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Activity theory as a foundation for active ageing policy: the Maltese experience

DOI 10.24917/27199045.181.1

Keywords: demography, gerontology, ageing welfare, activity theory, active ageing

Abstract

Reflecting upon the possibility of value-free policy that is unfettered from any epistemic morals, this article focuses on the overt and covert influences involved in the choice of the Maltese government to hinge ageing policy on activity theory. The influence of activity theory on international and national ageing policies reached unprecedented heights as the World Health Organization, United Nations Economic Commission for Europe and European Union all began championing the concept of active ageing as the foundation for ageing policy in their respective member organisations. An Active Ageing Index was also developed to quantify the extent to which older persons can realise their potential for active ageing lifestyles. Malta also supported such a policy ethos and in November 2013 the Maltese government launched the *National Strategic Policy for Active Ageing: Malta 2014–2020*. While this strategic policy was successful in enabling higher rates of employment, social participation, and independent living amongst persons aged 60-plus, at the same time it overlooked the heterogeneity of older persons in terms of socio-economic status, gender, ethnicity, sexuality, disability. The possibility that active ageing lifestyles are stifled by older persons' experiences of ageism and age discrimination was also overlooked. It is argued that the second *National Strategic Policy* for active ageing policy in Malta, targeting the years 2021–2027, mitigates against such lacunae by employing a more democratic understanding of activity theory and active ageing ideals.

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Introduction

Max Weber's (1949) advocacy of a value-free policy that is unfettered from any epistemic morals has been subjected to widespread criticism in the second half of the past century. Critics argue that the contrary is really the case and that for public policy to be socially relevant it needs to become consciously value-relevant and not value-free (Gray, 1983). Social planners, the argument continues, cannot analyse the effects of social structure and change in an ethically-neutral context if their recommendations are to be relevant for the vulnerable members of society. Ageing policy is no exception to such debate and one finds much discussion as whether there can be such a thing as purely empirical ageing policy that is divorced from philosophical and analytical underpinnings (Pierce & Timonen, 2010). Many argue to the contrary, and point out that theories influence policy makers "to systemize what is known, explain the how and why behind the what of our data, and change the existing order to solve problems" (Bengston et al, 2009: 3). In fact, contrary to the erroneous belief that theories are the sole prerogative of academics the whole oeuvre of public policy is always hinged on some hypothetical stance. Admittedly, such ideological pivoting is never explicit, especially since the hegemony of 'third way' politics in the 1990s. Yet, a socio-historical analysis of welfare policies for older persons have always uncovered a strong overlap between the dominant theory of ageing of the day and the character of public policy on ageing (Pierce & Timonen, 2010). For instance, the predominant role theory in the 1940s was founded on the conjecture that inactivity is normal in later life and had a negative impact on older persons' social and psychological well-being. As a result, the prevalent social policy of the post-war years was to encourage older persons to either maintain their existing activities or replace the ones that they had lost with new ones.

This article focuses on the overt and covert influences involved in the choice of the Maltese government to hinge ageing policy on activity theory. It argues that the management of ageing policy in Malta is neither the result of coincidence nor chance but based upon policy makers' awareness of the promising potential of active citizens to continue participating in social, productive, and cultural affairs which are all highly beneficial to economic growth. However, all that glitters is not gold and the adulation of active ageing may also be counterproductive and ultimately oppressive. This is because idealisms of active ageing risk ignoring the real physical and mental abilities and limitations of people's bodies, by imposing oppressive normative standards which could result in some groups, such as frail older persons for example, to experience social exclusion and marginalisation.

