

# Theodore Lidz

# Old Age



*The Person*

# **Old Age**

**Theodore Lidz**

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## Old Age

Shortly before they reach the age of sixty-five, persons in the United States visit the social security office, where they present their birth certificates and answer a few questions about their employment and marital status. Though their visit is brief, polite, and painless, they are likely to experience a slight inner chill, for they have gone through a rite of passage. They have entered “old age.” They have not even joined a very select group, for there are now twenty million Americans, ten percent of the population, who are in their “golden years.”<sup>1</sup> Nevertheless, many of their agemates have already died, and, even more than the middle-aged, the elderly tend to measure time in terms of years left rather than years lived. There is still time left: life expectancy is thirteen years for men and sixteen years for women; but those who pass the age of sixty-five know that they will be fortunate if their remaining years are relatively healthy and untroubled.

For many persons, however, little has changed significantly when they tuck the social security card into their wallets, aside from the realization that they have passed a major landmark. The critical transition comes at the time of retirement, or, for the housewife, at the time of her husband’s retirement. Retirement may mean a well-earned surcease from work, which permits individuals to enjoy their declining years, or it may connote being discarded, worn out, and useless to industry and society. The difference is conveyed, in part, by the contrast between the active “I am retiring” and the passive “I am being retired.” People have, however, changed over the past several decades and now increasingly welcome retirement as an opportunity to live in leisure, and they accept and anticipate retirement as part of their life cycle. Whether retirement can be enjoyable—an autumn of deep but brilliant hues—depends greatly, as we shall consider later, upon income and health; whether it will be enjoyable depends greatly on the personality of the individual—and upon contingencies.

### OLD AGE AND THE LIFE CYCLE

Erikson (1968) has designated the achievement of *integrity* as the critical task of old age: “the acceptance of one’s one and only life cycle and of the people who have become significant to it as

something that had to be and that, by necessity, permitted no substitutions." *Integrity* requires the wisdom to realize that there are no "ifs" in life; that one was born with certain capacities, a set of parents, into specific life circumstances, in a particular time in history, encountered various conditions and made numerous decisions, etc. Whether any of these circumstances could have been changed is questionable, but the past cannot be altered, though one's attitudes toward the past can be. It is too late to start out on a new life journey, but persons can use their experiences, accumulated knowledge, mature judgment, to round out their own lives and to improve the path for those who follow. Some will seek to add to the heritage of their culture, to leave the world changed for the better because they have lived. The negative outcome of life at this stage is *despair*—despair that the one and only lifetime has been wasted, with bitterness toward others or self-hatred filling the person's days, excluding the wise and constructive use of the experiences of a lifetime.

In old age persons are moving toward completion of the life cycle; they seek to bring a sense of *closure* to their lives and to complete their affairs. Efforts are usefully spent in rounding out what they have accomplished. In the process, most, if not all, elderly persons review where they have been. Achieving closure may keep some persons rather fully occupied, but there is usually time for leisure; and many will enjoy leisure as acceptable, in a sense as a reward for their many years of work and striving. Although Freud defined normality as the "ability to love and to work," we might well add, "and to utilize and enjoy leisure" (Kimmel, 1974, p. 271).

Although I would not wish to push the analogy too far, the aged person goes through a reversal of some of the critical developments experienced during adolescence. The force of the sexual drives diminishes, lessening the id impulses; although some desires motivated by hormonal secretions remain, a major portion of the sexual strivings again arise from desires for affectionate and sensuous sharing and from dependency needs, as in childhood. Then, as women lose the subcutaneous padding of fat that rounded their contours, and as women's secondary sexual characteristics and men's muscularity diminish, the physical differences between the sexes lessen. Instead of being future oriented, the aged turn increasingly to the past and to what they have done rather than what they will do. They will again become increasingly dependent, but now upon their children or other members of a subsequent generation.<sup>2</sup> Concomitantly, the aged at times must again become virtually obedient to the caretaking persons or they will be rejected, as in childhood. If persons live long enough their capacities for ego

control gradually diminish as the abilities to conceptualize gained in adolescence fade with the senile changes in the brain. Finally, whereas adolescents move toward sharing their lives intimately with another, the aged must sooner or later absorb the loss of the person with whom they shared their lives.

After a paragraph that conveys so distressing a picture, it may be useful and necessary to remind the reader that old age is also a time of contentment and pleasure for many. Contentment comes with the lessening of passions and with relief from impassioned striving and struggle—as well as with acceptance of, or even resignation to, the way things have turned out. Pleasure derives from leisure-time activities, the rewards of fulfillment, the happiness of children and grandchildren, the successes of spiritual heirs or of the institutions one helped create. There is time, finally, to enjoy and experience what had to be put off or renounced during periods of greater demand. The period of aging as a whole may be considered by persons to be the end of the line, where they are left standing at the outskirts of life, waiting at the edge of nothingness, or as a time of relaxed closure of life that still contains much to experience and enjoy.

It seems useful to consider three phases in the latter years of life, even though they may neither be discrete nor occur in all persons. The *elderly* remain essentially unchanged from their middle years, except for the differences in their way of life that may be created by retirement. They consider themselves capable, complete, and competent to take care of their needs and affairs. However, sooner or later changes in their physical condition or life circumstances force the elderly to become reliant on others and they are then considered *senescent*. We shall follow a convention and refer to the period past the age of seventy-five as *advanced old age*, although many are not yet senescent. The last phase, which many are spared and which may not occur even in advanced age, is *senility*, when the brain no longer serves in its essential function as an organ of adaptation and persons enter their second childhood or dotage, during which others must look after them almost completely. The process of aging varies greatly and some will be senescent and occasionally even senile by the time they reach sixty-five, whereas others will remain reasonably independent at ninety. However, in almost everyone physical decline begins to cause appreciable limitations by the age of seventy-five.

