

## “SOCIAL DISTANCE” IN DEMOGRAPHIC SEGMENTS AGED 17-22 AND 65 AND OVER: SOCIOLOGY OF THE PROBLEM - A CASE STUDY OF A BIG CITY IN RUSSIA

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**Abstract:** The increasing social disunity and exclusion of socio-demographic groups aged 17-22 and 65 and over, the lack of stable social models of interaction between them often cause the “social distance” that is manifested in aloofness, misunderstanding, aggression or deficiency of personal relations. For studying the original hypotheses of social distance between the groups aged 17-22 and 65 and over, we have investigated subjective assessments of material status of the respondents from both groups, social mood in these groups, and the tolerance of young people toward the social role of older people. The main method of research was questionnaire type survey. The methodological tools developed included scaling elements, expert evaluation, and content-analysis. The task of multi-level, integrated analysis of representations was solved via a multi-stage study and data analysis using the quantitative and qualitative methods. Analysis of the problem of “social distance” in segments of “17-22 years old” and “65+ years old” has revealed a number of essential features, in particular, maximization of high-technology medical progress and economic benefits in the society manifesting itself in higher life expectancy, which aggravates social problems in certain social segments. Considerable material reserves are necessary for socio-economic development of older people and yet are insufficient. Medical and social services for the elderly require additional budgetary replenishment and this burden lies on the younger generation, and so on. Underestimation of the current weak signals in the modern society leads to the society’s late response to them and to further increasing the “social gap” between these generations.

**Keywords:** Aging of population, social distance, social issues, older people, the youth.

### INTRODUCTION

Population aging is a new socio-demographic trend, associated with the development of public health care services, improvement of social and living conditions, changes in the production cluster in the economies of the developed countries.

Today, in the countries of European Union (EU), whose population is nearly 372 million people, the number of people aged under 65 years or older reached 60.3 million. Compared to the year of 1950, the proportion of people over 65 years old increased by 50%. The proportion of “3rd age” population in the EU accounts for approximately 16.2%. The “oldest” country in terms of population age according to the population size in the EU is Germany (16%), and according to the relative proportion of older people in the population structure - is Italy (17.8%) (The OECD Observer, 2002).

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For Russia the problem of population aging is also relevant, because even now in some regions of Central Russia the proportion of the older population is more than 28.7%, in St. Petersburg the proportion of older people is 24.4% (Nikitina & Vorontsova, 2015).

The population aging specific to all developed countries of the world sets up the new challenges not only to the public health care and pension system, but also to the creation of a new social policy for this socio-demographic group.

A distinctive feature of modern Russian society is the increasing “social distance” between the younger and older generations. This is principally associated with the deeply rooted persistent “negative stereotypes” in relation to the older people in Russian society. Up to now many Russians, not only the young people, maintain the conception of the old age in the form of Russian proverbs such as “A young man idle, an old man needy”, “Old wants to sleep, and the young - to play”, “Old age is no fun”, etc.

Persistent social negative stereotype in relation to old age and aging, first of all, is based on attributing negative qualities to the older people such as mental impairment, reduced interest in obtaining new knowledge, rejection of innovations and new ideas, and as a consequence, negative attitude towards young people, expressed in the sermons, proneness to conflict, ill humor, etc.

Existing prejudice among the youth on the role and status of the older person in society is aggravated by a cult of “personal success in society, expressed in the level of prosperity”, that just strengthens a negative image of older person, as a man with “low status of financial responsibility”, living in conditions of permanent saving money, “always dissatisfied” with the growth of prices and tariffs for electricity, water, municipal services in general, etc.

In particular, in Russia the retirement age remains unchanged since 1932 and is 55 years for women and 60 years for men. However, more than in the last 80 years the structure of the economy of the Soviet and then the Russian state has seriously changed. There are the current studies (Sinyavskaya, 2006) in which it is proved that 80% of pensioners are partially or fully capable to work, but not economically active due to ignoring the elderly as socially useful group in modern society. Imperfection of public structure of society, predominance of economic criteria in the evaluation of the development of modern society have the potential of contradictions, negative social phenomena manifested in “social distance” between younger and older generations. Today it is proved that these contradictions are the most evident in big cities, because the power of attraction of the young population (to work, study, etc.) increases in these cities. In addition, a new urban culture and a new social environment very quickly is formed in big megalopolises, that is focused on the efficient use of the economic potential of the cities, not noticing the accumulated potential of threats and contradictions for life and health of the elderly population.

