. It is composed of 33 items and the Cronbach alpha coefficient is .90 which indicates a very good internal consistency (Schutte et al, 1998). The scale has good psychometric properties in the present study ($\alpha = .86$).

(2) *The test for assessing the four skills of emotional intelligence* - TASEI consists of four parts: (a) perceiving emotions - PE, (b) using emotions to facilitate thought - UET, (c) understanding emotions - UE and (d) managing emotions - ME (Caruso & Salovey, 2012). Regarding the psychometric qualities of the test, the results of this research prove a good internal consistency ($\alpha = .77$ for managing emotions), an acceptable one ($\alpha = .62$ for using emotions to facilitate thought) and a weak one ($\alpha = .55$ for understanding emotions and $\alpha = .53$ for perceiving emotions).

(3) *Emotional Labor Scale* - ELS investigates emotion management strategies at the workplace, regulating emotional experience and regulating expression with the two subtypes conceived by authors later on (simulating emotions and hiding them). ELS also targets: the frequency of interactions with customers, the intensity of emotions expressed in these interactions, the variety of expressed emotions, and the length of interactions with customers. The scale has internal consistency coefficients ranging from .68 to .85 for the dimensions investigated (Brotheridge & Lee, 2003). In the present research, the scale dimensions range from a good level of the α Cronbach coefficient ($\alpha = .71$ for the regulation of emotional expression by emotion simulation) to acceptable levels ($\alpha = .65$ for the regulation of the emotional expression by concealing emotions and $\alpha = .68$ for the variety of expressed emotions).

(4) *Hospitality Emotional Labor Scale* - HELS measures the employees' perception on the emotional work in organizations that involve direct interactions with the customers. The

scale comprises 19 items grouped into two subscales: emotional dissonance (11 items) and emotional effort (8 items). The original version of the scale has a good internal consistency ($\alpha = .89$ for the emotional dissonance dimension and $\alpha = .77$ for the emotional effort dimension) (Chu & Murrmann, 2006). In the present study, the results indicate an acceptable internal consistency (for emotional dissonance $\alpha = .67$ and for emotional effort $\alpha = .70$).

3. Results and discussion

The research started with the focus groups centred on identifying the emotional states experienced by the elderly in the relationships with their families and friends, their real needs in these relationships, and the coping strategies used. The method used for data interpretation was thematic analysis. According to this analysis, five themes were generated:

(A) *Emotions experienced by the elderly in family relationships.* The third-age people reported that they felt negative emotions, mostly unexpressed, in their relationship with the family and that the relationship itself could be affected by them. When it comes to family, they have first of all in mind the relationship with their grandchildren and their children, not the relationship with their life partner. Practically, they say that they often do things for their children out of "duty" (*"that's the way things are done"*) and "sacrifice" (*"when you have children, you sacrifice yourself for them"*), but they are conditioned by the children's subsequent actions towards them (*"if I do for the child certain things that he should do, then the child will have to do things for me when I cannot ..."*). They also state that their daughters and sons remain children regardless of their chronological age, which means that the relationship with them remains within the parameters "the parent gives, the child receives" even if, given the age, "the child" is an independent adult. In this context, however, the elderly state that they feel anger and helplessness (*"I'm angry when I get tired"*, *"what I do and I know how to do for my grandchildren does not fit anymore"*, *"What we are, and what we were"*, *"I would like to be able to do even more"*, *"I have come to be scolded by my own children"*, *"my landmarks are no longer good"*, *"I get angry when I'm forgotten"*) which also influence the relationship with the family (*"I am often arrogant and irritable"*, *"I'm angry that my grandchildren and my children call me only when they need something"*). Anger causes them to victimize themselves and, in the relationship with their family, they the most often express dissatisfaction as a starting point in communication which makes them become "unattractive" for their children and grandchildren. In addition to these, some of the elderly have identified the presence of shame (*"I am ashamed that I am not as fast as I used to"*, *"I cannot handle all these things, I make me a fool of myself"*, *"I'm not good at anything"*, *"I can't handle things"*), fear (*"I'm afraid my family can no longer rely on me"*, *"I'm afraid of becoming a burden"*, *"I'm afraid I'm not wanted around anymore"*, *"I'm afraid each time not to bother them"*) and sadness (*"I'm sad when I feel that I stand in the way"*, *"I'm an useless oldman"*).

(B) *Emotions experienced by the elderly relationships with friends.* The elderly have also identified a number of negative emotions in the relationship with friends such as disappointment (*"they do not care"*, *"they never call me first"*) and dissatisfaction (*"they can only talk about illness"*, *"she is the only one to speak"*, *"they comes over and forget to leave"*). The negative emotions described make them not even initiate contact and also give up communication and common activities because they imagine they are not wanted or important enough for their friends. The feeling of loneliness appears, from those reported by some of the elderly, because of the expectations they have in their relationships with friends (mostly, they expect to be contacted and this does not happen; they do not initiate themselves activities, waiting to be invited, for fear they might disturb, upset or disappoint).