Activity theory: Origins and development

The activity theory of ageing was developed as a psychosocial theory to describe the individual and social life conditions that promote a maximum of satisfaction and

happiness while individuals adapt to the multiple challenges of ageing. It claimed that the needs of older persons were essentially the same as those of middle-aged people, and thus, suggested that the optimally ageing person is one who remains engaged with the social world by maintaining the activities of middle age as long as possible (Versey, 2015). Activity theory made contradictory statements to disengagement theory which promulgated a gradual detachment from social roles in later life as an individual's natural and adaptive response to ageing (Cumming & Henry, 1961), although it is noteworthy that activity theory does not reject that some form of disengagement can occur with advancing age. Indeed, activity theory regards any possible detachment as a product of society's disinvestment on older adults rather than a manifestation of ones' needs and wishes. Havighurst, Neugarten and Tobin (1968) summed up the main premise of activity theory in the following terms:

The older person who ages optimally is the person who stays active and who manages to resist the shrinkage of his [sic] social world. He [sic] maintains the activities of middle age as long as possible and then finds substitutes for those activities he [sic] is forced to relinquish: substitutes for work when he [sic] is forced to retire; substitutes for friends and loved ones who he [sic] loses by death.

Havighurst, Neugarten and Tobin, 1968, p. 161

Activity theory therefore gravitates around four core concepts – namely, activity, equilibrium or homeostasis, adjustment to role loss, and life satisfaction (Havighurst 1961). The 'activity' concept was perceived as having such an important relation with the personal adjustment of people who were more mentally, physically, and socially active. This concept implicitly assumes the idea that an individual should maintain the level of activity kept in middle-age and that the pattern of activities must be preserved with minimum downward adjustment. Those activity patterns are meant to fill the older person's needs, which is being kept the same since middle-age call for the maintenance of the 'equilibrium or homeostasis' conquered at that life stage. Moreover, it is believed that the absconding of roles following and during the transition to later life leads to possible experiences of isolation, depression, lower life satisfaction, and lower self-esteem. According to activity theory, lost roles and activities in later life should be replaced by other activities on the premise that interaction with others are a central feature in the sustaining of social selves and identities during the life course. Finally, it was theorised that participating in social activities leads actors to experience a sense of zest, enthusiasm, accomplishment, self-esteem, and optimism. Indeed, life satisfaction consists in a key indicator of psychological adaptation and wellbeing in later life, whereby the maintenance of activity in older age is motivated by the need to keep a socially supported self-structure that would bring about higher levels of wellbeing and quality of life.

In due course, the 1970s witnessed a renewal of activity theory. For instance, Lemon and colleagues (1972) moulded it in a symbolic interactionist theory to argue

that the maintenance of activity in later life is motivated by the need to keep a socially supportive self-structure that would allow life satisfaction. Such a mechanism would consist in preserving activity by replacing lost roles that would maintain role support and, in turn, would improve self-esteem. Lemon and colleagues' thesis also posited that activities can be designated to three categories – namely, informal, formal, or solitary:

Formal activity refers to participation in social or formal voluntary organizations. Informal activity describes interpersonal interaction with friends, relatives, or members of a community. Finally, solitary activity includes pursuits that can be done alone, such as listening to the radio, watching television, or certain hobbies.

Versey, 2015, p. 11

For Lemon and colleagues (1972), while solitary activity provides the least opportunity for role support, informal activity possesses the greatest opportunity for social integration due to the intimate nature of interpersonal activity with relatives, friends and acquaintances. Hence, informal activity constitutes the most useful resource in mitigating against the challenges brought on by one's transition into later life.