Large influx of young masses in the big cities also transforms the communication relations of the population with city structures, authorities, society. For example, the unification of communication relations based on high-speed Internet begins to prevail, that significantly increases the autonomation of access to information of the entire population and independence from the environment of the individual.

However, for older people this transformation of communication relations in society in all areas of everyday life (polyclinics, banks, pension funds and social funds, etc.) can sometimes be of antisocial nature in relation to them, as the older and old people “have” the habits of former lifestyles, their “knowledge” and psychological adaptation to new technologies is not so fast and sometimes can have properties dangerous to their health.

This is why in this context the social studies of searching and identification of socially relevant factors, that explain the reasons of the low tolerance and increasing social gap in society between the older and younger generations in Russian society, become actual, because in this interrelation system “old-young”, the processes of distancing and isolatedness are increasing, increasing the deficient attitude towards the older people, such as “age-related deficiency (physiological, economic, social)”, that for the elderly person means leaving the society to “live the last years” on the sidelines of public life.

The increasing social distance and isolatedness of socio-demographic groups in the age of “17-22 years” and of “65+ years”, lack of sustainable social models of interaction between them, often cause the decreasing of the attractiveness of partnerships between these segments, to the “social distance”, that is manifested in social exclusion, misunderstanding, aggression or deficiency of personal relations. Underestimation and delayed response to the existing weak signals in the modern Russian society leads to the delay in responding to them by the society and to the further increasing the “social distance” in these generations.

## LITERATURE REVIEW

In the modern civilized world the age limits of human aging are shifted, people live longer, “the average life span” is objectively increasing and in many developed countries of the world reaches 70-76 years. But a healthy working life is usually 7-15 years shorter than the average life span, so the World Health Organization (WHO) today recommends to use the other indicators for monitoring of the “quality of public health”, and namely:

- healthy life expectancy at birth,
- years of healthy life lost (Disability Adjusted Life Years (DALY) is a total number of years lost due to preventable premature death and disability incidents),
- adjusted healthy life and activity (Quality adjusted Life Years (QALY) is the number of additional years of life due to the use of measures of prevention

or treatment, multiplied by the index of life quality ) (Health at a Glance, 2010).

Among the EU member states in terms of healthy life expectancy and in terms of healthy life expectancy QALY, Switzerland, Sweden, Italy are at the top. Russia takes the 133rd place in the list of 192 countries. According to the UNO, by 2030 the proportion of people older than 65 years on the European continent will comprise 24% (16% in 2000). The experts introduce for Europe the term “vital senility”, explaining that the number of older people will rise due to the decline in birth rates and a reduction of adult mortality.

Improvement of health care services, responsible attitude of people towards their health, healthy lifestyle and nutrition promotes the increase in QALY figures. For example, in Switzerland the number of additional years of life due to the use of measures of prevention or treatment, multiplied by the index of life quality, is 31.8 years, in Sweden, Italy and Germany - 20 years, and in Russia, this figure did not reach 16 years (Health at a Glance, 2010).

As for DALY indicator, according to WHO report, on average, a representative of the most “healthy” nation (for example, in Sweden or Germany) spends in the unhealthy state only 9% of their life, while for Russians this figure is 28%.

The studies (Bell et al., 2011) are interesting, which were carried out upon 21593 sources (medical records) in American clinics, during which the mortality risks were examined within the terms from 6 months to 5 years in people of 65 years and older and 16 basic predisposing factors were found:

- 6 are related to lifestyle in a particular society (social environment, loneliness, physical and social passivity, psychological discomfort, etc.),
- 2 - related to the nursing medical service,
- 8 - related to the medical care.

The authors of the study concluded that many factors may and ought to be influenced and reduce the risk of mortality in this population group.