## RETIREMENT

The lives of the elderly in the United States have been changing markedly during the past quarter

century because of the development of social security measures and various pension and retirement plans. In 1950, forty-six percent of males over sixty-five were in the labor force, but in 1971 only twenty-six percent were. In 1950, sixty percent of the auto and steel workers in Detroit and Pittsburgh who were eligible were unwilling to retire at sixty-five (Friedman and Orbach, 1974). Their reluctance seems to have been related to the serious diminution of income that would have accompanied retirement, but many also felt they were being discarded on the industrial slag heap. Retirement and social security benefits and, consequently, attitudes toward retirement have changed considerably. By 1965, Harris (1965) had found that three-quarters of American adults would like to retire at sixty-five or earlier; and almost half thought they would prefer to retire at sixty or earlier. Only about a third of retired persons found retirement less than satisfactory, and most of these were dissatisfied because of financial troubles, poor health, or loss of a spouse. Fewer than ten percent of the retired men were unhappy because they missed working. When retirement benefits are good, as they are among the auto workers, whose standard of living usually does not decrease after retirement, the proportion of persons satisfied or pleased with retirement is high (Barfield, 1970). It seems likely that certain occupations are attractive in part because they offer opportunity for early retirement. Increasing numbers of civil servants and members of the military are selecting to retire early; and the majority work only occasionally following retirement.

Some professionals do not retire at all, at least not until forced to do so for reasons of health. Many physicians find it difficult to distinguish themselves from their profession, for they have assimilated an orientation that has thoroughly permeated their lives. Some scientists gladly accept retirement but remain absorbed in their field, finding ways of teaching or continuing to make a contribution, or at least they keep up with the developments in their respective fields by reading extensively and attending professional meetings. The quest for knowledge has become a way of life that persists. Social workers, because of their interest in people, are likely to find part-time employment or volunteer work, if paid positions are unavailable.

The transition from work to retirement contains numerous sources of potential difficulty. The retired persons can find that time hangs heavily; they miss the friends at the place of employment; they feel empty without the prestige that accompanied their lost position; they brood over failures to achieve goals or to gain adequate recognition. Further, the realignment of tasks in the home creates frustration,



and old difficulties with spouses become magnified. Such matters can and do create difficulties but far fewer than had been thought twenty-five years ago. Poverty, with the restrictions it imposes, and poor health are the major sources of unhappiness. In 1971 approximately one-quarter of the aged lived below the poverty level as defined by the government<sup>3</sup> (and at least a third, by more reasonable standards). Indeed, in 1971 half of the elderly were living on less than \$75 a week, a marginal level at best.

Many observers have been struck by the apparent frequency with which deaths occur shortly after retirement, yet statistics do not confirm such impressions.<sup>4</sup> Nevertheless, persons whose entire way of life has been bound up in a particular occupation and who have found little satisfaction in other areas of living may well run a risk of becoming depressed, if not dying. A physicist, X, had dominated his department and intensely pursued the solution of a critical problem for many years. His retirement came at an unfortunate time. During the preceding year the problem had been solved by another physicist, who received wide acclaim, with relatively little credit being given to X for posing the problem and having the foundation for its solution, though he hid his feelings, he deeply resented those who neglected his contributions. He wished to drive onward to recoup, but he no longer had a department he could direct, and he felt that his former students were moving in the wrong direction. In retirement, he started to build a stone wall, and despite his wife's pleas, insisted on lifting heavy stones into place. He soon suffered a heart attack and died.

Depressive reactions that last until a new equilibrium is established are fairly common; but some persons continue to brood, feeling displaced, their ideas neglected, the organization they had built up over many years changed. They identify with the firm, department, hospital, they developed, and cannot trust others to carry on properly. The new ideas introduced are not seen as progressive but simply as the products of inexperience that endanger the organization. Such unhappy outcomes, however, usually occur in persons who had been unable to let others share responsibilities sufficiently to prepare successors, and thus had failed in a major aspect of their careers.

The readjustment to retirement is usually greater for men than it is for women. Only ten percent of women over the age of sixty-five are employed, and the percentage has not changed appreciably over the past twenty-five years. Until recently, relatively few women's lives assumed meaning through their careers, and the retirements of such women have not been studied. Most women's lives have been

changed by their husbands' retirement, but the changes have required little readjustment of roles and activities.<sup>5</sup>

Persons who are approaching retirement have usually been urged to plan for it, lest boredom, depression, illness, and marital discord follow. However, various studies indicate that, if planning makes a difference, the benefits do not extend much beyond the first year. The attitudes persons have toward retirement and the realistic nature of their expectations seem more important. However, conscious planning may be less important than formerly, now that retirement is anticipated as a desirable stage of life, and persons are more or less consciously planning for their years of retirement long in advance.