Activity theory is not without its critics. While it proposes that maintaining activities helps to 'extend' middle age, therefore delaying the ageing process or the adverse outcomes of growing old, some argued that this statement remains unproven (Bengtson et al. 2009). In fact, many people have no desire or interest to sustain a high level of activity or the attitudes of middle age as they enter and settle in later life, and may not want to replace some of the activities that they have lost. Although Havighurst (1961) put forward a number of assumptions about the relationships between personality and successful aging, activity theory disregards several factors, such as personality traits and lifestyle, which influence the relationship between activity and life satisfaction. Life satisfaction among older people is dependent not only on the amount but also on the type of activities in which they are involved (Harris, 2003). Moreover, contrary to Lemon and colleagues' (1972) assumptions, research concluded that the type of activity alone is not a significant mediator in the relationship between activity and life satisfaction and one needs to pay attention to the meaning attached to it (Memec, 2003). For instance, in a study of older adults and solitary activity, solitude was a major part of later life. However, this facet of daily life was not always experienced as a negative experience, and most older persons did not agree that being alone is always emotionally harmful. Critics pointed out that this free time was channelled into challenging yet enjoyable activities such as reading, crossword puzzles and walking. As Versey (2015) argued, additional research found that the link between activities and life satisfaction includes a number of mediating factors such as accessibility of activities, levels of commitment, freedom of choice, and quality of the activities. It is only when such conditions are met that engagement in activities is likely to create meaning, life satisfaction and sustained participation. Finally, critics claimed that activity theory tends to overlook health status (e.g. physical or cognitive decline), economic-related

inequalities, and diversity issues (such as gender, ethnicity, location of residence, disability and sexuality among others) that may function exclude older adults from engaging in certain activities of their choice and preference (Formosa & Cassar, 2019).

Ageing policy in Malta

The number of national and international policy documents making a reference to activity theory is extraordinary. The Older American Act (1965) is a paradigmatic example of how activity theory influenced an extended spectrum of programmes for older persons aiming to promote an independent ageing in the community. A similar degree of influence is found in the White House Conference on Aging (1961) which stressed the obligation and fundamental right of older persons to remain ‘useful’ through participation activities, civic affairs, and employment. More recently, activity theory played a pivotal role in the World Health Organization’s (2002) recommendations for a positive and healthy old age:

If ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health, participation and security. The World Health Organization has adopted the term ‘active ageing’ to express the process for achieving this vision. Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.

World Health Organization, 2002, p. 6

The influence of activity theory on ageing policy reached unprecedented heights as the United Nations Economic Commission for Europe (UNECE) and the European Commission’s directorate General for Employment, Social Affairs and Inclusion developed the Active Ageing Index to quantify the extent to which older persons can realise their potential in three distinct domains that determine their experience of healthy and active ageing – namely, employment, social participation and independent living (Zaidi, 2020). Such a project was highly consequential for UNECE countries, which also include transcontinental Eurasian countries and non-European Member States, to formulate their national ageing policy according to the overlapping interface between activity theory and active ageing. Malta also supported such a policy ethos and in November 2013 the its government launched the *National Strategic Policy for Active Ageing: Malta 2014–2020* (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2013). Herein, active ageing refers to enabling the expanding population to remain healthy (reducing the burden of health and social care systems), stay in employment longer (reducing longer pension costs), whilst also fully participating in community and political processes. The implementation of the

National Strategic Policy was not simply contented with the location of technocratic solutions, but remains unyielding in its quest to contribute towards a fairer society, one that is based on the principles of social justice. Indeed, the *National Strategic Policy* is underpinned on three key values. First, that Malta is truly transformed into a 'society for all ages', one that adjusts its structures and functioning, as well as its policies and plans, to the needs and capabilities of all, thereby releasing the potential of all, for the benefit of all. The value of 'intergenerational equity' constitutes a second unfailing dimension. Ageing policy in a democratic society champions equal respect, equivalent opportunities, and comparable living standards between different generations. It is important that policies on active ageing communicate the dimensions of respect and what citizens, as opposed to government and policy experts, regard as the rights appropriate to different stages of life. A final emphasis present in the *National Strategic Policy* is empowerment, as it demonstrates a commitment to renew public policies on ageing so as to revolve around the needs and wishes of the older population.

