Old age (third age) is known as the period of regression in which the fragility and the involution are dominating. Steps after the year of 65 are characterized...
by the appearance of some clinical problems and the mental experience terminal stage. Of course, this depends on the individual's native heritage, its life style, education, culture and instruction, what he has accomplished, on his conception over the world.

**Keywords:** elderly person, characteristics, native heritage, life style, culture, instruction

Over time there were accumulated important information regarding old age, revealing the fact the old age is an age of wisdom, antechamber of death and balance, of tolerance, and peace with the world, of freedom from vanity and urge for a disciplined life for the youngsters. If these are the general characteristics of silver age it should be noted that there are some old people with regressive disorders manifested by selfishness, isolation, irritation, rejection of others, with negative and anxious attitude.

In the Renaissance there were recommending travels for those who have the means necessary and there was realizing a shift towards science and humanism. At the same time, there was manifesting an certain attention towards old people and as a result, nursing homes and other institutions are emerging for those unable to work, the elderly, the handicapped, etc.. Also, there are scientific concerns to the investment related to old age psychology and are being focused on health issues and astrology. So the Renaissance brings a change of mindset regarding the ages of men in which the silver age (the third age) is treated more carefully.

Such concerns are more evident in the following centuries.

The Eighteenth century is characterized by an emphasis of the study of old age. In general, progress has been made in the study of
anatomy and pathology of old age and were described the specific behaviors putting into focus the mental degradation that may occur due to aging. Medical and biological discoveries of the nineteenth century encouraged the research related to childhood and old age. There were discovered remedies for various diseases, to treat infections and prevent illness which led to decreased mortality and ensuring better living conditions. A number of scientists have carried out interesting experiments regarding the administration of elixirs or animal organ transplants on humans to maintain physical and mental vigor.

From a psychological (1996) perception, techniques are being developed to stimulate mental activity and regenerative therapies of various functions with positive effects on human activity. The development of drugs industry, prevention, and social protection has created hope for longevity and better conditions for human development. Still being out of work and living old age alters the behavior and the way of relating to others.

The psychological and medical literature can be noticed a number of disputes about the concept of old age and that of the actual periods of involution. These arguments are generated by the fact that, on the one hand, the aging is different from one person to another and, on the other hand, it is dependent too on the bioclimatic (geographical) environment in which the individual is living. There should not be neglected neither the material conditions, standard of living, psychological factors, pollution of any kind, maintaining professional and social concerns that are all influencing aging.

From a psychological perspective, explaining the age old age is commonly reported to behavioral theories. Recent theories such as the learning ones, the development and continuity tries to capture, on the
one hand, the specificity of those ages, and on the other hand, the general characteristics that enable their inclusion in all human existence. These theories detached from overstressing accent granted to early ages of life and emphasizes the availability of elderly man towards learning, progressive accumulation and accommodation, adaptation, as essential aspects of personality restructuring. From the perspective of psycho-therapeutic schools there is a reconsideration of the cognitive theories, fields and dissonance to determine dynamic methodologies of positive influencing the people who are in critical condition. All these efforts have contributed to the completion of psychological picture of silver age. So there are defined new fields as those of "psychological geriatrics","Geropsihology " or " psychogeriatric" that deepen some specific sides of human evolution from the perspective of its conclusion and of a special contribution to protect those exhibiting needs for expert assistance.

Citing the criteria used during the previous ages, old age (third age) can be divided by the type of activity and by the type of fundamental relationships in three sub-periods:

- sub-period of transition to old age (65-75 years)
- sub-period of average old age (75-85 years)
- sub-period of big old or longevity (after 85 years)

During this period, the sub-identities take on a new configuration and they change according to the factors listed above, but also on the basis of psycho-physical health of the individual. So the fundamental type of activity and the type of relationship is characterized by restricting the professional employment and social area (2001) [6]. But the marital sub-identity remains active. The parental sub-identity becomes expansive again due to the emergence of grandchildren which alternates with
emotional and mental satisfaction by living through the descendants. The phenomenon emphasizes when the somatic diseases begin to appear. At men are frequent the respiratory illnesses while women have more frequent the affective disorders. Men are more concerned about their health, and women are more attentive to the health of their husband.

In average old age sub-period (actual) parental sub-identity shrinks slightly, and social sub-identity remains through the desire of the person to exercise, but the opportunities remain limited. Degenerative diseases often reduce mobility. Frailty and mortality is higher.