### THE ELDERLY

The ways in which people adjust to retirement usually reflect their personalities and the styles of life that go along with them. In general, men seem to become less aggressive and women more assertive as they enter old age, and both tend to diminish their activities and become less involved with people. Formerly, some authorities believed that gradual disengagement was salutary, reflecting the elderly person's decreasing emotional investment in others, rather than being imposed by social conditions. Others maintained that continuing activity and social engagement preserved feelings of worth and usefulness that seem essential to contentment: but such broad generalizations cannot be made (Havighurst *et al.*, 1963). Some persons are happy with time for reading and contemplation, whereas others need to be involved with other people in various activities to function well.<sup>6</sup> Many will spend increasing amounts of time watching television, whereas others are happy reviving pictures of their past years stored in their minds. The reasons why the elderly spend time in reminiscence can be generalized in several ways. People seek to bring closure to their lives and pick up strands from earlier days to perceive how they have become woven into the fabric and pattern of their lives. They become intrigued by the vitality of an experience forgotten during busier days—the summer of a youthful love and what life might have been if; the way the children looked when small, and the feel of their tiny hands; the years in the army, the landing in France, and the buddies who were lost; etc. The memories bring back poignant, bittersweet feelings of happiness and regret. Some persons will, at times, wish to make the evanescent past live once again, experiences that have no tangible existence and remain only in them, for if there were others who once shared them, they either have forgotten by now or are dead. Soon, the

experience, the relationship, that had meant so much will have vanished forever, as if it had never been. Thoughts are also turned to the past by obituary columns, where a name will revive a host of memories. Then, too, the elderly realize that although the future can still bring them much, it cannot be as vital as the past. Those were happy times, they think; and even if they were not, past sorrows can have a touch of glamour.

There are many ways of adapting to old age. Varying degrees of disengagement may be helpful and sooner or later become necessary. But, by and large, those elderly persons seem happiest who find that there is still more to do than time permits, and for whom old age is not just a period of decline and idle waiting. A satisfactory adjustment requires an acceptance of one's limitations; that physical capacities are diminished, that income has fallen off, that one is no longer central to the affairs of others. Nevertheless, it can still be a period of growth when the experience and wisdom accumulated can be used to the advantage of others—in community affairs, in talks with younger colleagues, in picking up interests that had to be set aside during busier years. And there is time to contemplate, observe, and join the many strands together.

One gains an impression that persons who continue some sort of productive activity remain alert longest. Some persons, either because of their inner capacities or because of their fortunate heredity, seem to go on forever; Chief Justice Holmes, for example, remained a brilliant and active jurist into his nineties, even as his father, Oliver Wendell Holmes, the physician and poet, had remained a productive writer. Some persons, such as Titian, Frank Lloyd Wright, and Picasso, seemed to become more productive as they aged, perhaps because they felt freer to express themselves. Winston Churchill and Golda Meir first really came into their own and achieved greatness at an age when most persons are retired. Even in old age there can be no standing still, for waiting and failing to utilize one's resources lead to stagnation and regression.

### **Change of Residence**

Many elderly persons will change their residence around the time of retirement. The home in which they have lived for years is too large, too costly, and too difficult to maintain. It is more convenient to move into town or the city, where access to stores, movies, and friends is easier. Many elderly who live

in the north migrate to the sun belt, where they are less limited by wintry weather and respiratory infections, and where aches and pains may diminish. The well-to-do may be attracted to retirement villages, where activities are available, new friends can be found, and special provisions are made for the needs of the elderly. Poorer persons may find it convenient or financially necessary to move into special subsidized housing for the elderly. Moves to new locations often have advantages and attractions, but by and large the maintenance of close contact with relatives and old friends is usually more important. As people age, capacities to make new friends diminish, and new friends are not likely to have the same involvement as old friends and relations. Social activity may depend on one's being among people one knows well; and then, too, sooner or later the help of others will be needed.

Indeed, as persons move through old age, relatives become increasingly important, not only children but also relatives of the same generation. The common backgrounds furnish topics of interest and form stronger bonds as the number of friends diminishes. An elderly woman who felt very lonely after her husband died told the social worker that it was difficult to live alone after all their years together. Not only did she miss the companionship, but so many things she did that kept her busy no longer needed doing. But she also missed her older sister and sister-in-law, both of whom had died. She had spent much of her time caring for each of them in succession during their terminal illnesses. It had been difficult and depressing, but they were reliant on one another, and she had been happy to be needed and to feel their love for her. Her children were good and attentive enough, but they had other interests; she felt herself a burden to them when she was ill, and they could not understand what being a widow, or being old, or being ill—or all three together—was like, as her sisters could.

### **The Marriage Relationship**

The marital relationship usually becomes increasingly important to the elderly as their lives become more restricted. While it is true that spouses can become more irritating to one another now that they spend more time together, and even little things, such as a favorite expression or a tone of voice, may prove infuriating, couples usually grow closer and more tolerant of each other as they become more interdependent. They *care* for one another, accept each other's help, and hope that they will never need the help of any other. The passionate love of their youthful days may have quieted during middle age into a less romantic acceptance of each other, but now their lives are thoroughly intertwined by countless

shared experiences, and days are spent together. An upsurge of deeply felt and rather romantic love often occurs. Their sexual life may be less impassioned and active. The comfort of sensual closeness may become more important than orgasmic pleasure. However, contrary to the beliefs of the young, they can and often do remain sexually active into advanced old age. The husband becomes less potent but not impotent, although clear-cut orgasms may become infrequent; but the wife can usually continue to achieve orgasm readily. However, the urgency diminishes or leaves, and the elderly are no longer under the sway of sexual impulses unless they have need to reassure themselves and counter feelings of aging by the sexual act.

The elderly couple are all too aware that their life together will end, and they often hope that they will die at the same time. The wife, knowing that women outlive men, becomes solicitous of her husband's health. She has good reasons aside from affection, for she has had ample opportunity to witness the plight of her widowed friends. The imbalance in the longevity of men and women means that far more women than men have lost their spouses by the time they become old. Thirty-eight percent of women between sixty-five and seventy are widows, whereas only ten percent of men are widowers.

