

A PSYCHOSOCIAL PROBLEM: ELDERLY CRISIS THAT TURNS FROM PREJUDICE TO VIOLENCE*

Psikososyal Bir Problem: Önyargıdan Şiddete Dönüşen Yaşlı Krizi

Çağatay DİŞCİ**

Abstract

The purpose of this research is; to address the connection of violence against the elderly with prejudice, social stigma, and abuse and to explain at which stage of psychosocial development the elderly who will be exposed to violence could not overcome the crisis from the perspective of E. Erikson. Within the scope of the research, the relevant issues were systematically examined and evaluated from different sources after the year 2000. According to the results obtained, studies mainly emphasize the increase in the elderly population, the theory of demographic transformation that will be caused, abuse and active labor force. On the other hand, it has been noticed that the studies on the rates of violence against the elderly in Turkey are insufficient, and the role of prejudices against the elderly and their psychosocial development in being victims of violence has not been addressed. It is seen that elderly groups

Öz

Bu araştırmanın amacı; yaşlılara yönelik şiddetin önyargı, sosyal damgalama ve istismar ile bağlantısına değinmek ve şiddete maruz kalacak yaşlıların E. Erikson perspektifinden hangi psikososyal gelişim evresindeki krizi aşamadıklarını açıklamaktır. Araştırmanın amacı kapsamında ilgili konular 2000 yılı sonrası farklı kaynaklardan sistematik olarak incelenmiş ve değerlendirilmiştir. Elde edilen sonuçlara göre; araştırmalar çoğunlukla yaşlı nüfusun artışının sebep olacağı demografik dönüşüm kuramına, istismara ve aktif iş gücüne vurgu yapmaktadır. Buna karşın Türkiye’de yaşlılara yönelik şiddet oranlarına ilişkin çalışmaların yetersiz düzeyde olduğu fark edilmiş, yaşlıya yönelik önyargıların ve yaşlıların psikososyal gelişimlerinin şiddet mağduru olmalarındaki rolüne değinilmemiştir. Yaşlı grupların toplum için bir tehdit unsuru oluşturduğu ve ayrımcılığa, başta ekonomik ve psikolojik istismar olmak üzere

* Bu makale, Türkiye İnsan Hakları ve Eşitlik Kurumu tarafından 2022 yılında düzenlenen lisans öğrencilerine yönelik “İnsan Hakları” temalı makale yarışmasında mansiyon ödülü almıştır. Kör hakemlik sistemiyle incelenen ve iki hake-min olumlu görüşünü alan makalenin Dergimizde ayrıca yayımlanması uygun bulunmuştur.

** Undergraduate Student, Pamukkale University, Faculty of Education, Department of Psychological Counseling and Guidance, cgty.dsc@gmail.com, <https://orcid.org/0000-0003-4646-7557>

constitute a threat to society and are exposed to discrimination, neglect, and even violence, especially economic and psychological abuse. It has been evaluated that the state of not producing, which causes a negative attitude towards the elderly, is related to the crisis of generativity versus stagnation in Erikson's 7th stage; also attitudes of the elderly who have anger towards society are related to the crisis of integrity versus despair in the 8th stage. The research will contribute to the literature by establishing a link between the phenomenon of ageism that threatens human rights and developmental psychology.

Keywords: Old Age, Population, Discrimination, Human Rights, Erikson

re ihmale ve hatta şiddete maruz kaldığı görülmektedir. Yaşlılara karşı olumsuz tutum sergilenmesine sebep olan üretmeme hali Erikson'ın 7. evresindeki üretkenliğe karşı durgunluk kriziyle; topluma karşı öfke besleyen yaşlıların tutumlarının ise 8. evredeki umutsuzluğa karşı bütünlük kriziyle ilgili olduğu değerlendirilmesinde bulunulmuştur. Yapılan çalışmada Erikson'ın psikososyal gelişim kuramının farklı yaşlılık kuramlarına esin kaynağı olduğu, yaşlı hakları ve gelişimi için gerekli yetkinliği sağladığı görülmektedir. Araştırma, insan haklarını tehdit eden yaşçılık olgusu ve gelişim psikolojisi arasında bağ kurarak literatüre katkı sağlayacaktır.

Anahtar Kelimeler: Yaşlılık, Nüfus, Ayrımcılık, İnsan Hakları, Erikson

INTRODUCTION

Societies and family structures underwent essential changes due to the industrial revolution. This change started with the participation of young people in the labor force of cities and took a breath of fresh air with women's employment. The moral and financial changes in the family structure most affected the elderly, who had a decrease in adaptability due to age, and in the light of the changes, the demographic transformation started the aging process of populations by completing its third step. In the last step, which continued since the Second World War, birth and death rates decreased with the advancement of health technologies in developing countries as well as developed countries (Erol, 2016: 78-80); the elderly population began to be perceived as a threat. Especially in developed countries, many studies have been carried out in the field in recent years to try to re-establish the social order within the framework of human rights. According to the data from OECD (2021), it is estimated that the active population between the ages of 15-64 will decrease from 65,6% in 2015 to 63% in 2050; and the participation of the elderly over the age 50 in the workforce will increase from 10% in 2015 to 16,8% in 2050. The research generally involves drawing up pension policies that will lead the elderly towards the workforce to balance the population. Still, there are some fundamental problems with positioning the elderly in society.

The most important ones of these are the stereotypes towards the elderly. The already existing negative stereotypes got reinforced in the media due to the Covid-19 pandemic and caused the elderly to be ostracized from society. The underdeveloped policies towards protecting the well-being of the elderly during the pandemic open the way for violence against the elderly. The stereotypes, the physiological ones in particular, are sometimes internalized and affirmed and sometimes rejected and turned into anger towards society. According to a study made in 2006, the negative stereotypes those aged 70 and over are subjected to increase their possibility of having physiological (hearing) problems (Levy et al., 2006). Negative stereotypes lead to prejudice; prejudice leads to discrimination, and discrimination leads to abuse, neglect, and violence. The countries that are not developing policies about issues such as occupational health, retirement, and psychological support yet will have to take measures against the high rates of elderly abuse, neglect, and violence they will encounter in the future. Which groups will be the victims of abuse, neglect, and violence need to be determined before possible measures to take. Therefore, the relationship of Erik Erikson's comprehensive theory of psychosocial development with old age is examined in this article. It is also anticipated that Erikson's theory will fill the literature gap with its immanence to many different theories developed for the elderly. For example, *Activity theory* suggests that the elderly should actively participate in the issues that concern them and should not narrow their social circles, but it also argues that middle adulthood has great effects on the old age period (Riebe et al., 2005). The main reason of there are theories which support this theory and express it differently is that many studies on the subject in the literature found a positive correlation between active participation and elderly health. For example, the psychological state of the elderly who work or participate in voluntary work instead of retiring affects their physiology positively. In a study conducted with 423 older adults, it was found that those who took part in voluntary activities were less likely to die within five years (Brown et al., 2003). In addition, Laura Carstensen (2006) claims in her *Socioemotional Selectivity theory* that the elderly acts selective about establishing relationships other than the healthy ones they established in the past, thus reducing their fragility levels and the risk of depression. While Carstensen is right that older adults who reduce the experiences of acquiring new environments can control their affectivity, the old age having different lifestyles (married, single, divorced, widowed) is one of the inadequacies of the theory. For instance, a study conducted with married elderly adults stated that they have more marital satisfac-

tion than middle-aged adults (Henry et al., 2007). However, the state of selectivity assumed by the Socioemotional Selectivity theory was not found in the studies conducted with divorced or never married elderly adults. Contrary to this theory, Fiori et al.'s (2006) study conducted with 1,700 Americans who are 60-year-old Americans found that establishing friendships is a more important factor in mental health than family relationships. In addition, another longitudinal study supporting this finding found that the establishment of new friendship relationships by 75-year-old older adults reduces the likelihood of their life ending within seven years (Rasulo et al., 2005). *Continuity theory*, which follows the Socioemotional Selectivity theory's lead, states that the elderly tend to continue their experiences in old age, which is the last stage of their lives (Şentürk, 2018: 129). However, both Erikson's generativity crisis in the 7. stage and integrity crisis in the 8. stage declare the opposite, arguing that older people are open to new experiences by using the power of relevance and wisdom ego strength and that having more experience than young people give them the ability to synthesize different cognitive issues. While according to the *Role Exit theory*, in old age, autonomy is gained with the abandonment of identity-based issues such as occupation. However, the act of leaving the role argued by the theory is immanent to a kind of role rejection. As a result of role leaving, the elderly is not faced with autonomy but with the crisis of role rejection despite the identity attainment in Erikson's 4. stage. If the crisis is resolved and the loyalty ego strength is gained in the adolescence stage, role leaving in old age can be considered a kind of autonomy or even an investment in leisure activities. However, if the elderly cannot resolve the crisis, they will fall into a kind of void by experiencing role denial and longing for the roles they left behind with old age.