In older people the recovery processes proceed more slowly, they are less perfect, which determines a lengthy period of rehabilitation and a lower effectiveness of therapy. We select among the major medical events needed for people over 65 years old: diagnostic examination (all types); therapy (the most efficient method of treatment of the older people - intravenous injection of drugs); sanatorium-and-spa treatment (all methods of spa therapy, including the combined physiotherapeutic methods, Physical therapy, terrainkur, massage, etc.); psycho-social work (Atchley, 1989; Blanchard-Fields, 2009; Fernández et al., 2003; Ljubuncic & Reznick, 2009; Longo et al., 2005; Lyons, et al., 2009; Mojtabai & Olfson, 2010; Wittmann & Lehnhoff, 2005).

There is no doubt that the sharp increase in the number of older people increases the number of chronic elderly patients that sometimes can cause inhumane actions.

For example, the authors of the above mentioned study (Bell et al, 2011) raise the relevant problem of inadvertent termination of treatment of chronic diseases in elderly patients, when after the discharge of severely ill older people from the intensive care units the doctors often discontinue therapy with statin, anticoagulants, respiratory inhalers, hormones, etc. This in the future causes the increase of frequency of hospitalization, that seriously aggravates the problem. System of geriatric treatment is principally changing when a serious emphasis is made on the outpatient treatment and the short stay hospitals including one-day hospitals. In this case, the treatment is no less effective than long-term treatment at hospital and much more cheaper. (Bowles, 1998; Malaspina, et al., 2008; Mattila, 1987). Abroad this issue is solved at the level of private insurance medicine, and the hospital-replacing technologies in most cases provide a solution to these problems (Eskes & Haanen, 2007; Strawbridge, 2002; Wachterman, et al., 2011).

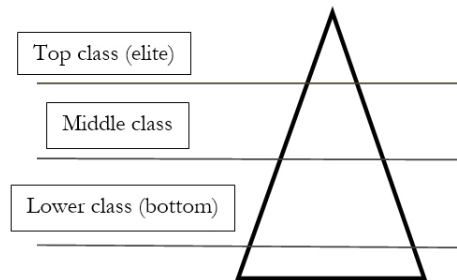
But with imperfect system of national insurance medicine in Russia there is impossible to provide such a treatment and the necessary types of treatment and medicines under the coverage of the policy of obligatory medical insurance (OMI). With regard to the voluntary medical insurance (VMI), it is aimed to provide medical services in addition to the guaranteed standard of medical assistance, or at the consumer's request in the volume exceeding the medical standard. In most cases, VMI due to high prices of medical services is not available for the elderly and therefore does not solve the problem of public access to health care for this population group. The standard of living of a person from “65+” social group is estimated with his/her income (Clark & Oswald, 2003), and above all - with the pension volume. The difference between the level of income of the pensioner and the level of satisfaction of his needs (for example, preservation of health, nutrition, leisure, socio-cultural tourism and recreation, consumption of goods and services) is great. The quality of life of a pensioner today is estimated with the framework of material deprivation, insufficient consumption goods and services, low level of satisfaction of nutritional requirements, medical services.

Dual points of view on solving the problems of ensuring the quality of health and life of elderly Russians, both by the authorities and certain groups of society gave rise to severe symptoms such as the ignoring the problems of the elderly by the society in general and treating them as a burdens (including the financial burden) on society and family. For example, in addition to the famous Russian sayings “Old age is not the joy”, “A young man idle, an old man needy”, some new popular expressions appeared: “Grandma's treatment costs 5 times more expensive than granddaughter's treatment”.

The specified features reflect the dialectics of development of society through the unity of contradictions - maximization of the high-technology medical progress and economic benefits in society, manifested in an increase of life expectancy exacerbates the social problems of society and certain social segments. This yields

the next paradigm - a medical paradigm of human aging, which is based on the following: old age cannot be avoided, and the scientific and technological progress and the quality of life of the population contribute to the growth of the average life span, the number of people older than 65 years is increasing, however, about 80% of elderly and old people inhabit the industrially developed cities, the ratio between the employed and unemployed is deteriorating, which causes the increase in the taxation of the employed citizens, the elderly and the old people require the additional pension insurance and the medical and social services require additional budgetary replenishment. This burden lies on the younger generation (Nitardy, 1943; North et al., 2008; Oswald, 1997; Philips & Allen, 2004).