When both partners continue into old age, sooner or later the invalidism or death of one brings the need for another major adjustment. It often forms a critical juncture, for the couple have managed through their interdependence upon one another, and their familiarity and devotion have eased the way. The old person not only must assimilate the loss of a partner who has become an integral part of his or her life, but must often also adjust to becoming dependent on others. The loss of a spouse provokes a period of stress, when an elderly person is particularly prone to incapacitation or death. The woman is usually better able to manage by herself than the man who has not learned domestic skills; but her social life is likely to become more restricted. Men are in relatively short supply; they are therefore sought as partners for widows at parties and are commonly invited out by elderly women who reluctantly learn that they must take the initiative if they wish to be accompanied.

Life as a single person can be particularly lonesome for the elderly because of their limitations and loss of friends. Remarriage, though often opposed by children, has become more acceptable to them in recent years, and sometimes even brings the first real marital happiness a person has known. Marital mores have changed for the old as well as the young, and increasingly elderly couples choose to live

together without marrying—eschewing marriage for sentimental reasons, to avoid difficulties in breaking off the relationship if it does not work out, and for tax and inheritance reasons.

### **Advanced Old Age**

As the elderly reach their mid-seventies they may have mixed feelings about their prospects of attaining a very advanced age. Their hopes for the years ahead are usually modest. They wish to live out their lives with dignity, to remain capable of caring for themselves and their spouse, to continue managing things between themselves. They hope to find ways in which they can still be useful even if not essential, but particularly that they will not become a burden to anyone. As they grow still older they hope to find serenity and contentment. They are concerned that they may become invalided or senile, and hope that death will intervene before such eventualities occur. Completing life in an old-age home or a mental hospital, separated from family and friends, is a dreaded possibility, but even this often seems preferable to burdening those one loves.

Those who enter late old age are a somewhat select group. Those who survive to reach eighty will still have an expectation of living another ten years. Although nearly all are beset by infirmities, some still remain very vital. A medical school dean and scientist kept busy with national medical affairs for fifteen years after his retirement. When he was almost ninety the dean assured a colleague who had not seen him in several years that his health was good, adding that, of course, he had suffered a small coronary occlusion and had a bit of cancer removed from his gut in the interval, but that a few things remained to be done before he would be ready to call it quits. Adolf Meyer, the doyen of American psychiatry prior to World War II, suffered a severe stroke just before reaching eighty, but soon wrote to a former student describing some unusual aspects of his incapacitation, and expressed his regrets that distance kept the colleague from coming to study his condition with him. A retired museum curator in his late seventies continued to write articles about his major interest, and walked a long distance to comply with a request for some of his papers by delivering them in person, delighted that they would be of use to a graduate student.

Such persons have lived fully and continue to make the most of what life offers until the end. However, they form a tiny minority, for very few have their assets and inner resources. Yet many who are

less well endowed will still seek to experience life actively and enjoy it rather than fall into despair. Others without such resources accept what comes and seek to make the most of it, even when it is little. An elderly woman recently responded to the receipt of a Christmas package, apologizing for her handwriting but reminding her niece that she was now past ninety. She knew that she had to accept her shakiness, her sleeplessness, her various aches and pains. "Goethe," she wrote, "had once said that it takes no art to grow old, but it is an art to endure it." Still, she was pleased to have friends, letters, occasional visitors, and quarters that were suited to her needs. She felt fortunate to be old in the present rather than a hundred years ago—what would she have done without telephone, television, radio, and taxicabs? She could, thankfully, still enjoy sitting out on warm days and viewing the beauty of the garden. And she had her beloved cat to care for and sleep with.

The elderly eventually become increasingly dependent on others; and the change in status is difficult for many to assimilate. Persons who had provided for their children and guided them now become dependent on them. Self-esteem derived from self-sufficiency is undermined. While little difficulty arises when firm family relationships exist, the dependency can provoke anxiety and friction. The old person may react by increasing assertiveness, or with feelings that the children are ungrateful, and is eaten by resentments. Some become so insistent upon not becoming a burden that the family worries about their well-being. Indeed, as persons progress into advanced age, their care becomes a burden, even though it may be willingly accepted by children who provide for a loved parent. It can, however, be a time when old injuries are consciously or unconsciously repaid. Not all children feel devotion to their parents and many give grudgingly and gain satisfaction from dominating a parent who once dominated them. Children who were glad to get away from home because of unhappiness with their parents will not be pleased to have the parents rejoin them. Shakespeare's keen portrayal of the problems of advanced age in *King Lear* offers a dramatic example of the woes that can follow dependency upon hostile children; and of how the failing judgment of a proud and rigid man can lead him into such dilemmas. Elderly persons are rightfully concerned over losing their autonomy and becoming financially dependent. When independence goes, some individuality soon follows.

The change toward a more restricted, conservative, and rigid pattern of living is complicated by the increasing limitations imposed by the changes in the brain that are part of the process of aging. When the loss of cortical cells and brain tissue occurs gradually, it imposes limitations but it also helps protect the

individual against the impact of the inevitable misfortunes that come with age and the concerns over the approach of death. In a way, the dropping out of the brain cells parallels the dropping out of the ties to important persons that had made life meaningful and helps life taper off gently.