These inadequacies of the theories about aging threaten the quality of the measures to be taken. Designed in four stages, this article touches on the conceptual size and demographic structure of old age in the first part; the social psychological side of the issue, namely discrimination and elder abuse, in the second part; the employment of the elderly in the workplace where discrimination is most intense in the third part and comprehensive aging development with Erik Erikson's theory in the last part.

I. OLD AGE, AGING, AND ELDERLY POPULATION

The concept of age refers to a phenomenon that needs to be measured not only as chronological age but also biologically, psychologically, and socially. Chronological

age conceptualizes the number of years a person has been alive; psychological age conceptualizes their adaptability among people of the same chronological age; social age is characterized by the culture in which the person is in and conceptualizes the social behaviors expected from them; and biological age conceptualizes the functioning capacity of their vital organs (Rodgers, 1982: 774-775). On the other hand, old age has many definitions made by different researchers due to reasons such as interpersonal and developmental differences, different definitions of age, historical effects, the way older adults perceive themselves, and the stereotypes created by society for the elderly. For example, in the philosophy of ancient history, where it was regularly discussed for the first time, Cicero (1990: 18-34) defined old age as bad for four fundamental reasons and then described it as something to be grateful for being able to keep the desire for pleasure away from people. In another definition, as a physiological process, old age is the loss of physical and mental functionality irreversibly. According to Tufan (2002: 20), while old age did not have any social value until the 20th century, it changed its meaning as a chronological period with the start of retirement insurance for the elderly. With the transition of societies freed from nomadism to agricultural production, there is an increase in the level of respect and tolerance for old age. This increase was affected by the land authority held by the older men and the abundance of experience the elderly has. These reasons, which also explain the greater tolerance of the elderly in rural areas where today's agricultural culture continues, lost their value through migration from rural to urban areas that started with the industrial revolution. The elderly, who could not keep up with the young people during the migration, caused care and employment problems which shook the authority they achieved in rural areas. Although the concept of old age was interpreted after the industrial revolution, there was an adverse change in the way it is perceived (Tezcan, 2019: 170-173). In addition, the difference between old age and aging plays an essential role in better understanding the concepts. Old age includes the condition or phenomenon involving a group of people of the same chronological age; while aging comprises not only the biological aspect that begins with birth but also a psychological, sociological, and historical side (Uyanık, 2017: 70). In a broad sense, aging is the functional regression of a living organism over time. This regression poses a risk factor for major human pathologies, including cancer, diabetes, cardiovascular disorders, and neurodegenerative diseases (López-Otín et al., 2013: 1194-1203). The stage of old age, which is reached as a result of the re-

gression, can also be defined as the period when individuals lose their psychological and social independence and become dependent again (Seyyar, 2002: 672).

Although there is a consensus that the concept of old age is related to chronological age, there is no consensus on what age this chronological age is. Some institutions base their research on people aged 65 and over, and some on people aged 60 and over (WHO, 2007; UN, 2015). Drawing attention to the attempt by WHO to subdivide the stages of aging over the age of 65, Bilir (2018) defines 65-74 years as “young elderly,” 75-84 years as “middle elderly,” and over 85 years old as advanced old age. Based on this, the terms “centenarian” and “super-centenarian” are used for people over the age of 100 and 110, respectively. Developmental psychologists also divide old age into several substages. According to some, “older adult” and “late old age” are the concepts used for those over the age of 60 and for those over 75, respectively. Contrary to developmental psychologists, aging experts consider functionality rather than concepts such as old adult, old elderly, and oldest. The definition of functional old age was introduced for old age that became deprived of functional abilities. In accordance with functional aging, a 95-year-old can have more functional age than a 65-year-old. However, researches show that there are significant differences between those in their 60s and 85s. The differences include loss of cognitive potential and learning ability, vulnerability, and feelings of loneliness, and increased chronic stress (Baltes et al., 1997: 366-377).

Considering the studies on aging, it is seen that the term “elderly” is used mostly for 65 years and over. As a matter of fact, the people that take up the most space in the elderly population in many countries and Turkey are between the ages of 65-74. Turkish Statistical Institute (2022)’s research data which includes the sub-title of “The age structure of Turkey’s population changed,” states that 64,7% of the elderly population in Turkey is between the ages of 65-74. According to the United Nations (2020) report, which supports this, while there are an estimated 727 million people over the age of 65 (9,3%), it was noted that this figure will exceed 1,5 billion (16%) in 2050. The evolution of every society from a young population to an elderly population, which constitutes the basic argument of the Demographic Transformation theory, will increase the elderly population by prolonging life. It is possible to say in the light of population data that a rapid aging process began in developing countries compared to now developed countries where the emphasis on transformation is frequently made because while developed countries improved the factors that directly

affect vital activities such as health, food, and technology by spreading them over time, the decrease in the fertility and death rates of developing countries and a rapid adaptation to most of these factors aged the population suddenly. The fact that the elderly population in the world will be around 1.5-2 billion in 2050, and 80% of this will be in developing countries, requires them to take more serious measures regarding aging (Turkish Statistical Institute, 2022; UN, 2020; Ünal, 2021: 111-113; WHO, 2012). Çuhadar and Lordoğlu's (2016) argument that Turkey's population will decrease in 2050 with the stabilization of the population growth rate and reach the elderly crisis in developed countries became falsifiable due to spatial differences in the distribution of the elderly population within the country. The primary reason for there being a spatial concentration of the elderly population is the increased share of the elderly migration among the immigrants. Within the scope of the elderly migration studies conducted in Turkey between 2009 and 2016, it was determined that the rate of elderly migration among total migration increased from 3,1% to 4,2% (Koç and Saraç, 2018: 32-33). Therefore, due to migration, we will encounter the elderly crisis even before 2050.

If the ratio of a country's elderly population to its total population is between 8-10%, that country is "old", and if it is over 10%, it is "very old." Turkish Statistical Institute (2022) data state that for a country to be "old", the elderly population must be above 10%. While the ratio of the elderly in Turkey's total population was 8,3% in 2016, it increased to 9,7% in 2021. We have to accept that we have left behind or will shortly leave behind the fact that we have a young population within this ratio. In the recent population studies in Turkey, it has been shown that the median age which is an important criterion for the elderly population, also increased by 1,7 years compared to 2016; and it is predicted that this age will be 34,1 in 2025, 35,6 in 2030, 38,5 in 2040, 42,3 in 2060 and 45,0 in 2080. According to these estimates, the world population for 2021 is 7 billion 831 million 718 thousand 605 people, the elderly population is 764 million 321 thousand 142 people and 9,8% of the world population is elderly. Turkey is the 67th country in the elderly population ranking according to 2021 data (Turkish Statistical Institute, 2022; Kinsella and He, 2009: 12).