In the great old age sub-period types of sub-identities contract, appear overlapping of identity, confusion. Nowadays the expectation of longevity increased a lot, from about 70-75 years to 90-100 years.

Viewed in terms of contribution to the activity, the physical and mental health of the elder we can talk of social, biological and psychological ages. The regression occurs primarily in one of these planes. The changes in the social plan relate to the behavior and the adaptation and are due to the regressions in the biological and the psychological plan.

The most significant phenomenon, from a biologically perspective, is the decrease of energy instincts (decreased libido) after that on the end of adult phase the cancellation of procreative capacity occurs. Generally, there is producing a series of biochemical changes (hormonal), trophic and functional at the level of various organs. In this context, the aging of cells and tissues plays a dominant role. Physiological aging, as opposed to pathological aging, is carried out with special seismic give the fact that the body has compensatory capabilities that help the balance and the adjustment.
By the aging of cells and tissues appear a series of features in external plan among the obvious are the skin’s overall appearance. Thus, the skin loses its elasticity, becomes thinner, lighter and paler. Those characteristics are based on trophic decline and fall of skin irrigation. Pigmentation is often obvious and burglaries subcutaneous capillaries form small purplish spots. The phenomena of wrinkling and pigmentation of the skin are more pronounced on the face and hands area. The mimics acquire specific features overlapping the folds sealed by the profession exercised by the individual. Such characteristics affect the appearance of the skin and tissues beneath the folds under the arms and belly. By weight loss the folds and wrinkles become more obvious as the fat support that stretches the skin disappears.

Another specific phenomenon is the gray process (acromotrichie). It can start right from the age of 35, but is more evident over the age of 50-55. And hair loss (alopecia) can occur. In cases of illness, of high psychic tension, the phenomenon may occur early. Add to this the existence of certain hereditary appointment.

On the locomotor plan stands the movements’ category that become more cumbersome, lacking flexibility and strength. The difficulties experienced by the movements and exercise capacity are determined, on the one hand, by the reducing of joint mobility and their atrophy, and on the other hand, by the shortening of the skeletal muscle as a result of complex biochemical changes. For around the age of 50 it decreases the number of active fiber muscles. At the same time it increases the bone’s fragility by the rarefaction of bone tissues, decalcification occur causing slight pain (column, intervertebral, sciatica, rheumatism) that modifies the postural appearance.
The hearing also knows some similar changes. In general, the absolute hearing sensitivity decreases, but more obvious is the reduction in phonemic hearing sensitivity. We speak of a physical deafness due to inner ear sclerosis, and a mental one, when the subject hears but does not understand due to cell damage and analyzer auditory cortical centers. Due to the auditory fragility, characteristic to advanced ages, inadequate and polluting environment hastens the deterioration of hearing.

Mental decline in old age is dependent on a number of factors relating to the anatomical [7](1993), and physiological structure of the individual, his genetic resistance and environmental conditions, his lifestyle (ordered, balanced, stress), the way that he has accomplished himself professionally and the quality of the satisfactions lived etc. Under favorable conditions intelligence maintains itself relatively active but when the decline occurs, there are moments of intellectual vacuum, decreases the force of argument, are producing confusion in the expressions with fear of verbal reticence. The phenomena described are common after 70-75 years. The mitigation phenomena of psychological plan acquisitions are due to three factors: of hesitation, anxiety and interference. Different authors, citing the importance of motivation in the process, emphasize that the motivational types such as those generated by the instincts of survival and perpetuation or those related to moral and the realization of an personal or social ideal can become forces of the individual mobilization in order to exploit the maximum of the possibilities that he has.

On the psychopathological slope, the affective disorder are dominated and put their stamp on the whole behavior. In this context, there are frequent the depression states that lead to maladjustment by the imbalance that occurs internally and the perturbation of the individual
relationships with those around him. It’s an accredited hypothesis that at the elderly, the depression is accompanied by an anxiety condition towards the idea of death and regret over the happy periods lived. Such experiences are emphasized by the loss of life’s partner or some close persons. There are also times when the older person feels unnecessary or when not given attention by others around him which prints a tragic character to his sadness and sense of frustration. In those cases, the elders become pessimistic and inhibited or unhappy and agitated, but in a situation another the negativity is increasing and its behavior is marked by a lack of adaptability.

The final result of these findings is that the elder becomes vulnerable, and the society in which we live and evolve, giving us the opportunity to take a responsibility towards them. The involution may stagnate or can be replaced by evolution.

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