Improved living conditions and advances in medicine, particularly in the use of prosthetic aids, have made it possible for an increasing proportion of the elderly to enjoy their remaining years. Physical deficiencies eventually occur in everyone. The presbyopic diminution in visual accommodation that occurs in the forties is offset by eyeglasses. The cataracts of old age can be removed and adequate vision restored. Some loss in auditory acuity occurs in all, and deafness can become an extremely serious problem. In some respects, deafness is a greater handicap than loss of vision, as it cuts off communication, turns the person more and more inward, and increases misunderstandings. Deaf people can be particularly troublesome to others and arouse more annoyance than the blind. The person feels left out and, characteristically, any tendencies toward suspiciousness increase. The electronic hearing aid has provided a major advance in maintaining pliability in the aged and in permitting them to relate to others. Still, it is not simple for an elderly person to adjust to a hearing aid, and it properly requires education before the hearing impairment becomes severe and while the person is not too rigid to accept the new appliance. The use of dentures has become so widespread that currently it is difficult to realize how the absence of teeth can not only impair the pleasures derived from eating but also affect health by provoking nutritional deficits. The prostatic enlargement that led many men to end their lives in misery can now readily be remedied by surgery even in advanced age. The common occurrence of osteoarthritic changes in the joints brings some limitation to virtually all elderly people and in some becomes a source of invalidism which unfortunately cannot be helped appreciably and thus becomes a major cause of dependency on others.

## SENILITY

Health can fail in many ways and can provoke rather striking changes in the person who finds limitation difficult and dependency hard to bear. Still, it is the inevitable changes that occur in the brain that are most pertinent here because of their impact upon the critical integrative functions.

Senile and arteriosclerotic changes lead to a gradual loss of cells in the cerebral cortex. Large blood



vessels may occlude, causing apoplexy or a “stroke”; and if an area essential to symbolic activities is damaged, intellectual capacities are seriously affected. Indeed, some decline in intellect begins in the thirties, but it is relatively insignificant until the sixties and becomes marked only in the seventies. However, the extent of the decrement varies widely; some individuals suffer appreciable deterioration even before reaching sixty, whereas in others special tests must be used to demonstrate the deficits even in advanced age. Knowledge learned in the past and even habitual ways of solving problems tend to be retained, whereas abilities to think out new solutions to problems and new techniques are more clearly impaired.<sup>7</sup> As many persons in their prime seldom learn new ways of solving problems and tend to rely on what they learned earlier in life, the intellectual impairment in old age may not be apparent. Suggestions that a person in advanced old age is mentally limited are often angrily refuted by relatives. One may note, though, how a man in his seventies who can take care of himself capably is unable to help his six-year-old grandson piece together a simple jigsaw puzzle. The child finally masters the task while the grandfather finds means of hiding his failure. The difficulties are usually most apparent in memory functions. Although it is often said of elderly persons that they are intact except for memory failures, careful testing will demonstrate a more general limitation even before memory deficiencies become obvious.<sup>8</sup>

### **Memory Impairments**

We have already noted how elderly people spend an increasing amount of time thinking and talking about the past. However, some very old persons live only in the remote past and misinterpret the events around them. The person becomes unable to recall recent events and lives more and more in the remote past, as if a shade were being pulled down over recent happenings, until eventually nothing remains except memories of childhood. This type of memory failure depends on senile changes in the brain and is perhaps the most characteristic feature of senility. We do not properly understand why earlier memories are retained while more recent happenings are lost.

If persons live long enough, the time may come when they not only live in the past but act as though they are in the past, and then are no longer capable of caring for themselves and must be considered psychotic. A man in his eighties talked about little except events of his boyhood in a rural community. The failure of his memory was obvious. When a friend who had been a history professor visited him, the old

gentleman, remaining a proper host, turned the conversation to the American history he had learned in a one-room schoolhouse. However, he would stop and ask the former professor, "You know who Abe Lincoln is, don't you?" and "You have heard of Ben Franklin, haven't you?" He could not put together his appreciation of his visitor's profession and his realization that the professor obviously knew the rudimentary facts he could still recall. Yet, after his guest departed, he was able to take a bus to another part of the city, get a haircut, buy his cigars, and find his way home without difficulty. In contrast, an ancient lady in a mental hospital behaves very differently. A doctor who has looked after her for several years visits her. She greets him by offering him a chair and saying, "My father will be right down. Yes, he is the minister and will be glad you've come to talk about building the new church." She sits down, waits, and wonders whether her visitor would like some tea. After he declines, she waits a few minutes longer, goes to the door and says, "I don't know what's keeping Father. I'll go and call him again." She walks out and with the change in scene completely forgets about her physician, who must fetch her from another room, where she sits looking at a magazine. This woman does not just talk about the remote past but lives in it and is therefore disoriented as to time and place and requires constant supervision.<sup>9</sup>

The failing intellectual abilities may also become manifest in diminished control over impulses and emotions; frequent displays of anger or distrust may make it difficult for others to get along with the aged person. The old person may indulge in masturbatory activity, which can embarrass others. Occasionally, an old man makes sexual advances to women, perhaps more frequently to young children. Though such sexual activity usually has a childlike character consisting of exhibitionism, voyeurism, or attempts to be masturbated, it can create serious difficulties. Elderly women may also be troubled by sexual sensations and avoid situations that arouse them. Such feelings may be heightened by irritation in the vaginal area that comes with senile atrophy of the mucous membranes. Their sexual urges are rarely expressed aggressively, but may create shame and concern over masturbation.