II. ELDERLY STIGMA, ABUSE, NEGLECT, AND VIOLENCE IN THE SOCIETY

Crocker et al. (1995: 377) defined social stigma as the attitudes developed towards who have the characteristics or features that depicture the social identity

which is seen as worthless in a certain social environment. Minority groups or individuals who are victims of social stigma are subject to prejudice, discrimination, and abuse. According to Kurzban and Leary (1995: 378), victims of stigmatization are groups that prevent us from accessing resources or have negative effects on our reproductive behavior. In this respect, the reason for the negative attitudes we develop toward what we define as the other, such as the elderly, homosexuals, and those with non-treatable diseases, becomes explainable.

Although prejudice is socially undesirable, it permeates every aspect of society. Accomplice of the social psychological phenomena of prejudice and discrimination is our stereotypes about the group. Stereotypes involve synthesizing images in the brain that are believed by a part of society, which will help us convince ourselves by justifying our prejudices. Some of the stereotypes are true and make it easy for us to make decisions with mental shortcuts, but some of them homogenize the opposing group and even lead to prejudice. Brown (1995: 359) defines prejudice as displaying social attitudes or developing cognitive beliefs that are derogatory to members of a group simply because they are members of that group and discriminating against them. It should not be forgotten that positive and negative prejudices can exist. Although they are used interchangeably with discrimination, they represent different concepts. Discrimination is prejudice put into action, but some prejudices can remain inactive; they only exist at the cognitive level. Prejudiced groups are usually those with predictable characteristics: those who are below in terms of status due to social power; groups marginalized in terms of race, ethnicity, gender, sexual orientation, age, and mental health; and groups with a lot of attention on them (Erdoğan and Citizen, 2020: 476-479). The explanations developed for the phenomenon of old age are also mostly based on prejudices. Elderly people are perceived with positive characteristics by some groups and negative ones by others. Positive perceptions are based on concepts such as respect, experience, and wisdom; negative perceptions are based on concepts such as conservatism, nationalism, economic burden, learning difficulties, needing care, and incompatibility (Tufan, 2014: 9-10). Discrimination, which is the result of prejudice, can manifest itself in many ways. A few of them are refusal to help, tokenism, and reverse discrimination. *Tokenism* is engaging in pretend positive behavior towards a minority group. Tokenism, which is displayed by the person displaying prejudice as a defense mechanism, can also be performed by the political power developing policy. The “I was the only one who looked after you, yet you won’t give me your pension” attitude towards the elderly in need of

nursing can be given as an example. *Reverse discrimination* is showing extreme love, respect, and benevolence to the minority group by creating an opposite reaction to the prejudices against the minority group. How caregivers often communicate with elderly people using baby talk (simplifying speech with loud and exaggerated intonation) and acting overly polite can be given as an example. Ünalın et al., studying the discriminatory attitudes of geriatric center staff towards the elderly, found that women's negative discrimination scores towards the elderly were significantly higher than men. They also studied if there is a connection with their educational status and found that university graduates have more positive attitudes towards the elderly. Their opinion is that the individual's past life, educational status, work motivation, and perception of the elderly are among the criteria affecting the attitudes towards the elderly (Ünalın et al., 2012: 117). Supporting the studies of Ünalın et al., Ceylan and Öksüz (2015) studied the attitudes of the students studying in the social service department about elderly discrimination and found that male students had a more positive attitude. In addition to studies showing that women have more negative attitudes than men, there are also studies showing that women have internalized positive attitudes about caring for the elderly due to social gender roles.

The perception of old age in modern society draws a very negative image. Series, movies, commercials, or politics reflect youth as producing and consuming and old age as only consuming. This type of elderly perception, which is common, shapes ageism/age discrimination together with prejudice. Age discrimination is not just a type of discrimination displayed towards the elderly. Attitudes towards young people, such as ignoring their opinions, disregarding their experiences, or not showing respect, are also examples of ageism (Buz, 2015: 269). In particular, the fact that the elderly constitutes the primary risk group in the Covid-19 pandemic, the perception that the pandemic is spreading faster among the elderly, and the posts made by the mainstream/social media over the elderly intensified the perception of ageism. This attitude towards the elderly, who were put into social isolation with the pandemic, was discussed in the sessions of "Aging Without Community: The Consequences of Isolation and Loneliness" before the Covid-19 pandemic in the USA. However, the policies developed for the elderly became stricter with the start of the pandemic, and the results of the session were ignored, leading to a social stigma (Flett and Heisel, 2021: 2445). According to the research results of Jimenez-Sotomayor et al. (2020) on Twitter, it was found that 14,2% of the tweets in Italy during the pandemic caused nicknames for the elderly (Boomer Remover) and humiliation. Ageism varies

from society to society depending on the perception of the age range of the elderly; in other words, ageism can be applied to those between 70-80 in some societies and those between the ages of 45-55 in others. The primary reason for age discrimination is that young people and adults use defense mechanisms of projection, denial, and reaction formation; that is, knowing that they will grow old, they want to take discriminatory actions against the elderly who remind them of negative elderly stereotypes, and they do not want to see this element that threatens their own lives (Blain ve Brenchley, 2017: 176-184). Ageism can be at an individual, institutional, or societal level. Institutionally, ageism is at a high level in work areas. In work areas where many different types of ageism are observed, with employer prejudices and discrimination in the foreground, discrimination between workers, financial discrimination, and customer prejudices are the triggers. Elderly abuse can also be mentioned in most areas where there is elderly discrimination.

Elderly abuse first gained a place in the literature in the USA with the term “granny battering.” Abuse and neglect of women are still higher than men among the elderly today. In general, elderly abuse is any emotional harm or behavior that threatens the well-being and health of the elderly or harms them. While abuse can be mental, physical, economic, and sexual, it can also lead to neglect. As can be seen in all kinds of cultures, abuse and neglect are predicted to increase more with the demographic transformation process. Elderly neglect and abuse have more than one triggering factor, just like discrimination. The elderly who are isolated by institutional and social discrimination are subjected to economic abuse by being worked informally, while the elderly who are discriminated against by their caregiver, families, or the person living with them are subjected to both psychological and physical types of abuse such as depression, isolation, and violence. In the 1996 National Elderly Abuse Incidence study in the USA, it was seen that unreported elderly abuse was above 60% and that there was a 150% increase in domestic elderly abuse from 1986 to 1996. In addition, in another study conducted in the same year, it was seen that the elderly over the age of 80 were subjected to abuse and neglect 2-3 times more often, and 90% of the perpetrators of neglect and abuse were from their family or close environment.

Although there is not much data on the subject in Turkey, in a study conducted by Keskinoğlu et al. (2004) in Izmir with 204 people aged 65 and over, probable neglect was found in 28,9% of the elderly, 1,5% were physical, 2,5% are financial,

and 3,5% are definite negligence. In another study conducted by KIssal and Beşer (2009), it was stated that 9,4% were subjected to psychological abuse, 8,2% to neglect, 4,2% to physical abuse, 2,1% to economic abuse, and 9% to sexual abuse. In Ünlü's study (2019), it was found that 73,5% of the elderly are subjected to emotional abuse, 63,1% to economic abuse, and 27,3% to physical abuse, and these rates show that elderly abuse has accelerated over the years. In the study conducted by Daşbaş and Işıkhan (2019) in the same year, it was determined that the most common type of abuse was psychological abuse. Despite the scarcity of findings, Turkey addressed the issue in the State of the Elderly and National Aging Action Plan Report in 2007, and suggestions were made about training people in areas that can reach the elderly such as family, health personnel, security personnel, nursing homes, and administrators and to establishing a telephone line for the reporting elderly abuse. However, there is no legal regulation to prevent elderly neglect and abuse; there is only an elderly guidance and counseling line through the 183 hotlines. If this systematic discrimination against the elderly cannot find social support or an institutional infrastructure, it appears in the form of individual acts of violence.