The *National Strategic Policy* sought to improve the quality of life and wellbeing of Maltese older persons through policy work in three distinct areas – namely, employment, social participation, and independent living:

Employment. The policy framework warrants that contemporary economic policies contribute towards promising levels of older workers, whilst enabling persons above statutory retirement age who desire to continue working to achieve their objective. These objectives are necessary so that societal economies mitigate against falling levels of working age populations and the impact that this has on dependency ratios and skills shortages, facilitating the reduction of potential future poverty amongst older persons through early exits from the labour force, and supporting the potential of older workers to play an important part in delivering future economic growth. In this respect, it offered the following policy recommendations: continuing vocational education and training for older adults; improvements in healthy working conditions, age management techniques, and employment services for older workers; taking a stand against ageism and age discrimination; and a tax/benefits system.

Social participation. It is well-documented that individual aspirations alone are not enough to sustain participative lifestyles. The determination of older adults for optimal levels of social engagement will always encounter a range of structural barriers, difficulties that may result in unwelcome experiences of material and social exclusion. In this respect, the policy offered the following policy recommendations to augment the levels of social participation in later life in Malta: ensuring an adequate and sustainable income for all older persons; providing adequate financial and social resources for older persons to live in dignity and participate in society; developing and implementing national programmes to involve older people as volunteers; supporting Local Councils in taking a leading role in the provision and coordination of late-life learning initiatives in their community; and initiating a digital inclusion programme.

Independent living. The strategic policy underlines that society should not be content solely with a remarkable increased life expectancy, but must also strive to extend healthy life years. Strengthening measures of health promotion, care and protection, as well as disease and injury prevention at all ages enables more older persons to lower their probability of illness and disability, whilst aiding them to ensure high physical and mental functioning that fosters independent living. This in turn entails the opportunity to live in age-friendly and accessible housing and local communities that are sensitive to the needs and services sought by older individuals, and that provide accessible transportation to enable participation in activities of independent living. Indeed, active ageing is not in conflict with the reality of increasing medical burden with advancing life. Rather, it calls for maximising older individuals' autonomy and participation to the highest possible extent whether residing in the community or in care homes.

From accomplishments ...

The choice of the Maltese government to base the country's national ageing policy on activity theory resulted in a number of services aimed at enabling older persons age-in-place as long as possible. Most importantly perhaps, constituted the various efforts on behalf of the government to strengthen the presence of older workers and adults in the labour market. Publicity campaigns to promote active ageing have been carried out on various media such as radio and street billboards. These campaigns have promoted the qualities of older workers among employers, and tried to encourage older workers to improve their employability through lifelong learning. Government budgets included two measures meant to attract older people to the labour market. The most significant measure was the change in the legislation so that workers of pensionable age would be able to continue working without losing their pension entitlements, irrespective of the amount they earn. Although collective agreements in Malta tend not to focus specifically on older workers, there exists some industrial relations practices, often based on the Maltese employment legal framework, that assist older workers to remain employed. For instance, the last-in first-out practice is advantageous for older workers. The 'Temporary Agency Workers Regulations' served to enable older people join or remain further in the labour market, albeit on temporary contracts. As regards the training and re-skilling of older workers, the Employment and Training Corporation developed successful schemes which subsidized the employment of persons aged 40 and above. The *Employment Aid Programme*, to mention one scheme, sought to facilitate access to employment for several disadvantaged social groups by giving financial assistance to those employing them.

Other policy initiatives at the forefront of the government's attempts to improve the levels of active ageing in Malta included the transformation of Day Centres for Older Persons into Active Ageing Hubs that fulfil the role of 'lifelong learning hubs'.

Parallel to such learning activities there also exists nationwide learning modules on information and communication technology for persons aged 60-plus in a number of e-learning centres. Moreover, Active Ageing Hubs now include Representative Committees which are functioning to enable older persons run and coordinate such organisations. Pre-retirement learning programmes are also being run on a nationwide scale. At the same time, community welfare services range from the handyman service provides older persons living in the community complimentary repair jobs to the incontinence service provides diapers at heavily subsidised prices. Night-shelters offer older persons who live alone a secure and protective environment to spend the night in, and the respite service targets families who take care of their elder relatives at home by providing three weeks of care service in a care home for older persons. Other services include the Telecare Plus service which enables subscribers to call for assistance when required, the Home Help service which offers non-nursing personal assistance and light domestic work, the Meals-on-Wheels service which supports older persons who are unable to prepare their meals, and the Live-in Carer service which provides financial support to older persons who employ a full-time carer of their choice to assist them in their daily needs. Domiciliary health services include a mobile interdisciplinary team made up of administrative staff, nurses, occupational therapists, podiatrists, personal caregivers, physiotherapists, social workers and dentists.