The change from old age to senility, if it occurs, may take place gradually as brain cells drop out, or the break may come suddenly. During an illness such as pneumonia or heart failure the diminished oxygen supply to the brain, which would have no permanent effect upon a younger person, sounds the death knell for degenerating brain cells. Or a drug given for an illness affects the brain but instead of causing a transient toxic dysfunction destroys cells and the person never recovers; or the margin of adjustment had been so narrow that once mental disorganization takes place persons cannot regain their

equilibrium. Such senile breaks are often precipitated by an emotional crisis or a change in the life situation that requires readjustments beyond the old person's capacities. A man's wife dies and he cannot care for himself and grows confused in the attempt; or after moving into a new home he cannot orient himself to the strange surroundings; or the children with whom he lives quarrel, or turn against him and blame him for their difficulties, and he cannot cope with the conflict and emotional turmoil around him. Kurt Goldstein (1963) has emphasized the importance of "catastrophic reactions" in the behavior of brain damaged persons, including the senile. When such persons are confronted by a task beyond their capacities, the resultant frustration causes mental disorganization that carries over into subsequent efforts. The confusion can perpetuate itself as the disability spreads to other capacities. The reaction can be halted by simplifying the environment and the tasks demanded of the person.

An old person requires a reasonably stable environment in which he feels secure; and as he grows still older, calm and simplicity in surroundings where things remain in familiar patterns. Shakespeare recognized such factors in his portrayal of King Lear's insanity. Although Lear displayed poor judgment, he functioned reasonably well until he was cast out of his home by the daughters he had favored and trusted. When he became enraged and found himself in strange surroundings, he became disorganized and behaved in a senile, confused manner. Typically, when the weather turned fair again and he found shelter in the love of his faithful daughter, Cordelia, he again became reasonably well integrated.

### INTACT FINAL YEARS

It seems necessary to emphasize again that not all persons become senile, even at very advanced ages. Persons of ninety can be alert and keep themselves usefully occupied, even though they can rarely remain self-sufficient. Still, those who are mentally intact are likely to grow somewhat depressed as the relationships to others that made life meaningful are broken by the deaths of relatives and friends, and they come to feel unnecessary, even if not unwanted. However, not all such feelings that death would be welcome are indications of depression. Death is usually less feared by the very old, who may regard it as a haven from the efforts required to continue enfeebled living, and preferable to the senescence that looms ahead. A man of eighty, who started to distribute his possessions in expectation of dying, was still alert and cheerful. At the family's request, his physician reassured him about his health and advised him that as he might well live another ten to twenty years he should not give away so much of his

wherewithal. He told his doctor that were it not sinful he would pray to die soon: he was not downhearted but he had led a full life, his children were all married, and as almost all of his generation were dead, he could wish for nothing more except to escape becoming a burden to himself and those he loved.<sup>10</sup> With advancing age, an increasing number of elderly move into homes for the aged, or to nursing homes because of their infirmities. Although only four to five percent of the elderly live in institutions, ten to twenty percent of the aged have been residing in institutions at the time of death (Kastenbaum and Cundy, 1972). Approximately a quarter of these persons no longer have any living children; and many can no longer be kept at home because of their illnesses and infirmities.

### **SOCIETY AND THE AGED**

Different societies have dealt with the aged in various ways (Simmons, 1945). Economic considerations are a potent factor in shaping the traditional position of the elderly in a society. The Eskimo of the far north, who live an arduous existence in an environment that scarcely supports their small, isolated families, cannot afford to provide for the infirm. When the aged—and people age early under the demanding conditions—feel that they have become useless, they go off by themselves to freeze to death on the ice.<sup>11</sup> In the tropics, where nature's abundance makes the care of an additional person no hardship, the society can afford to be more benevolent. The elderly can lead a simple life helping to care for the young children. The Chinese have—or had—tended to revere the aged, who carry the responsibility for making the important decisions for the extended family. They have learned in their ancient civilization that they cannot afford to neglect the accumulated experience and knowledge of how life should be conducted, particularly during periods of stress. In the United States we have done rather poorly with our aged, and only recently have begun to make provisions for them. The wisdom of the past is less valuable in our changing society, but the family structure with the isolated nuclear family that is geographically and socially mobile leaves little room for the dependent aged. Money has little surplus space and rents are often paid in terms of the number of rooms. It is also important that there are few clear-cut roles for the elderly to provide them with a sense of being useful. Still, before we blame ourselves too readily we must recognize that no society has previously been confronted by an equivalent problem. In 1970 over twenty million, or about ten percent of the population, were over sixty-five, and about ten million were over seventy-five. The responsibility for those below sixteen and over sixty-five

falls to just about the equivalent number of persons between these ages.

The increasing size of the aged population presents one of the major social problems of contemporary society, a problem created largely by the advances in medicine. Medical science has not only changed the nature of the practice of medicine but the structure of society itself. Still, organized medicine has been more than reluctant to turn its attention to the problem it has created, either through preparing physicians to care for the aged patient properly, or through supporting measures to provide suitable medical care for the aged as a group. Although the major interests of students who enter medicine continue to be in curing patients, they find that they are engaged in a task of caring for more and more patients whom they will not cure but must seek to help. Medicine has become increasingly caught up with problems of invalidism, disabilities due to chronic illnesses, with problems of the aged and the prevention of the infirmities that come with age.

The elderly will increasingly form one of medicine's and society's major problems. The preservation of life and lengthening of the life span by medical science become dubious achievements unless the added years can be reasonably satisfactory. The task, of course, transcends the problems of medicine, and many liberal policies of government concerned with social security measures have not been brought about by increasingly liberal beliefs on the part of politicians but through the need for measures to cope with the changing age distribution in the population. The older voter, who has never been considered radical or even liberal, has managed to mobilize the collective power of the elderly to make it possible for retired persons to have a means of living without having to fall back on family or institutional charity. Many measures have been instituted to help alleviate the situation; and an understanding of the elderly person's assets, needs, and difficulties can help guide the expansion of such measures. Retirement insurance, private, industrial, and governmental, has started to alter the situation. It is no longer necessary for the employed to support the retired as completely as formerly. Although social security measures lag, with about one-third of the elderly living close to or below the poverty level, a start has now been made. In providing for the later years while still working, a person helps assure security and future independence from charitable help. Part of the current plight of the aged exists because industrial and governmental plans did not exist or were inadequate in their younger days; because many industrial retirement plans were not transferable when a person changed employers; and because of the rapid monetary inflation in recent decades. However, the low level of

social security payments received by many couples results, in part, because the years housewives spend in raising children and keeping house are not counted in the social security system. They are thereby pushed into paid employment not simply to augment the family income but to help provide for their old age. There is, however, increasing awareness that along with providing financial security for later life, it is also necessary to foster interests while one is still young that will enable life to be more meaningful in old age. Still, if it is difficult to interest educated groups and executives in such preparation, it is far more difficult with the factory worker whose life has been narrowed by performance of rather routine work over many years.