The World Health Organization defines violence as the deliberate use of force against oneself, another person, or a group that results in or is likely to result in psychological harm, as it is with injury, death, or abuse (WHO, 2002). Domestic violence ranks first in violence against the elderly, as in abuse and neglect. *Domestic violence* endangers the physical or psychological health of a family member's life by force. Like abuse, violence has more than one aspect. *Physical violence* is behaviors such as harming the body, inflicting pain, hitting, slapping, and battering by the person who takes care of our lives with the elderly. *Verbal, emotional, or psychological violence* is behaviors exhibited by the same people, such as making the elderly suffer psychologically through verbal and non-verbal ways, embarrassing, intimidating, constantly criticizing, scaring, and giving derogatory nicknames. *Sexual violence* is forcing an elderly person into a sexual act by someone they do not want. *Economic violence* is the illegal or unauthorized use of property, money, or pension account of an elderly person (KIssal and Beşer, 2009: 358). Here, it is understood that the most important factor determining the extent of violence is the people around the elderly. The psychology of the person who cares for or lives with the elderly, their strategies to cope with the situation, attitudes and prejudices towards the elderly, and their knowledge about old age plays a key role. In a study conducted with 198 female participants in England, it was determined that 35,1% of people over 50 years old

are subjected to violence (Sethi et al., 2004: 180). According to a study conducted by Kılıç and Şelimen (2017) with 360 elderly people, 6,4% of them are subjected to physical violence, and about 39% of the perpetrators are their sons, 17% are their daughters' spouses, 17% are their daughters-in-law, 17% are other people, and 9% are their daughters. In a study conducted by İlhan (2006: 74) in Ankara, it was determined that 18,2% of the elderly are subjected to domestic abuse; 40,5% of this was emotional abuse, 29,7% was neglect, and 20,3% was economic abuse. A comprehensive study conducted by Artan (2013: 109) across Turkey to detect domestic abuse before coming to nursing homes, it was determined that 62,4% of them were exposed to domestic abuse and neglect.

In another study by Artan (2016: 52), it was found that 44% of the elderly were not wanted by their families and were subjected to economic abuse by their relatives and that 44% of the perpetrators of this victimization were their children, 12% their sons-in-law, 11% their nephews, 9% their siblings, grandchildren, friends, and 7% their spouses. These ratios do not tell us the correct data clearly. The reasons for this are that the abuse and neglect stories of the elderly cannot be taken correctly, its detection is complex, the abuse gets because the abusers are often family members, and not all abuse cases are reported by the institutions. In addition, the fact that studies did not find a correlation between abuse and age and gender makes it difficult to determine who may be a victim. There are many different scanning options developed for detecting abuse. However, they are insufficient as they are tests that focus on one area rather than complementing each other. Some of these are the Elder Assessment Instrument (EAI), Hwalek-Sengilack Elder Abuse Screening Test (HS-EAST), Katz Index of Independence or The Lawton Instrumental Activities of Daily Living Scale, Geriatric Depression Scale (GDS), and Modified Caregiver Strain Index (CSI). In addition, in table 1, the types of abuse, the questions used in the assessment, and the physical assessment criteria are given in detail.

Table 1. Elderly Abuse Indicators and Evaluation

THE TYPE OF ABUSE	INDICATORS RELATING TO THE ELDERLY	ASSESSMENT QUESTIONS	BEHAVIOR ASSESSMENT
PHYSICAL	Complaints about the attack Inexplainable fall or injury Burn or bruise in unusual places Too many repeated prescriptions or insufficient drug use Cuts, fingerprints, evidence of deliberate restriction of physical freedom	Is there anyone you are afraid of? Has anyone touched or tried to touch your body without permission? Have you experienced anything like this before?	It is noted if the caregiver objects to the evaluation of the elderly individual alone. Laboratory results are evaluated. The serum levels of the drugs they use are checked. Any form of physical abuse is noted.
PSYCHOLOGICAL	Changes in eating patterns and sleep problems Introversion, passivity, vulnerability, despair, and anxiety	Is there anyone yelling at you or scaring you? Is there anyone who insults you or talks to you derogatorily? Does your caregiver drink alcohol?	Cognition, mood, influences, and personality are assessed. Agitation, unusual personality states, eagerness and willingness to communicate are assessed. Delusions, dementia and depression are evaluated. Any verbal or emotional abuse is noted.
SEXUAL	Sexual behaviors that do not fit the elderly's usual relationships and previous personality Frequent abdominal pain, inexplainable bleeding from the vagina or anus Infections or bruises around the chest or genital area Blood on the elderly's clothes	Has anyone done or tried to do something to you that you didn't want? Is there anyone you are afraid of? Is someone caring for you?	Bruises in the chest or genital area, presence of sexually transmitted disease, vaginal or anal bleeding; stained, torn, secreted on or bloody clothing or underwear are evaluated. The presence of assault or rape is noted.
ECONOMIC	Withdrawal of money that does not match the elderly's needs Absence of property Loss of elderly's jewelry or personal care items Suspicious transactions on credit card The level of care not being proportional to the income or wealth of the elderly	Who pays your bills? Have you ever been to the bank with the caregiver? Did the caregiver log into your account? Is your power of attorney at the caregiver? Have you ever signed an unfamiliar document? Has anyone taken anything from you without asking you?	Cases such as changes in the amount of money seized, unexplained withdrawals or transfers to other accounts, changes in bank account names, unpaid invoices, and forgery of the patient's signature are evaluated.

THE TYPE OF ABUSE	INDICATORS RELATING TO THE ELDERLY	ASSESSMENT QUESTIONS	BEHAVIOR ASSESSMENT
CAREGIVER'S NEGLECT	Disproportionate weight loss Disturbances in eating and sleeping patterns Postponing or not resolving health problems Not taking medications on time	Have you ever been alone for a long time? Has anyone ever failed when you needed them? Do you stay in a place that is frustrating or stressful for you?	Dehydration, malnutrition, inadequate personal hygiene, unsafe living conditions, inadequate clothing, and urinary or fecal odors are evaluated.
THEIR OWN NEGLECT	Disproportionate weight loss Disturbances in eating and sleeping patterns Sparing less time to their environment Being closed to change	How often do you bathe? Have you ever refused to take prescription drugs? Have you ever been inadequate in providing yourself with water, food, and clothing?	Dehydration, malnutrition, inadequate personal hygiene, unsafe living conditions, inadequate clothing, and urinary or fecal odors are evaluated.

Reference: WHO, 2002; Human Rights and Equality Institution of Türkiye, 2022; Fadiloğlu and Şenuzun A., 2012

Taking initiatives to prevent abuse and neglect is as essential as detecting it. The most critical factor in prevention is to determine the effects that cause the problem and to eliminate the negative consequences that may arise. Protection can be carried out in primary, secondary, and tertiary stages. The immediate protection step includes controlling the older adult's environment, raising awareness of people living with their families or facilitating meeting the needs of people living alone, and legal regulations. The secondary protection step includes detecting and reporting abuse, neglect, and violence cases and evaluating people in the risk group for early detection. The tertiary protection step includes taking the necessary measures to prevent the victim's situation from worsening, providing guidance and psychological counseling services, and creating a safe space (Toraman, 2022: 646).