Fully aware that the human rights to be active in later life need to safeguarded, the government also enacted a number of policy developments as far as legislation on elder abuse is concerned. In addition to establishing the Office for the Commissioner for Older Persons, it introduced new forms of deterrent measures in the Maltese Criminal Code which include innovative concepts to ensure maximum protection for older persons, even from relatives. This legislation in fact allows the possibility that persons convicted of crimes where older persons are victims will be liable for damages upon sentencing – thus, eliminating the need for older persons to pursue the perpetrator for damages through civil law. Another ongoing measure is the ratification of a *Protection of Vulnerable and Older Persons Act* which will make possible a preventive, ameliorative, remedial, and punitive role for the justice system so that the human rights of vulnerable citizens are also catered for.

Finally, the publicity surrounding the concept of active ageing also resulted in a higher uptake in applicants to read for a graduate programme in either gerontology, geriatrics or dementia studies run by the Department of Gerontology and Dementia Studies at the University of Malta. This department was also instrumental in accessing funds from the European Union to provide a 28-hour intensive training program on dementia management and care for all nurses working in public care homes for older persons and geriatric settings. Last but not least, while the University of Malta coordinates a vibrant University for the Third Age, which includes around 800 members and operates in seven centres, in 2019 it launched the first University of the Fourth Age. Malta has indeed taken a leading role on the conceptualisation and documen-

tation of active ageing initiatives in care homes for older persons and with persons with dementia; thus ensuring that no older persons is left behind as far as the possible participation in active ageing initiatives are concerned (Formosa, 2019).

... to shortcomings

In its compulsive drive to hinge ageing policy on the premises of activity theory, the *National Strategic Policy* overlooks the heterogeneity of older persons in terms of socio-economic status, gender, ethnicity, and sexuality. At the outset, there requires a serious discussion of the intersection between economic capital and gender within such a social policy framework. While in the past opportunities for social engagement in later life were quasi complimentary, as they revolved around the family and religious activities, in contemporary times most social activities are consumerist in nature. As a result, there is a strong correlation between engagement in active ageing and financial capital whereby older persons who experience risk-of-poverty lifestyles are less likely and able to join their peers in leisurely and meaningful activities. The different life course experiences of men and women also have an impact on the ability to engage in active ageing. Although women are in greater numbers among the older population, especially in the group of old-old, and despite the fact that women face unique challenges in later life, such as higher rates of poverty and lack of caregiver network, such unique challenges are not specifically addressed in the *National Strategic Policy*. As Calasanti (2003 : 202) argued, active ageing is geared towards “middle-class whites with sizable pensions and large automobiles... marked by ‘compulsive tidy loans’ and populated by ‘tanned’ golfers’ ... attained only by men whose race and class make them most likely to afford it”. Indeed, one can add that the *National Strategic Policy* is elusive as how older persons form minority ethnic groups might differ in patterns of active ageing when compared to average Maltese citizens. Such differences will become of increasing importance in the foreseeable future now that an increasing percentage of the residents in Malta are not Maltese. Undoubtedly, local policies should ensure a common analysis and vision on long-term care that traverse ethnic statuses, one that supports the development of fair solutions to improve the wellbeing and dignity of all, irrespective of one’s ethnicity. Similarly, one notes a lack of attention on the daily lives and unique needs of non-heterosexual older persons. Current discourse on older people’s needs and citizenship is framed by a heteronormative perspective which marginalises older persons from the lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LBTIQ) community. Most centrally, the ‘invisibility’ of older lesbians and gay men at ageing policy in Malta means that such people face high risks of exclusion. While the onset of later life raises the possibility for social exclusion irrespective of one’s sexuality, being old *and* lesbian or gay compounds this possibility, leading to double and triple jeopardies whereby lesbians and gays face age, sexist and sexual forms of discrimination.