Several developments that increase the opportunities of the elderly will serve as examples of future potentialities. Cities like St. Petersburg, Florida, have found it economically advantageous to make special provisions for the aged, and furnish examples of how to foster their comfort and happiness. The hotels and the community as a whole find ways of keeping these guests or residents active and well occupied. The hotels provide movies and entertainment, foster collective activities, and see that the guests are introduced and brought together. Doctors in attendance can be readily obtained at night. The sidewalks are built without curbs, benches are provided for those who tire, and wheelchairs are readily available. New friendships develop to replace those that have vanished. As lessened mental agility also means less initiative, stimulation to activity needs to be provided by others. There is good reason, aside from the climate, for the elderly to move to St. Petersburg.

Golden age clubs exist in many communities. Here elderly persons have a meeting place where they find companionship which does not require individual initiative to establish. Hobbies and various activities are fostered and taught. Many old people, unfortunately, are reluctant to give in and let others assist them in finding friends and activities, or to admit that they have reached a stage where they need to change their habitual patterns. Many who do find new sources of interest and an escape from increasing loneliness.

Retirement villages offer older people a new start in a somewhat protected and sheltering environment where socialization and activities are fostered, transportation to urban centers is provided, and new friendships can be made. Government-subsidized urban housing for the aged, designed with suitable facilities, is now developing rapidly. However, the congregation of elderly people into special

homes or communities has at least two major shortcomings. It tends to separate them from their children and other relatives who form their strongest link to a meaningful life, and it segregates them from younger people. The elderly can carry out many useful functions if they are not segregated. They babysit, or care for the homes, animals, and plants of people who go away for weekends; or help cook or garden, make children's clothes, etc. However, living in special facilities for the aged is far better than in rundown tenements, seedy "hotels," and bleak old-age homes. However, a good modern home for the aged can be turned into a welcome haven for those who can no longer fend for themselves. It need not be a last resort of outcasts. A modern home provides room in which individuals or couples can retain some of their own possessions and have a place of their own. As long as they are able, the elderly people participate in housekeeping and cooking, which gives them a sense of being useful; and recreational and occupational activities are provided that are suited to their abilities. When they become ill or bedridden and must be removed to an infirmary, they are not cut off from the friends they have made in the institution. Such homes find that they need send few to nursing homes or to mental hospitals.<sup>12</sup>

## L'ENVOI

For a large proportion of the aged, life will finally end after some years that are neither happy nor unhappy. Many will move beyond feelings of despair at critical losses. Their lives narrow as relatives and friends die and they feel themselves anachronisms without a proper place or purpose. Thoughts and interests increasingly become directed backward into the past. A new egocentricity develops as concerns over security and prestige engender pettiness and miserliness. Without interests that draw outward, concerns over bodily functions increase in importance. Health becomes a major topic of conversation, and feelings of being neglected can lead to an increase in complaints over failing health. Release from striving turns into stagnation in those who were not prepared when they were younger to pursue interests of their own. Even as life draws to a close a person still requires self-esteem and a purpose that provides meaning beyond the day, week, or month. An ability to look forward to a meaningful future, for others if not for the self, helps counter apathy and promotes alertness. The time-honored means of finding purpose in age has been offered by religions. They teach either hope in a life after death or the subordination of the individual to a higher and ultimate good. Religion, when meaningful, has provided solace, hope, and a way of life in old age; but if it is mere form rather than a vital part of a person's life it

may do little more than teach resignation to an unhappy lot. Religion appears to serve best, even in old age, when it continues to be a way of life rather than becoming a way of dying.

The way of life of the elderly reflects the personality configurations established in earlier years, but it is greatly affected by how adaptive capacities are reduced by physical infirmities and mental limitations, as well as by the potentialities afforded by the society to persons as they age and become less able to manage for themselves. The aged have passed the stage of being procreative and are often beyond being creative, but the type of life they lead and is afforded them by others will still profoundly influence those who come after them. Their well-being causes concern to their children and grandchildren. Their presence in a child's home may cause disturbances and conflict that create stresses in the child's marriage and affect how grandchildren are raised. They may serve as a beneficent figure for identification to grandchildren; and liaisons between grandparents and grandchildren frequently form important influences that convey traits and interests over an intervening generation. The way in which they lead their last years provides an example and a warning to their descendants and influences how they provide for their own later rears. Further, how the old people are treated by their children commonly furnishes an illustration to grandchildren of how persons treat parents. The aged may be close to the end of life, but the way in which they live and let live will continue to influence life.

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### Notes

1 In contrast to four percent in 1900. Life expectancy is now sixty-eight for men and seventy-six for women. The increase in life expectancy derives largely from the decreased mortality of young children. After the age of sixty or sixty-five there has been little increase in life expectancy over the past fifty years. As has often been pointed out, the best way of having a long life is to select long-lived parents and ancestors. Whereas the life expectation of nonwhites is lower than for the white population probably because of the latter's better nurture, after the age of sixty-five the life expectancy of nonwhites is greater.