(C) *The elderly's needs related to family.* In the relationship with family members, some third-aged people mentioned the need to communicate (*"I want them to talk more and more often with me", "I would like them to listen to me"*), the need to be protected, understood (*"I wish to understand me when I do not feel well", "I want to them to pamper me, to speak nicely to me, not to hurry every time"*). Also, the elderly have identified the need to effectively relate to their family (*"I do not know where I'm wrong, they sometimes hide from me", "I'd like to be good not only when I cook", "sometimes I don't know how to behave", "as if I bother them", "my grandchildren do not call me anymore"*) and have recreational activities together (*"I would like to go with them on holiday not only to take care of my grandchildren", "I would like them to invite me to a movie, to a play"*). In addition, some third-age people have identified as important in their relationship with their children and grandchildren the need to learn techniques for managing their emotions (*"sometimes I cannot help but be authoritarian", "I feel they are bothered of me being sad and dissatisfied", "I'd like to learn how to get rid of fear, not to be so panicked about what it might happen if... ", "I would like to know how to be more attractive to my grandchildren", "I'm sad because I always remind myself that I've been wrong in the past", "I cannot stand easily some things, and I get angry quickly"*).

(D) *The needs of third-aged people in the relationship with friends.* As for the relationship with friends, the elderly have identified the need to spend more time together in the open air, the need to communicate, the need to travel together (*"I want to spend more time with my friend, that because I do not know how long I shall live", "to travel with my friends, I do not like to go alone somewhere", "I feel more and more the need to communicate", "I cannot stay alone in my house, I want communication and open air"*)

(E) *Coping strategies used by the elderly.* The coping strategies mentioned by the study participants are, in most of the examples, active, action-centred (*"watching TV", "cooking", "baking cakes", "walking around", "playing chess with my friends"*), but some of the third-age people also mentioned passive avoidance strategies (*"I go home and stop talking to anyone", "I am tired of the emotions I experience when meeting people and I prefer not to see anyone"*).

It is worth mentioning that the participants in the study found it quite difficult to identify their needs with regard to both family and friends. They mentioned that they were not used to thinking in terms of personal needs because this aspect would be associated with selfishness. They also reported that they were more accustomed to connect to the other's needs than to their personal needs, but at the same time, this aspect dissatisfied them as their expectation was that their needs be "guessed" by the others and fulfilled when they appeared. They admitted that this self-attitude was likely to determine the negative emotions they felt, but otherwise they did not know how to do it in a different manner (*"I have not been taught to take care of myself, on the contrary, all the time I had to take care of the others", "what the world thinks is more important to me", "not to fail, not to bother, not to hurt the other"*).

Another important aspect emerging from the qualitative analysis is that although third-age people can identify their own needs, they do not fulfil them (the stereotypes *"I had to bear my cross", "I cannot stand in their ways"* block their natural satisfaction) which triggers negative emotional states (frustration, anger, dissatisfaction, sadness, fear), states that turn them into "victims" waiting for a "saviour". But the negative emotional states affect exactly the interpersonal relationships (with family and friends, that is, precisely with the "saviours" they expect), which leads to the perpetuation of the role of victim and the implicit maintenance of this vicious circle. They also behave as if it is not natural to feel good, as if they have the right to be happy only if they have initially went through a bad state (in their youth they did not have the right to have fun, *"parents do not have fun without their children"*, and at the third age, being *"expired"*, they are *"funny and ridiculous"* if they do).

In other words, someone else is responsible for seeing and satisfying their needs (there is an expectation from the elderly that this "someone else" be their children). To verify the first two hypotheses we performed a correlational analysis and the results are presented in Table 1.

Table 1 Correlations between emotional intelligence and emotional labor dimensions

	EI EIS	PE TASEI	UET TASEI	UE TASEI	ME TASEI
Emotional dissonance HELS	.094	-.023	.174	.057	.202
Emotional effort HELS	.402**	.296*	.272*	.361**	.181

* p< .05, ** p< .01

Emotional intelligence is not associated with emotional dissonance, but positively and statistically significant correlates with the emotional effort the third-age people put in inter-human relationships, including those with their family members. Also, the extent to which they strive to modify the emotions expressed or experienced in their relationship with the entourage is associated with three of the four abilities of emotional intelligence: perceiving emotions, using emotions to facilitate thought and understanding emotions.

The Pearson coefficients show that there are significant relationships between emotional intelligence and the regulation of emotional expression of the elderly (Table 2).