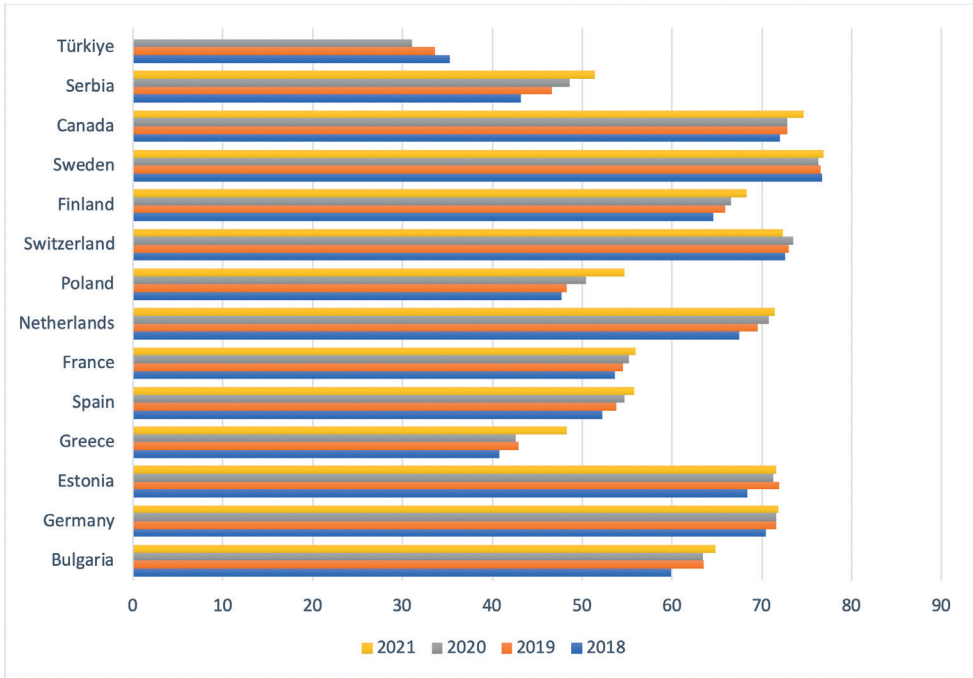
III. THE ELDERLY IN THE OTHER POSITION IN WORKING LIFE

While the chronological age for old age can be determined within the framework of scientific research, the situation in the field gets more complicated. Decreased performance due to age causes people to be subjected to certain discrimination in society, especially in finding and maintaining a job. Generally, people in whom certain physiological aging is observed are fired or employed for lower salaries, and

older adults who are looking for new jobs are exploited in jobs with low status and wages without social security. These double standards, which are applied due to the decrease in the productivity of the rapidly increasing elderly population, cause serious social problems and decrease economic gains among the elderly.

When the worker characteristics that change according to the nature of the job are considered, it is seen that the elderly are employed in jobs that require the least physical strength and because of that in working life, the elderly chronological age generally covers the age range of 50-55. Although legal participation in the labor force becomes less frequent after this age range, the age range decreases even further in the business areas where physical activities are high (Özen and Özbek, 2017: 552). The fact that the elderly is not only physically unfit but also have difficulty adapting to the new situation and the team causes prejudice among employers. Generally prioritizing the participation of unemployed new graduates, young workers, and women, whose employment continues to increase in recent years, in the workforce leads to neglect of the elderly. Early retirement policies, which were determined as 38 for women and 43 for men, with a populist behavior developed in the early 1990s to make room for such groups, caused both labor and economic abuse in addition to their success in taking out the elderly workforce and also forced Turkey to struggle with financial crises. Although the early retirement practices were replaced with a gradual system and ended with law no. 4447, the effects of this situation will continue to show themselves until 2050. Turkey still ranks first with the earliest retirement age in the retirement age ranking, which is generally in the 60-67 age range among OECD countries. On the other hand, the aging of the population and the increase in the retirement age affected the active labor force rates by making elderly employment mandatory. As can be seen in Figure 1, the labor force participation of the population aged 55-64 is between 30-50% in Greece, Serbia, and Turkey with 2018, 2019, 2020, and 2021 data (There isn't any data for Turkey for 2021. Despite this, it doesn't have data over 35,3%); and over 70% in Estonia, Germany, the Netherlands, Finland, Sweden, Switzerland, and Canada (Eurostat, 2022).

Graphic 1. Employment Rate of Older Workers, Age Group 55-64



Reference: Eurostat, 2022

Therefore, despite the “We don’t want to work anymore” reactions by some of the elderly, certain strategies must be developed against this situation in undeveloped countries. It is expected that the workforce between the ages of 50-64 will rise significantly, reach 14% in 2000, reached the same levels as the young workforce in 2040, and will rise to 31% in 2050 (Baş, 2012: 5-38). This finding, which is one of the important ones, tells us that the elderly workforce will increase more rapidly in the coming years through legal or illegal means, contrary to possible predictions. For this reason, preventing discrimination and abuse in working life became grave. The Age Discrimination in Employment Act, which protects those aged 40 and over in matters such as dismissal, promotion, and compensation, was adopted in America. Australia also prohibits age-based discrimination in employment (Human Rights and Equality Institution of Türkiye, 2022). To break down prejudices against the aging population, policies, social support, guidance, and psychological counseling services, especially media tools need to be regulated in Turkey.

IV. INTERPRETING ELDERLY PSYCHOSOCIAL DEVELOPMENT WITH ERIK ERIKSON

Erik Erikson introduced his 8-stage psychosocial development theory by explaining human development with epigenetics, which includes the interaction of environment and heredity. He cognitively, socially, psychologically, and biologically laid his theory in a lifelong development pattern and argued that a baby completes its development from birth to death in sequential order. One of the most important points of Erikson's comprehensive theory is that the crises faced by a person in each of the eight stages are made meaningful within the social order. Not only the biology of which the foundations are laid but also the transfers offered by society play an important role in solving the crisis of the period in which a person is in. Like the integrity of the environment and biology, the eight stages are not periods that can be completely separated from each other and can develop independently. These stages are trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. confusion, intimacy vs. isolation, generativity vs. stagnation, and integrity vs. despair. The solution to or failure to solve the crisis in each stage affects the next period. The main solution of the crises encountered in a stage is to balance the 'syntonic' and 'dystonic'¹ effects. Syntonic and dystonic effects are not each other's opposites but compliments. What is considered negative (mistrust, shame, doubt, inadequacy, identity confusion, isolation, stagnation, and despair) should not be seen as elements that need to be completely absent in the self because the person will obtain ego strength if the crisis is resolved and should be able to get the ego strength support from the dystonic elements existing in a dormant state. The order of these ego strength stages is hope, will, purpose, competence, fidelity, love, care, and wisdom. If the crises are not resolved, ego pathology, which has damaging effects on the integrity of the self, occurs. The order of these ego pathology stages is withdrawal, compulsion, inhibition, inertia, repudiation, exclusivity, rejection, and disdain. Erikson emphasizes that unresolved crises can also be resolved in other stages. The fact that it is never too late to resolve a crisis shows that, unlike psychologists who emphasize the importance of early childhood and stage development, human development can be made active (Kıyak, 2018: 12-15; Özgüngör and Kapıkıran, 2011: 115).

¹ Syntonic means like positive (coherent)/ Dystonic means like negative (subversive)

Although each stage of the theory is inherent in other stages, especially the 7. and 8. stages are important in aging. Stage 7, generativity vs. stagnation, covers the period from the early 40s to the end of the 50s, that is, middle adulthood. People begin to become more sensitive to their environment at this stage and try to take actions that will benefit future generations. The productivity style can manifest itself in different ways from person to person. For some, producing can mean having a child to which they can transfer their productivity culture, which is a continuation of themselves, and for others, developing projects that will serve as a bridge between generations. While those who can successfully solve this crisis claim a place in social integrity by gaining care as ego strength, people with an unproductive middle age enter into a defense mechanism against future generations and feel isolated from social integrity by having a rejection pathology. The fact that the unresolved 7th stage crisis moved to the 8th stage creates the basis for the emergence of aggression, anger, major depression, psychotic depression, and even many hereditary diseases seen in the elderly (Kiyak, 2018: 17; Koç, 2002: 292). Frankl, who draws attention to the finitude of existence and the certainty of death, adding a search for meaning to life, argues that by remembering their productive times in the past, the elderly, whose fate is considered unchangeable, will have a more peaceful death stage. According to him, three important human characteristics are religiousness, freedom, and responsibility. The inference of Frankl, who criticizes Maslow's hierarchy of needs with his insistence that the search for meaning will continue even if the needs of the elderly are not met, can be explained by the 8th phase of the psychosocial development theory (Keskin, 2019: 5-10).