Another important factor in the study of the problem of social distance in different age groups is the stratification of Russian society, which can be traced on the specified diagram of social structure of the society (Fig. 1). A social structure in the shape of a pyramid is typical for Russia. Elite, the top of the pyramid, is very small, but the lowest layer - the bottom of the pyramid, is really solid.



**Figure 1: Social Structure of Society (“Pyramid”)**  
*Source: The Author*

Social status, mentality, interests and behavior of social groups included into the lowest layer in Russia, are different. However, this layer acts rather as a victim of transformational processes in Russian society, because it has a low social potential and was unable to adapt to the severe constantly changing socio-economic conditions of life of modern society (crises, rising prices, reforms, inflation, etc.) (Nikitina, 2012).

This layer can be empirically identified based on such features as low personal and household income, unskilled jobs or lack of regular job. This layer primary consists either of older people, people of working age, people who have no regular occupation, the unemployed, as well as “honest poor people” from among the intelligentsia and “semi-intelligentsia”. The roles of all these groups are similar - they are all forced to adapt to changing conditions with an aim to survive, to preserve as far as possible the achieved status, to support the family, to make children stand on their own two feet. These groups include the youth, especially the segment of

"aged 17-22", which has similar characteristics (low income, lack of regular job). Thus, the two socio-demographic groups - the older people (pensioners) aged 65 and over and the young people aged 17-22 are combined in the lower layer of the pyramid. Thus, the social gap which is formed even between the groups located in one social layer is an important element of the Russian society and requires profound studying.

## RESEARCH METHODS

Empirical subject of research are the socio-demographic groups in Russian society, living in St. Petersburg, with age limits determined in the study as "17-22 years" and "65+ years". Empirical sample corresponds to the socio-demographic characteristics of the general population. Social groups of youth in the age of "17-22 years" and the older people in the age of "65+" were allocated according to the criteria of social identity, social engagement in the public life of the city. The groups were identified using the iterative method. In the first stage each group was selected according to theory based grounds, and further a "social portrait" of each group was created. The total volume of the sample amounted to 283 people, including: 165 people aged from 17 to 22 years - the age group "17-22" and 118 people aged from 65 to 91 years - the age-group "65+".

The main method of research was a questionnaire survey. The developed methodological tools included elements of scaling (Likert, Guttman scales), method of free associations, expert assessments, the content analysis and prototypical analysis was used. The task of a multilevel, complex analysis of conceptions was solved via the multi-stage studies; the data analysis using quantitative and qualitative methods. The social studies were performed in the period from February 20, 2015 to July 12, 2015.

## RESULTS AND DISCUSSION

For more profound investigation of the original hypotheses of social distance between the groups in one social layer, namely between the groups aged 17-22 and aged 65 and over, we have studied the subjective assessments of the material status of respondents from both groups.

Table 1 provides an assessment of the material situation given by the elderly depending on age (as % of each group).

Therefore, only in 2% of cases the respondents have adequate financial situation and enough money for a decent life, in most cases the respondents answered that sometimes economize on essentials (40.8%), nearly 10% of respondents said that they live on the edge of poverty. Table 2 provides self-assessment of the material situation and quality of life given by the young people in age segment "17-22 years".

**TABLE 1: ASSESSMENT GIVEN BY THE ELDERLY OF THEIR MATERIAL SITUATION AND QUALITY OF LIFE DEPENDING ON AGE (AS %)**

Age	Self-assessment of quality of life/financial situation					
	Adequate	Good, enough money	Normal, in general	Sometimes economize on essentials	Live on the edge of poverty	Often starve Have no money to pay rent
65-67	4.75	11.90	34.51	29.80	17.88	1.16
68-69	—	10.86	37.20	41.30	8.62	2.02
70-74	1.24	4.36	31.94	50.66	11.80	—
75-79	1.45	11.81	39.68	45.59	1.47	—
80-84	—	21.90	25.0	50.00	3.10	—
85-89	1.80	15.00	37.70	27.70	15.97	1.83
90 +	—	50.00	50.0	—	—	—
Average distribution	2.31	17.97	36.57	40.84	9.80	1.67