2 In the Fijis, where terms can have different connotations, the aging man who ceases to be head of the family is no longer called "father" by his children, rather he addresses his eldest son, who has taken over the family responsibilities, as "father."

3 At that time, \$1,852 a year for a single person and \$2,528 for a couple. In 1976, \$2,587 and \$2,984 respectively.

4 Increases in the death rate following retirement are probably due to the fact that a common cause of retirement is poor health. Fifty-four percent of those who retire early report health as a reason, in contrast to twenty-one percent of those who retire at sixty-five (Reno, 1971)-Statistics do not, however, tell us anything about individual instances.

5 However, women have been hardest hit economically. In 1969, fifty-one percent of old women who lived alone, and seventy-seven percent of nonwhites, had incomes below the poverty level (Kreps, 1970). In 1973, rules were changed so that a widow could receive one hundred percent of her husband's social security benefits.

6 Reichard and her collaborators (1962) have identified three personality types among men who adjust well to retirement, and two types among those who do poorly. The largest group is termed mature. They are reasonably capable of accepting themselves realistically and find satisfaction in relating to others and in various activities. They are not unduly blocked by neurotic conflicts. They consider that their lives have been rewarding, take old age for granted, and make the best of it without notable regret. The rocking-chair men welcome the opportunity to be free of responsibility and indulge their passive needs in old age. Because of their passivity, old age brings them compensations for its disadvantages. The armored group ward off their dread of physical decline and death by keeping active, and their strong defenses permit them to adjust well.

Among the poorly adjusted, the largest group are the angry men, who are bitter about failing to achieve their goals in life and blame others for their disappointments. They are unable to reconcile themselves to growing old. Another group are self-haters, who turn their resentments over feelings of failure in life inward and blame themselves. They feel even more inadequate because they are old.

The investigation did not study women.

7 Kurt Goldstein (1963), in explaining why certain capacities are retained and others lost in brain-damaged persons, including many aged persons, considered that the brain-damaged person can no longer take an abstract approach to problems but can still think concretely.

However, a more clear-cut difference exists between retention of what was previously learned and the diminution in abilities to solve problems at the present time. The general vocabulary and general information tend to be retained and form a measure of former intellectual capacities, and new tasks that must be solved with minimal reliance on past learning (such as the block design test or digit symbol test) offer a measure of current intellectual capacities (Lidz et al., 1942).

8 The Wechsler Adult Intelligence Scale (WAIS) takes this anticipated decline into consideration in providing a measure of what an elderly person's intelligence level had been.

9 However, one may be fooled by one's preconceptions. An elderly man of seventy-six was brought into the hospital in heart failure and was completely disoriented. After the heart failure had subsided and his brain again received sufficient oxygen, he appeared to be oriented and rational. However, since he kept insisting that as he was ready to return home his mother would drive over and pick him up, his physicians decided to keep him a few weeks longer to see if his mental state would improve further. Then one day, somewhat to their chagrin, his mother of ninety-five drove over from a town some hundred miles away, accompanied by her ninety-seven-year-old sister, and took their little boy home.

10 A young physician, social worker, or clinical psychologist may believe that very little can be done to help persons of advanced age with emotional or social problems. However, because many elderly persons expect so little and because their needs are limited, a great deal can often be accomplished briefly. Such efforts are not directed toward profound personality changes. Thus, a seventy-six-year-old man who was hospitalized for intractable bronchial asthma was found to be sensitive to dog and cat dander. When he was told that he would be able to return home if he got rid of his two dogs and four cats, he exploded and insisted on seeing a psychiatrist. He told the psychiatrist that the recommendation was nonsense. He had known he was allergic to cats and dogs for many years, always had these animals in the house, but had not suffered from asthma since he was fourteen. At fourteen he was allergic to horses but more to the riding master who was having an affair with his widowed mother. He stopped being asthmatic when he left home and went to live with his aunt. Now he was allergic to alcohol—to his wife's drinking, for when intoxicated she would start cursing him, make suicidal attempts, and leave him feeling desperate. He was too old to cope with her, and too old to live by himself. He needed her. It turned out that his wife, who was twenty

years younger than he, was now very upset because she feared her husband's death and being left alone, even as she had felt abandoned when her father had died shortly before she married. Some psychotherapeutic work with the wife, but also bringing a housekeeper into the home, changed the entire situation.

11 An anecdote related in the book *The Top of the World*. (Ruesch, 1959) indicates that the stoic measure is not carried out gladly. The grandmother in the story goes out to sit on the ice when a grandchild is born and there is another mouth to feed. Just after she leaves, the parents, who had never before seen an infant, as can well happen in their isolated existence, came to believe that their toothless newborn was defective and incapable of survival. They ran out to give the infant to the grandmother to take along with her. She realized that she was still necessary to the naive couple and, telling them that she knew how to make the child get teeth, returned to live a few years longer.

12 The allocation of thousands upon thousands of the aged into mental hospitals forms one of the more disgraceful chapters in American social history. Although it is probably correct that few, if any, were sent to mental hospitals who were not seriously depressed or disorganized, many became incapacitated largely because of lack of suitable places to live and of means of support. Once they are hospitalized, the lack of personal attention, the barren surroundings, and the depressing atmosphere impede recovery, and often lead to apathy and progressive deterioration. In contrast, in a good home for the aged in which socialization and activity is carefully fostered, only a very occasional person has to be sent to a mental hospital, even when many are in their nineties.