Erikson's final stage involves the retrospective accounting of one's life to date, which is encountered in later adulthood. If the elderly had a good life, they get the power of wisdom ego; if problems such as withdrawal, compulsion, inhibition, inertia, repudiation, exclusivity, and rejection appear when they look back, they get disdain pathology. Koç (2002) identified the psychopathological problems that occur in old age as a summary of the review of the 7. and 8. stages. These are overdependence on the past, fear of the new, and egoism. These three main problems appear due to the fact that the crises in Erikson's first 7 stages weren't resolved, and the review in the 8. stage resulted in negativity. Older adults with rejection and disdain pathologies tell the people around them frequently about their past lives to emphasize the beauty of those years, draw attention to intergenerational conflict, refuse to adapt to the new situation, or, despite the culture being dynamic, become aggressive

towards those who oppose their traditional moral values. As a part of this, the elderly become a burden to their environment due to not realizing that their emotional state has deteriorated. Due to the fact that the state of egoism they are in starts to make them self-centered after a while, they attempt to dictate their dogmatic thoughts to the people around them. People getting away from their environment due to these behaviors drags the elderly into an even more lonely situation. If their peers also started to die, making sense of the past and fear of death combine, and this puts the elderly in an inextricable vortex. Religious beliefs play an important role as the last escape from this dead end for the elderly. They get firmly attached to their religious beliefs to make sense of death and to ground the inability to leave a material or spiritual inheritance. The elderly act more consistently compared to the past in fulfilling the requirements of the religion they believe in with a sense of surrender to correct their past mistakes (Koç, 2002: 291-292). Many studies prove that religion is related to well-being and life satisfaction in old age. For example, in an interview with 1,500 white and African American individuals aged sixty-six and older, it was found that the older adults who find life more meaningful because of religion have higher self-esteem and more positive attitudes towards life; in a study with poor older adults in San Diego, it was found that strong religious ties are also associated with health; in a study with Mexican Americans over the age of 65, it was found that the elderly who do not go to church had greater losses in their cognitive levels than those who do (Santrock W., 2019: 587).

Looking at the phenomenon of religion from the point of view of Erikson's theory and as an intergenerational communication tool, will accelerate our progress against old age. If Erikson had set off to the childhood of an elderly (whether he/she adopted a godless or polytheistic religion) who was unable to resolve his/her crises and faced death; in the first stage, he would meet a child whose foundation of trust could not be laid and therefore could not look at the world with hope. Just like how this child cannot trust their family, they will not be able to trust their environment, the god they believe in, and their future spouse and children. The fact that the child, who cannot trust their family, was unable to overcome the crisis will trigger their failure to gain ego strength in the second stage, causing them to feel ashamed in explaining the understanding of religion that they will develop by themselves. The feeling of shame carried to the third stage will create shyness, and this will cause them to move away from the phenomena such as religion, to be uninterested, or reinforce the belief that they are unsuccessful in life by giving birth to the belief that

they do not have the ability to explain in the fourth stage. Adolescents who arrive at the stage of identity achievement, which is the most important stage for religion, will adopt the religion that is believed by their environment because they cannot determine a religious identity of their own, or they will experience role rejection by gaining an identity by rejecting all religions. They will feel isolated and excluded in the love relationships they will establish by also experiencing the problems they have in their relationship with religion; they may reject many religious phenomena by being indifferent to social events in their middle adulthood or, if they adopted a religion with their little amount knowledge, they might reject those who try to explain other religious phenomena. Finally, at the old age stage, when they look back, they will despair at having no cognitive beliefs of their own and will transfer their anger due to that to society.

It is not easy for elderly adults to integrate very difficult processes such as trust, success, identity, religious identity, productivity and solve all of the crises perfectly. Looking at the Activity Theory, which made an impact in the field of aging in recent years, it is seen that it cannot go beyond explaining Erikson's theory by renewing it and making suggestions. The theory states that participation in activities is significant for the completion of the challenging self-integration process and that it increases happiness, life satisfaction, functionality, and productivity. However, contrary to Erikson, the theory emphasizes that the key to life satisfaction in late adulthood is middle adulthood. Although Erikson says that each crisis is of the same importance as another stage, the 2nd stage (autonomy vs. shame), 5th stage (identity vs. confusion), and 7th stage (generativity vs. stagnation) should be given more importance than the other stages for old age. The study by E. Perry et al. (2015: 255-270) shows that many elderly adults struggle to resolve the autonomy crisis when they have health problems with their medication and self-care. The elderly, who stated that they had difficulties with divorce, death, war, being a grandparent by themselves and that they had problems with autonomy, reported that they developed self-management for the new situation in line with their previous experiences. The proportion of older adults who neglect self-care is also quite high. For this reason, a greater sense of responsibility should be instilled in young children, especially in the distribution of work within the family and in solving the autonomy crisis in educational institutions. On the other hand, the relationship between identity acquisition with religion; and productivity with active aging makes the 5th and 7th stages more important than other stages.

The occurrence of a longer-than-expected life span can be described as one of the points where Erikson's theory fails to explain the old age stage. Noticing this gap, Erikson's coworker and collaborator Joan Erikson added the 9th stage to the theory. The 8. and 9. stages are similar in that they involve the challenge of ego pathologies of the other seven stages to the elderly. However, the point where the two stages differ is that the ninth phase has the negative physiological characteristics of those after the age of 80, which is defined as old elderly. These physiological transformations challenge the person's positive crises. According to J. Erikson, if the person completes the challenge successfully, they will reach elderly transcendence. And this enables them to think in a universal aspect. According to the concept of gerotranscendence, the person tries to be the owner of their own life by focusing on what they can do instead of their physical inadequacies. Although they do not care about productivity as much as they used to, they do not ignore happiness, peace, and the feeling of satisfaction for the quality of their life. The gerotranscendent, who completed the path of becoming an individual by reaching transcendence in social issues, gain the ability to establish the synthesis of multiple components instead of having any identity (Bugajska, 2017; Kiyak, 2018: 18-28).

CONCLUSION

Throughout the research, the psychosocial development of the elderly who will be victimized through the rates of abuse, neglect, and violence faced by the increasing elderly population in Turkey and the world is tried to be predicted. Although the perception of the elderly by society is generally negative, studies conducted in Turkey indicate a high level of positive attitude and empathy towards the elderly. Although it cannot be predicted to what extent this situation will change with the increase in the elderly population in the future, it is estimated that the main reason for it is the position of the elderly in Turkish history and culture. For instance, in a study by Temiz and Öztürk (2019) conducted with 490 young people between the ages of 15-25, it was found that young people both have a positive attitude and higher-than-average levels of empathy. In addition, the research found a linear relationship between the level of empathy and elderly discrimination. Therefore, people with a high level of empathy and not approaching with prejudice is less likely to be perpetrators of elderly discrimination. Despite these data, it is necessary to see that the rates of elderly abuse are increasing daily and it is necessary to take precautions.

Generally, it is seen that the elderly is subject to prejudice because of their need for care due to physiological deteriorations, economic dependence, and traditionalism. The points where such elderly fail to resolve crises from Erikson's perspective are mentioned. The cessation of productivity, which begins in the 7. stage, makes the elderly begin to exhibit indifferent and rejecting attitudes towards society by dragging them into a social isolation. After this, in the 8. phase, where they try to obtain integrity, facing the consequences of the crises they could not overcome in the past causes despair. The elderly, who became the focus of prejudices by having humiliation ego pathology, starts to have anger against society and creates a self-fulfilling prophecy.