Table 2 Correlations between emotional intelligence and regulating the expression

	EI EIS	PE TASEI	UET TASEI	UE TASEI	ME TASEI
Regulating the expression - hiding emotions ELS	-.416***	-.435***	-.414**	-.364**	-.103
Regulating the expression - simulating emotions ELS	-.150	-.220	-.339*	-.068	.025

* p< .05, ** p< .01 *** p< .001

At the third age, emotional intelligence correlates negatively, statistically significant only with regulating emotional expression by concealing emotions. Out of the four abilities of emotional intelligence, three are associated negatively and statistically significant with the regulation of emotional expression by suppressing emotions: perceiving emotions, using emotions to facilitate thought and understanding emotions. In terms of the emotional change strategy by simulation, it correlates negatively, statistically significant with using emotions to facilitate thought.

The Pearson coefficients indicate that there are significant relationships between emotional dissonance and the regulation of the emotional expression, as well as between emotional effort and the regulation of the emotional experience (Table 3).

Table 3 Correlations between emotional labour (HELs) and emotional labour (ELs)

	Emotional dissonance HELs	Emotional effort HELs
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	Emotional dissonance HELS	Emotional effort HELS
Regulating the expression - hiding emotions ELS	-.350**	-.106
Regulating the expression - simulating emotions ELS	-.275*	.094
Regulating emotional states ELS	-.007	.356**

* $p < .05$, ** $p < .01$

In relationships with family members and friends, the discrepancy felt by the elderly between the emotion they felt and the correct one according to the norms of emotional expression correlates negatively, statistically significant, both with the strategies of modification by suppressing the emotional expression and with those by emotional simulation. The extent to which research participants strive to modify the emotions displayed or experienced in interactions with others in the close entourage is associated with the regulation of emotional states. Also, the emotional effort of the subjects correlates positively, statistically significant with the frequency of direct interactions with family members and friends.

4. Conclusions

In our study, the third-age people who strive to modify their displayed or experienced emotions are able to perceive, evaluate and express their emotions or the others' emotions, to understand complex feelings and how they evolve, to recognize the causes of different emotions but, above all, they can translate emotions into a language accessible to everyone. However, the discrepancy experienced by them between the emotion experienced in interactions with family members or friends and correct emotion according to the rules of emotional expression does not correlate with emotional intelligence. The emotionally skilful elderly, who cognitively process emotional information, are much more likely to make a considerable effort to change their inner feeling or emotional expression to conform to the rules of emotional expression.

The results of the qualitative analysis of the focus groups show that the elderly are willing to correctly identify the causes of their emotions and to manage these emotions to improve their interpersonal relationships with family members and friends, this aspect being related to the satisfaction of the need to be active in society, to communicate, to have some common activities with other people. Participants are aware that the emotions felt and not integrated are a source of self-victimization and interpersonal conflict, and that they lead to blocking contact with their own needs, to the appearance of irrational negative thoughts, and the use of avoidance strategies. They need to be intellectually and emotionally stimulated through educational programmes proposed by the community, the elderly showing their willingness to join them.

After these continuous training programmes, the improvement of the affective mood and cognitive functioning would have positive effects on relationships with family and friends.

We also found that third age people feel intense negative emotions in their relationships within their family and have great expectations of meeting more needs in relation to this than in their relationships with friends. By investing in relationships with their peers and thus supporting the satisfaction of their needs by participating in lifelong learning

programs, the third-age people would come out of the sacrifice scenario with their family. We expect this to reduce the intensity of the negative emotions in relation to their grandchildren and children and, implicitly, to improve their relationships with them. Our results are in line with Man's vision (2017) that a socially active elderly person, surrounded by friends and acquaintances involved in useful activities and intellectual stimulation trainings has multiple benefits in terms of physical health and cognitive and emotional functioning.

It is worth mentioning the results according to which the participants in the study who are able to perceive, evaluate and express emotions, understand emotion and emotional information for optimal affective and intellectual development avoid adopting change strategies by suppressing the emotional expression displayed according to the rules of emotional expression. Those who use emotions to improve cognitive processes, who manage to change their perspective on inter-human relationships and understand what family members or friends feel do not resort to strategies of modifying through simulation of the displayed emotional expression to conform to the rules of emotional expression.

Elderly people who make sustained efforts to modify their expressed or felt emotions tend to change their internal emotions in order to become consistent with the rules of emotional expression. At the same time, those who experience a small discrepancy between the experienced emotion and the appropriate one in relation to their family members or friends use strategies to suppress and simulate the emotional expression displayed to be in accordance with the rules of emotional expression. Also, the more frequent the direct interactions with people in the closest entourage, the greater is the effort made by the elderly to change their displayed or felt emotions.

The research findings highlight the importance of designing and implementing educational intervention programmes for the elderly which focus on developing emotional skills and on the most effective management strategies for their emotions in human relationships. Our results support Anghel's vision (2010) that, with the introduction of the concept of "lifelong learning", the educational approach of people in the third age credits them as having potential and improves their lives. The learning, the intellectual and emotional stimulation groups are required to use interactive methods based on discovery, communication, debate, humor, play, art, metaphor and metaphoric scenario for the achievement of such goals.

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