Source: Author's Data

**TABLE 2: DISTRIBUTION OF STUDENTS AND YOUTH IN AGE SEGMENT "17-22 YEARS" ACCORDING TO THE QUALITY OF LIFE (AS % OF THE NUMBER OF RESPONDENTS)**

Self-assessment of the quality of life	Total distribution	Senior high school students	College students	Students of higher educational institutions	People combining study with work
Hardly make both ends meet	4.0	1.1	4.9	8.2	6.9
My money is enough only for food and cheap clothes	16.5	13.0	12.7	13.0	11.9
Can't afford expensive things	27.4	23.6	30.5	29.9	27.2
Cannot buy a car or travel abroad	16.3	20.2	16.3	11.5	17.4
No financial problems	1.8	2.2	2.5	0.6	2.6

Source: Author's Data.



About 2% of respondents among the young have no financial problems. Expensive things, car, traveling abroad are not available for young people in this socio-demographic group.

Thus, the material status and self-assessment of the quality of life in these social groups are similar. As well as older people, the young people have to economize, including on essentials.

At the same time for each person the level of per capita income, providing for “the normal living”, presents the indirect assessment of his welfare, ensuring the satisfaction of basic needs. The subjective, very different conceptions of the individuals and the groups on the idea of “normal life” compile this indicator. The social-demographic groups under consideration have differing views on the image and the quality of life and material well-being. The continuous fall of living standards makes the elderly population limit their consumption, refusing many elements of the previous way of life: buying the various food products, fruits, using the household services, tourist trips, health-resort treatment, newspapers and magazines subscriptions, long-distance telephone calls, and other things. As the elderly are getting used to the deteriorating living conditions, their conceptions on the adequate level of income decline.

The young people, on the contrary, form the cult of consumption of expensive goods and services, because their worldview to a greater extent is formed under the influence of persuasive advertising in Internet, media, contemporary cinema, in which they see every day a different style of life, Western models of consumption, which results to the increasing of their claims to income.

It is a known fact that the today’s society very quickly develop the cult of money as opposed to the unsolved and frozen social tasks in society. The prices for medicines, food, municipal and transportation services are increasing, that creates a mindset in the young people “If you have no money you will get nothing”.

Based on the above review, it is expected that, despite the fact that the self-assessment of the quality of life in these groups is similar, the conceptions of the elderly and the young people on the level of adequate income are strongly differentiated. The “social conflict” between these conceptions of the social layers on the “adequate” income levels vary by needs, lifestyle, and plans for the future.

The second stage of the survey included the estimations of adaptedness of respondents from both groups to the modern social conditions. We have investigated their social mood of the socio-demographic groups as the indirect characteristics of their adaptedness to the changing reality. The better is the mood, the more likely is the active participation of these groups in the socio-economic, social and innovative activities and their successful adaptation, and the worse is it, the more likely their inability to adapt to the rapidly changing conditions of modern life (Table 3).

**TABLE 3: SOCIAL MOOD IN THE AGE GROUPS “17-22 YEARS” AND “65+ YEARS” (AS % TO THE NUMBER IN EACH GROUP)**

<i>Characteristics</i>	<i>Social groups</i>	
	<i>“17-22 years”</i>	<i>“65+”</i>
Self-assessment of well-being:		
Good, very good	13	8
Average	60	51
Bad, very bad	27	41
Self-assessment of living conditions:		
Life is not so bad	17	9
Life is hard, I have to bear discomfort and hope for the best	62	54
I am in a terrible plight, and badly need money, it is difficult to survive	21	37
Total mood:		
Fine, normal, calm	52	38
Stressful, irritated	43	44
Anxiety and fear	5	18

*Source:* Author’s Data

The question on the estimation of welfare (the most “controversial” for respondents from both groups) revealed the following: the representatives of both groups gave generally similar answers, however, the young people give more positive assessments of their welfare than negative. The question in our questionnaire on self-assessment of living conditions, is more comprehensive, and its essence is to identify the opportunities of respondents from both groups to adaption. The answer “Life is not so bad” was chosen by the respondents who had adapted to the new reality, full of vitality and hoping for the future. The answer “Life is hard, I have to bear discomfort and hope for the best” characterizes the average adaptedness of respondents. This answer was the most common in both groups of respondents. Another answer “I am in a terrible plight, and badly need money, it is difficult to survive” indicates a heavy disappointment, loss of hopes, low self-esteem. The ratio of respondents in the age groups “17-22 years” and “65+ years” who had chosen the first and third answers can be considered as a measure of social optimism. The adaptedness ratio is 81% for the segment “17-22 years” and 24 % for the segment “65+ years”.