The key to creating a quality society in this process is not withholding social support for the elderly groups. An important task falls on the policies in the phenomenon of social support, which has economic, social, and psychological aspects. In order to prevent prejudice, discrimination, and stigma seen in the social area, it is important to make room for mediatic designs that describe old age and raise society's awareness about the aging country. In line with the findings, it is seen that it is inevitable for the increasing discrimination to evolve into abuse and then violence. In this regard, primarily, families need to be educated about observing their elderly parents during certain periods. If physiological deterioration is detected, they need to immediately contact the relevant institutions in order to prevent economic and sexual abuse. Qualified support service units that will step in at the point where the families are insufficient for the elderly should be established and provided the necessary financial assistance. On the other hand, for the healthy elderly, the pair of retirement and death are engraved in our minds as inseparable codes. First of all, the political stance that presents retirement as a rewarding method should be abandoned. Political measures should be taken to postpone retirement in order to increase people's income level and production (Şeker and Kurt, 2018: 6). By evaluating the indignation, it will create in society, the concerns that this initiative will block the way for young people and women, whose employment is already difficult, should be eliminated. Attempts should be made to reward late retirement by having society's feelers out by developing new retirement models (Baş, 2012: 43). Although postponing retirement is the beginning of solving the problem, the occupational health and safety issue should be reviewed by considering the elderly's physiological decline. In addition, the elderly should be supported to gain the necessary compe-

tencies to increase their health and employment rates. In addition to opening hobby courses as an old age pastime, job certificate training should be prepared in which they can participate in new professions. In addition, unions that will protect the elderly's rights in the work field and have a louder voice should be established, and there should be elderly representatives who can transfer their experience to the work field in these institutions (Ofluoğlu and Özbucak Albar, 2017: 353-356). If this key step is not taken at retirement age, information on post-service training should be provided. This field of training, known as retirement education, should be arranged so that every older adult can access and benefit from it in practice. At the end of their working life, it should be ensured that they know the legal procedures, know the retirement period's problems, learn the location and nature of the consultancy services they can receive, and receive the necessary information about issues such as volunteer activities that they can participate in or non-work life, do not feel alone, and know that they are cared for.

Following these measures, which aim not to exclude the individual from society, psychological counselors, psychologists, and, psychiatrist support should be provided for stress prevention activities for the elderly who have difficulties overcoming crises. Applying "life review therapy" by considering Erikson's 8th stage will provide the most efficiency. This therapy method tries to understand which crises resulted in failure by collecting the life stories of older adults and analyzing what they have achieved and failed in their lives. In addition, "lifecycle group therapy" can be applied to ensure an intergenerational chain and to build a positive perception of old age among the youth in society. In essence, this therapy enables adolescents and elderly individuals to meet by opposing ageism. Through therapy, it becomes possible to observe the 5., 6., 7. and 8. stages for the elderly (Koç, 2002: 293-298).

In conclusion, how prejudice and discrimination will affect the elderly, whose number is increasing day by day in the population, the necessity of providing them guidance in resolving psychosocial crises, and measures that can be taken to protect the elderly are underlined in the light of Erik Erikson's comprehensive development theory.

REFERENCES

- A. Hogg, M., M. Vaughan, G. (1995). Prejudice and Discrimination, *Social Psychology* (s. 356-397) Ankara: Ütopya Publishing House.
- APHSA. (1998). The National Elder Abuse Incidence Study Final Report. On 04.07.2022 retrieved from Administration for Community Living: https://acl.gov/sites/default/files/programs/2016-09/ABuseReport_Full.pdf.
- Artan, T. (2013). Family Abuse Against the Elders Living in Nursing Homes, *Society and Social Work*, 24(2), 109-122.
- Artan, T. (2016). Financial Abuse as a Type Of Elderly Abuse Among Elderly People Residing in Senior Centers, *Journal of Health Sciences and Professions*, 3(1), 48-56.
- Baltes, P. B. (1997). On The Incomplete Architecture of Human Ontogeny: Selection, Optimization, and Compensation as Foundation of Developmental Theory, *American Psychologist*, 52(4), 366-380.
- Baş, M. (2012). An Overview of Old Labour Force in Türkiye, *Journal of Social Insurance*, 0(2), 28-46.
- Bilir, N. (2018). *Definition of Aging, Concept of Old Age, Epidemiological Characteristics*, On 04.07.2022 retrieved from TUSAD: <https://www.solunum.org.tr/TusadData/Book/677/17102018112853-001.pdf>.
- Blain, B. E., Brenchley, K. J. M. (2017). Understanding Age Stereotypes and Ageism, *Understanding the Psychology of Diversity* (s. 175-187) Kaliforniya: Sage Publishing.
- Brown, S. L., Nesse, R. M., Vinokur, A. D., Smith, D. M. (2003). Providing Social Support May Be More Beneficial than Receiving It: Results from a Prospective Study of Mortality, *Psychological Science*, 14, 320-327.
- Bugajska, B. (2017). The Ninth Stage in the Cycle of Life-Reflections on E. H. Erikson's Theory, *Ageing and Society*, 37(6), 1095-1110. Doi:10.1017/S0144686X16000301
- Buz, S. (2015). Age Discrimination Against Elderly Persons, *Electronic Journal of Social Sciences*, 14, 268-278.
- Carstensen, L. L. (2006). The Influence of a Sense of Time on Human Development, *Science*, 312, 1913-1915.
- Ceylan, H., Öksüz, M. (2015). *Analyzing Attitudes of Undergraduate Social Work Students Towards Ageism*, *The Journal of International Social Research*, 8(39), 459-466.

- Cicero. (1990). *De Senectute (Yaşlılık Üzerine)*, A. Sarıgül (Çev.), İstanbul: M.E.B.
- Çuhadar Gürsoy, S., Lordoğlu, K. (2016). Ageing and Related Problems in the Process of Demographic Transformation in Türkiye, *Journal of Political Sciences*, 0(54), 63-80.
- Daşbaşı, S. ve Işıkhani, V. (2019). Elder Abuse in Türkiye and Associated Risk Factors, *Journal of Social Service Research*, 45(5), 739-749.
- E. Perry, T., Hassevoort, L., Ruggiano, N., Shtompel, N. (2015). Applying Erikson's Wisdom to Self-Management Practices of Older Adults: Findings from Two Field Studies, *Res Aging*, 37(3), 253-274. Doi:10.1177/0164027514527974
- Erdoğan, M., Vatandaş, C. (2020). Individual and Social Exclusion Practice: Prejudice and Discrimination, *Journal of Humanities and Social Sciences*, 3(1), 474-485.
- Erol, S. I. (2016). Demographic Transformation As a Global Problem: Its Causes, Effects, and Measures to Be Taken, *Journal of Social Policy Studies*, 37, 75-123.
- Eurostat. (2022). Employment Rate of Older Workers, Age Group 55-64, On 20.07.2022 retrieved from Eurostat Data Browser: <https://ec.europa.eu/eurostat/databrowser/view/tesem050/default/table?lang=en>.
- Fadıloğlu, Ç., Şenuzun A., F. (2012). Approach to Abuse and Neglect in The Elderly, *Ege Journal of Medicine*, 51(0), 69-77.
- Fiori, K. L., Antonucci, T. C., Cortina, K. S. (2006). Social Network Typologies and Mental Health Among Older Adults, *Journals of Gerontology B: Psychological Sciences and Social Sciences*, 61, 25-32.
- Flett, G. L., Heisel, M. J. (2021). Aging and Feeling Valued Versus Expendable During the COVID-19 Pandemic and Beyond: A Review and Commentary of Why Mattering is Fundamental to the Health and Well-Being of Older Adults, *International Journal of Mental Health & Addiction*, 19(6), 2443-2469.
- Henry, N. J. M., Berg, C. A., Smith, T. W., Florsheim, P. (2007). Positive and Negative Characteristics of Marital Interaction and Their Association with Marital Satisfaction in Middle Aged and Older Couples, *Psychology and Aging*, 22, 428-441.
- Human Rights and Equality Institution of Türkiye. (2022). Elder Rights Report 2022, On 20.07.2022 retrieved from Human Rights and Equality Institution of Türkiye: https://www.tihk.gov.tr/upload/file_editor/2022/08/1659339478.pdf.
- İlhan, F. (2006). Determination of Domestic Elderly Abuse in Anadolu Quarter in Yenimahalle District in Ankara. (Expertise In Medicine). Thesis Center. (Access Number 172020)

