The Third Age is now considered by many to be the “golden years” of adulthood. It is generally defined as the span of time between retirement and the beginning of age-imposed physical, emotional, and cognitive limitations, and today would roughly fall between the ages of 65 and 80+. This is a period of adulthood when typically there are fewer responsibilities (e.g., career and family-rearing) than before and, when coupled with adequate financial resources and good physical and psychological health, offers rich possibilities for self-fulfillment, purposeful engagement, and completion. At the individual level, the Third Age can last a few years or as much as two decades or more. Since aging has now become highly contextualized in America there is no set pattern, sequence of events, or progression of steps for navigating this life space. Moreover, the Third Age is relatively new to human history and as a result there is little social understanding about it or general guidance yet from cultural mythmakers—filmmakers, novelists, dramatists, artists. It has been described as a period of developmental ambiguity, time of life that is both old age and not old age (Rubinstein, 2002).

For some adults, indeed an increasing number, there can be many positive outcomes related to aging, many of which are explicit during the Third Age. These include relative good health and social engagement (Smith, 2000), functional reserve capacity (Baltes, 1998), knowledge and expertise (Singer, Verhaeghen, Ghisletta, Lindenberger, & Baltes, 2003), and adaptive flexibility in daily living (Riediger, Freund, & Baltes, 2005). At the same time, declines in effortful and resource-intensive cognitive processing are clearly detectable for nearly all adults, despite being launched much earlier in the lifespan. Aging-related deficits, which present moderate to large negative correlations with aging, begin appearing in early-adulthood for episodic memory, spatial visualization, processing speed, and abstract reasoning (Salthouse, 2009; Tucker-Drob, 2011). But the young old also show strong, continued performance in the areas of sustained attention, short-term memory, and crystallized intelligence. In terms of long-term memory, semantic, procedural, implicit, autobiographical, and prospective memory appear largely unaffected by age during this span of years. However, where deficits clearly impact different types of functional performance—selective attention, attention switching, working memory, episodic memory—there is a preponderance of evidence suggesting mediation through practice, extended training, and cardiovascular exercise.

In the Third Age, chronic diseases are among the most common and costly health problems facing older adults today. Because they are linked to lifestyle choices they can be can prevented, lessened, or managed. These include weight gain, muscle mass loss, late onset diabetes, cardiovascular diseases and hypertension, various cancers, emphysema and lung cancer associated with tobacco use, skin cancer, dental problems, sensory impairments, and nutrition-related disorders. Well into old age, biological self-repair mechanisms, neurogenesis, and neuroplasticity remain functional although at clearly reduced levels of efficiency.

In the psychological realm, aging favors identity, self-esteem, subjective well-being, and personality. It also enhances emotional experiences and regulation. These are important adult assets and in their aggregate suggest that a sense of self worth, life satisfaction and happiness,
and emotional well-being may be as good or better in the Third Age than in any previous period of adulthood (Carstensen, Fung, & Charles, 2003; George, 2009; Robins & Trzesniewski, 2005).

Below is a summary of what we currently know about socioemotional aging.

**Identity and Self-Esteem.** Although highly personalized and subject to cultural influences, when defined as self-evaluation personal identity generally becomes more favorable across the lifespan but with a moving baseline. Self-esteem, a person’s overall evaluation of their self-worth is a relatively stable, trait-like construct that is associated with emotional stability, extraversion, and conscientiousness (Robins, Tracy, Trzesniewski, Potter, & Gosling, 2001; Trzesniewski, Donnellan & Robins, 2003). The trajectory of self-esteem across the lifespan increases during young and middle adulthood, reaching a peak at about age 60, and then slowly declines in old age. The research also suggests that changes in socioeconomic status partially account for the decline in self-esteem that occurs in old age (Orth, Trzesniewski & Robins, 2010). More educated individuals have higher self-esteem than less educated individuals, but with similar trajectories.

**Subjective Well-Being.** On average, older adults are more satisfied with their lives than either middle or young adults, with middle-aged adults least satisfied (Mroczek & Spiro, 2005). At the individual level dispositional tendencies, race/ethnicity, SES, social support, health status, and life events and one’s self-management of such events can all influence whether well-being improves or declines with age (Blanchflower & Oswald, 2008; George, 2009; Pinquart and Sorensen, 2000).

**Emotional Experiences and Regulation.** Emotional experience, expression, and physiological responsivity change little with age, and older adults self-report the same levels of emotional intensity as younger adults but with more complexity and poignancy (i.e., mixed emotions) (Carstensen, Mikels, and Mather, 2006). Emotional declines have also been reported for older adults in the magnitude of physiological reactions but with fewer negative emotional experiences overall, particularly with reductions in anger. In contrast, emotional stability and control improves with age relative to younger adults. Older adults display less negativity, a decline in emotional intensity, and a reduction in trait neuroticism (Williams, et al., 2006).

Carstensen et al. (2010) recently reported the results of a 13-year longitudinal study of 184 adults ranging in age from 18-94 years (mean age = 55 yrs.). Residing in the San Francisco Bay area, the participants were 69 percent white, 31 percent Black, 54 percent female, 59 percent white-collar workers, and 41 percent blue-collar workers. Mean education level for the sample was 15 years of formal education. Four main findings emerged from the study. First, improvements were observed in overall emotional well-being with age, as well as a significant quadratic age trend consistent with earlier cross-sectional findings in the literature. These data also suggested that developmental gains in emotional well-being may level off in the 7th decade of life for most adults. Second, with advancing age emotional experiences became more stable. Third, emotional experiences appeared to become more mixed (i.e., poignant) as people aged. All of these findings were largely consistent across types of analysis (cross-sectional vs. growth curve
modeling) and remained after accounting for other variables related to emotional experience, such as, personality, verbal fluency, physical health, and demographic characteristics. Fourth, emotional experience was associated with mortality. After controlling for age, sex, and ethnicity, individuals who experienced relatively more positive than negative emotions in everyday life had a statistically lower mortality rate.

**Positivity Effect.** Older adults also show significant changes in the ratio of positive-to-negative emotion, with a reduction in the experience, memory, and recognition of negative emotion, but increases for positive emotion in similar situations and contexts. This emotional shift has been termed the *positivity effect* and has been observed in multiple domains, including autobiographical memory, long-term memory, working memory, and attention. It is not known what causes the shift but it appears that older people attend to and remember the past more positively than younger people (Carstensen, Mikels, & Mather, 2006; Charles, Mather, & Carstensen, 2003). What the accumulating evidence further suggests is that the emotional lives of older adults are more pleasant and manageable than their younger counterparts (Carstensen, Fung, & Charles, 2003).

The Third Age must be characterized as a paradox, a point in chronological time when adults experience life and self more positively while some basic cognitive functions continue to undergo slow deterioration. It is a period of divergent trajectories: declines in effortful and resource-intensive cognitive processing, stabilization of autonomic cognitive processes (e.g., attention and some types of memory function), word knowledge, expert knowledge, and life management, and improvement in the areas of identity, self-esteem, emotional stability and regulation, emotional experience, and subjective well-being.

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**REFERENCES**


**Graphic Sources:**

5. Two older women from [http://themastersplanchurch.com/?page_id=44](http://themastersplanchurch.com/?page_id=44)