

Abstract:

Population ageing does not necessarily imply neither inevitable decreases in societies' competitiveness, nor decreases in intergenerational solidarity, but current demographic change contributes to an increasing societal (and also scientific) interest in possible contributions of older generations to development and cohesion of society. The respective question refers to both an individual and a societal perspective: to actual and future resources and potentials of older people as well as societal preconditions which have to be fulfilled for developing, expanding, and realizing potentials of older people.

The psychological consideration of old age elucidates three potentials in this phase of life: the first is introspection or self-reflection, i.e. an in-depth grappling of the person with him or herself allowing for new insights and a more profound understanding of the self; the second is openness, i.e. the susceptibility to new impressions, experiences and insights that may result from a new view of him or herself, as well as from the surrounding social and spatial world; and finally, the third is generativity, i.e. the conviction that the individual has a place in the succession of generations and to assume responsibility within this succession.

The potential perspective expressed here is to expand by a vulnerability perspective that primarily affects the physical features but which, at the same time, can also affect the brain functions. The organism's vulnerability increases in significance particularly in very old age, i.e. the phase of life from the middle of the ninth decade of life.

Susceptibility to a growing number of diseases, a growing number of physical symptoms, the probability of needing care and a notably increased risk of dementia are all seen in the ninth and tenth decade of life. In very old age, people regularly report that they no longer feel in control of their own bodies; they complain about the growing number of symptoms, as well as the big fluctuations in their physical condition, sometimes also in their cognitive ability.

It should be considered here that DNA's genetic control ability becomes increasingly restricted due to an accumulation of damage. One consequence is the reduced protection of our organism against noxa and disease: Very old people cannot fight diseases and degenerative processes as well as they could in younger years, they become bio-genetically increasingly vulnerable.

This *modus deficiens* – to borrow a terminus from the Jewish-Arabic doctor, Moshe ben Maimon, from the 14th century – demands an increasing degree of activation, stimulation and motivation from the social, spatial and institutional environment; it requires a growing number of participatory supportive structures and it also needs a barrier-free environment which offers a preventative effect. Old people are particularly dependent on good medical treatment, rehabilitation and care. With the measures mentioned, we help to compensate for the *modus deficiens*, the increased vulnerability in very old age, and to better protect the elderly.

The increasing loss of biological protection and the decreasing genetic control demands greater social and cultural protection. The elderly, with their physical vulnerability, are a special responsibility, a challenge for society.

Following the lifespan developmental theory, establishing ego-integrity in the context of life-review is an indispensable task at the end of human life, if people do not succeed in coping with this task, they are expected to suffer from despair and feeling disgusted towards their own lives. This last psycho-social crisis is initiated by changes in older people's situatedness at the end of life and further reinforced by social demand.