The last question of this stage of survey concerning the respondents’ assessment of their total mood was principal. The question relates to the everyday life of respondents. Answers to this question depend on many circumstances, which could

have influenced on the respondents at that time (health condition, family problems, random failures etc.). The structure of answers in groups helped to identify the following tendencies. If you add up the number of respondents in each group, that describe their mood as "normal, calm" and attribute it to the number of answers of respondents who describe their mood as "stressful, irritated" suffer from "anxiety and fear," the index of mood in the age group "17-22 years" is 108%, in the age group "65+ years" - 61%.

On the basis of the received data, the social well-being in socio-demographic group of "17-22 years" may be described as optimistic and well balanced, while in socio-demographic group of "65+" there is an adverse feeling due to the low social status, financial difficulties, failure to find a good job in the new economic environment.

Additional questionnaire survey was performed among the task group of people aged from 17 to 22 concerning the study of tolerance of young people to the social role of older people. The survey revealed that more than half of the respondents are not ready for social contacts with the elderly, do not know how to build friendship with people in this social group (friendship with the elderly as with relatives were excluded), do not want to work in a team where there are elderly people. It should be noted, however, that the students answering to the survey questions, tried not to choose the most categorical answers "no" and "never", replacing them with the answers "No rather than Yes", "or "Difficult to answer" (with the availability of the answers "Yes", "Yes rather than No"). During the "after the survey" discussion the students explained their position, that the negative attitude toward the elderly is not approved by the society, so they wanted to give more gentle answers. This example, however, only demonstrates the great social distance between two social groups: the younger generation (aged 17-22) and older people (aged 65 and older).

Thus, in the process of strengthening the social stratification of society the concepts on adequate income, minimum cost of living, achieving the goals, lifestyle are more and more differentiated on the grounds of financial status, the traditional norms and rules of behavior are destroyed, that is manifested in "social distance", which is formed even between the age groups of "17-22 years" and "65+ years" in the same social layer.

## CONCLUSION

While analyzing the problems of emerging "social distance" between age segments of "17-22 years old" and "65+ years old" the following essential features and properties may be highlighted:

Maximization of high-technology medical progress and economic benefits in the society that is manifested in increased life expectancy aggravates the social problems in certain social segments, especially in the "65+ years" age segment. The increase

in the number of elderly and old people living in the industrially developed cities leads to deterioration of the balance between employed and unemployed citizens, which causes the increased taxation of the employed citizens. Material reserves for socio-economic development of older people in big cities are not sufficient (the elderly and the old people require the additional pension insurance), and the medical and social services require the additional budgetary replenishment. This burden lies on the younger generation.

Developing urbanization processes, the concentration of young people in big cities change the ratio of social layers in the society. Big cities are facing new realities and challenges, and first of all, the objectives of solving the youth problems: housing, jobs, fighting the anti-social phenomena (drug addiction, etc.), which also requires the additional material reserves.

Given the predominance of economic criteria in assessing the development of big city, the effective demand of the population is of great importance. It is this demand that determines the development of urban industries, urban infrastructure, service industry. With regard to this, certain socio-demographic groups (such as pensioners) are not viewed as groups determining the ways of further development of the city and the urban community, so, as a result of this defective social policy in this group the problems of living conditions associated with health (physiological and psychological), household, well-being are being aggravated.

The scale of the problem requires further in-depth analysis of the cause and effect relationship in social gap increasing especially between the young and older generations in the Russian society. This is why even nowadays measures have to be taken aimed at preventing or reducing the adverse social processes in the Russian society.

The author believes that the complex of the described problems of “social distance” in society in relation to the demographic group “65+ years” will be developed in the future. The development will be characterized by qualitatively new directions of state social policy with a goal to reduce the social gap in society between the various socio-demographic groups.

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