- Jimenez-Sotomayor, M.R., Gomez-Moreno, C., Soto-Perez-De-Celis, E. (2020). Coronavirus, Ageism, and Twitter: An Evaluation of Tweets About Older Adults and COVID-19, *Journal of the American Geriatrics Society*, 68(8), 1661-1665.
- Keskin, U. (2019). Evaluation of Aging Process in the Scope of Psychological Perspective of Viktor Frankl, *Adnan Menderes University, Journal of Institute of Social Sciences*, 6(1), 1-16.
- Keskinoğlu, P., Giray, H., Pıçakçıefe, M., Bilgiç, N., Uçku, R. (2004). Physical Abuse, Financial Abuse and Neglect in Elderly, *Turkish Journal of Geriatrics*, 7(2), 57-61.
- Kılıç, Ü., Şelimen, D. (2017). Determination of the Causes That Force the Elders to Choose Nursing Home Lives, *Journal of Academic Research In Nursing*, 3(2), 73-82.
- Kinsella, K., He, W. (2009). *An Aging World: 2008*, On 16.07.2022 retrieved from U.S. Census-Bureau: <https://www.census.gov/content/dam/Census/library/publications/2009/demo/p95-09-1.pdf>.
- Kıssal, A., Beşer, A. (2009). Identifying and Evaluating Elder Abuse and Neglect, *Taf Preventive Medicine Bulletin*, 8(4), 357-364.
- Kıyak, D. (2018). Psychosocial Development in Elderly: An Investigation of Erikson's Ninth Stage. (Master Thesis). Thesis Center. (Access Number 524412)
- Koç, İ., Saraç, M. (2018). The Change in the Size and Direction of Older Adults Migration in Türkiye, *Senex: Journal of Aging Studies*, (2), 19-37.
- Koç, M. (2002). Spiritual Development in Old Age in Terms of Developmental Psychology, *Journal of Erciyes Academy*, 1(12), 287-304.
- Levy, B. R., Slade, M. D., and Gill, T. (2006). Hearing Decline Predicted By Elders' Age Stereotypes, *Journals of Gerontology: Psychological Sciences and Social Sciences*, 61, 82-87.
- López-Otín, C., Blasco, M.A., Partridge, L., Serrano, M, Kroemer, G. (2013). The Hallmarks of Aging, *Cell*. 153(6), 1194-217. Doi: 10.1016/J.Cell.2013.05.039.
- OECD. (2021). Pensions at a Glance 2021: OECD and G20 Indicators. On 27.08.2022 retrieved from OECD Publishing: <https://www.oecd-ilibrary.org/docserver/ca401ebden.pdf?expires=1662019006&id=id&accname=guest&checksum=7E20EB6F7F4B-D99492635687EC7A4AB8>.
- Ofluoglu, G., Özbucak Albar, B. (2017). Ageing Labour-Occupational Health and Safety Problems and Suggested Solutions, *Hak-İş International Journal of Labour and Society*, 6(15), 335-360.

- Özen, S., Özbek, Ç. (2017). Elderliness in Working Life: Old Workers and Human Resources Practices, *Work and Society: Journal of Economics and Law*, (53), 547-572.
- Özgüngör, S., Acun Kapıkıran, N. (2011). Comparisive Adaptation of Erikson Psychosocial Stage Inventories to Turkish Culture: Primary Results, *Journal of Turkish Psychological Counseling and Guidance*, 4(36), 114-124.
- Rasulo, D., Christensen, K., Tomassini, C. (2005). The Influence of Social Relations on Mortality in Later Life: A Study on Elderly Danish Twins, *Gerontologist*, 45, 601-608.
- Riebe, D., Garber, C. E., Rossi, J. S., Greaney, M. L., Nigg, C. R., Lees, F. D., Others. (2005). Physical Activity, Physical Function, and Stages of Change in Older Adults, *American Journal of Health Behavior*, 29, 70-80.
- Rodgers, W. (1982), Estimable Functions of Age, Period, and Cohort Effects, *American Sociological Review*, 47(6), 774-787.
- Santrock, J. W. (2019). *Life-Span Development*, Ankara: Nobel Academic Publishing.
- Şeker, A., Kurt, G. (2018). Aging as a Social Policy Area and Social Work Practices, *Turkish Journal of Population Studies*, 40, 7-30.
- Şentürk, Ü. (2018). *Sociology of Aging Social Trajectories of Aging*, Bursa: Dora Publishing.
- Sethi, D., Watts, S., Zwi, A., Watson, J. Ve Mccharty, C. (2004). Experience of Domestic Violence By Women Attending an Innercity Accident and Emergency Department, *Emerg Med J.*, 21(2), 180-184.
- Seyyar, A. (2002). *Social Policy Terms, Encyclopedic Dictionary*, İstanbul: Beta Publishing.
- SPO. (2007). The Situation of the Elderly in Türkiye and the National Action Plan on Aging 2007. On 30.07.2022 retrieved from State Planning Organization General Directorate of Social Sectors and Coordination: <https://sgb.saglik.gov.tr/Eklenti/34232/0/turkiye-de-yaslilarin-durumu-ve-yaslanma-ulusal-eylem-planipdf.pdf>.
- Temiz, S., Öztürk, M. (2019). The Effect of Empathy on Ageism: A Research on Young People, *Journal of Ekev Academy*, 0(80), 483-498.
- Tezcan, M. (2019). Social Change and Aging, *Ankara University Journal of Faculty of Educational Sciences (Jfes)*, 15(2), 169-177.
- Toraman, H., Özkaya, F., Bulut, M., Ünal, A., Kesen, N., Daşbaşı, S. (2022). Practices for the Prevention of Elder Abuse and Neglect, *Süleyman Demirel University Visionary Journal*, 13(34), 642-658.

- Tufan, İ. (2002). *Aging from Antiquity to the Present*, İstanbul: Aykırı Publishing.
- Tufan, İ. (2014). *Structural Change of Aging in Türkiye*, İstanbul: Koç University Press.
- Turkish Statistical Institute. (2022). Seniors in Statistics, 2021. On 15.07.2022 retrieved from Turkish Statistical Institute: <https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Yasli-lar-2021-45636#:~:text=T%C3%9C%C4%B0K%20Kurumsal&text=Ya%C5%9Fl%C4%B1%20n%C3%BCfus%20olarak%20kabul%20edilen,9%2C7'ye%20y%C3%BCkseldi>.
- UN. (2015). World Population Ageing 2015 Report, On 15.07.2022 retrieved from United Nations: http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf.
- UN. (2020). Department of Economic and Social Affairs, Population Division, World Population Ageing 2020 Highlights: Living Arrangements of Older Persons, on 27.08.2022 retrieved from United Nations: https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undes_a_pd-2020_world_population_ageing_highlights.pdf.
- Ünal, Ç. (2021). The Spatial Change of the Elderly Population in Türkiye (2007-2020), *The Journal of International Social Research*, 14(78), 93-113.
- Ünalın, D., Soyuer, F., Elmalı, F. (2012). Evaluation of the Attitudes of the Geriatric Care Center Workers Towards Elderly Patients, *Kafkas Journal of Medical Sciences*, (3), 115-120.
- Ünlü, D. (2019). Examination of the Cases of Economic Abuse of the Elderly: İstanbul Bahçelievler Example. (Master Thesis). Thesis Center. (Access Number 553478)
- Uyanık, Y. (2017). Old Age, Olden Population and Social Policy, *Journal of Business and Life*, 3(5), 67-100.
- WHO. (2002). World Report on Violence and Health (Chapter 5 Abuse Of The Elderly). On 09.07.2022 retrieved from World Health Organization: http://apps.who.int/iris/bitstream/handle/10665/42512/9241545623_eng.pdf?sequence=1.
- WHO. (2007). Global Report on Falls Prevention in Older Age. On 15.07.2022 retrieved from World Health Organization: https://apps.who.int/iris/bitstream/handle/10665/43811/9789241563536_eng.pdf?sequence=1&isAllowed=y.
- WHO. (2012). World Health Statistics 2012. On 15.07.2002 retrieved from World Health Organization: https://apps.who.int/iris/bitstream/handle/10665/44844/9789241564441_eng.pdf?sequence=1&isAllowed=y.