In its inclination to overcome the deficit model of old age, the *National Strategic Policy* joined the coalition that sings the praise of the ‘new elderly’ by celebrating their virtues and resources. This positive stance characterises, more or less, much of mainstream gerontology, which van Dyk (2014) termed as ‘Happy Gerontology’ due to its efforts to promote positive views on old age by overlooking physical and cognitive frailty, as well as ageism, while at the same time stressing the continuities between midlife and independent/active later life. On one hand, active ageing in Malta tends to emphasise physical activity at the expense of mental capacity, and thus, over idealise a particular model of ageing. Indeed, both objective and subjective expectations for active ageing are typically framed from ‘youthful’ and ‘middle-aged’ standpoints which are certainly not always congruent with the lifeworld of older persons. Political discourse on active ageing tends to be hinged upon the ‘successful ageing’ paradigm, a viewpoint which fails to acknowledge the “cumulative disadvantages, status divisions and life chances that marginalize and devalue the lives of older people” (Katz, 2013, p. 61), and hence, renders the presence of physical and cognitive frailty as a *persona non grata*. The *National Strategic Policy* focuses its energy and efforts on celebrating and propagating the so-called ‘third-age lifestyle’ at the expense of older and more defenceless people in the fourth age. Active ageing policy in Malta does not aim for a general revaluation of old age but rather an attempt to liberate healthy retirees from negative age-stereotypes whereby older persons who are dependent on care or suffer from dementia or severe chronic disease have no place in active ageing policy. On the other hand, the possibility for active ageing lifestyles in later life is stifled by ageism as older persons experience high levels of age-related social exclusion – such as when younger people either address older persons in benevolent-yet-patronizing ‘baby talk’ and exaggeratedly slow and loud over-accommodation, or practice forms of physical and psychological distancing. Ageism may also lead to outright age discrimination, especially in employment circles, when older job applicants are rated less positively than younger ones even when they are similarly qualified. Since ageism induces ageing persons to hold ageist attitudes towards themselves and same-aged peers, many older adults consider ‘being old’ an undesirable category. This is evidenced by acts of ‘internalised microaggression’ such as when either older persons rationalise unfair assessments from others by apologising for their slowness, or when older public speakers engage in age blaming by drawing attention to their perceived deficits due to ageing. Such internalised ageism may also result in self-exclusion from engaging with other social groups in community events if older persons perceive themselves to be ‘too-old’, and if they are anxious that the social interaction with friends and acquaintances will be difficult, discriminatory, or even lead to immediate misunderstandings or rejection (Swift et al., 2017).

Conclusion

Although the concepts of the active theory as a basis for an active ageing policy are still relatively new in Malta, one can already observe a degree of improvement in

the quality of life and wellbeing of older persons. For instance, one notes consistent improvements in the Active Ageing Index for Malta to the extent that the United Nations Economic Commission for Europe & European Commission (2019, p. 12) concluded that “even though Sweden is the country with the highest score in all years, Malta is the country undergoing the sharpest increase between 2010 and 2018, with the growth of 7.1 points”. However, this is not the same as saying that all is well within this paradigm shift. There are too many fragmented actions, and one still to find the right balance between the triumvirate of employment, social participation and independent living. At the same time, the passion for an active lifestyle in late life was extensively steeped in a homogenous view of older persons that neglected the wide-ranging diversity within such a population cohort. It is augured that the second *National Strategic Policy* for active ageing policy in Malta which will be targeting the years 2021–2027 mitigates against such lacunae by employing a more democratic understanding of activity theory and active ageing ideals.

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