The Aging Personality

Robert B. Henderson '63

To discover an elixir of youth has long been one of the chief interests of men throughout the ages. A good deal of thought and striving has gone into preventing processes of aging, but people still grow old and will continue to do so.

Evidence of effort among primitive peoples to prolong life and preserve vigor in old age is found in magic rituals, in reserving special foods for the old, in lightening the tasks assigned to the older members of the group. Later on, as emperical medicine developed, the range of medical and surgical treatments was extended, and scientific speculation began as to the nature and causes of aging and natural death.

Throughout history, various societies have dealt with the aged in widely different manners. In some, it was the custom to do away with aging parents as they had become a burden and could no longer contribute to the family, or, because it was desired to assist the older person to a "better" after life. In Chinese society, the elders were worshipped and highly respected. In our Western culture, the older person was at one time the carrier and interpretor of traditions; he has now become a person to whom is left only a relatively deprived social position.

Today, life expectancy is threescore years and ten. In the United States, there are sixteen million persons over sixty-five. This is five times the number in 1900, and the number is expected to double in the next forty years. The number over 75 will triple. It is expected that the aging population will make up from 10-14% of the population by 1975.

Medical costs for those over sixty-five are increasing rapidly. Older persons spend two and a half times more days in a hospital than those under 65. In Canada, thenumber of older persons confined to mental institutions, nursing homes, and geriatric centres was 3.1% in 1960 and this percentage is increasing yearly.

Interest in aging has come rapidly to the fore within the present generation, and has provided many areas for research. The principal underlying factors have been the greater visibility of the aged due to their increasing numbers, and to their growing detachment from the household and work force, our system with its stress onidividual well-being and the progress of research itself. Certainly, the advances of science and technology leading to a rapid increase in the numbers of older persons and their accumulation in urban industrial areas; the accelerated growth in life expectancy, and, at least relatively, earlier completion of traditional adult role without provision of adequate substitutes have greatly altered the proportion of older people and their position in society and seemed to focus attention upon them.

The term aging is frequently used to imply the end result of a series of changes and often to suggest that individuals at particular ages or stages of life are homogeneous in their essential characteristics. It is useful for some purposes to note the mean characteristics and variations of those who have reached particular chronologic ages, but this approach is of limited value in an understanding of the true nature of aging. Clearly, it is an error to regard the second half of life, or any part of it, as a waiting period and to fail to recognize the great variations among individuals. Chronological age and biological age are not necessarily identical. Each structure has its physiological age which can be greater or less than chronological age. Different structures and systems age at different rates. Physical infirmity may long precede mental senescence, and intellectual aging may be in great advance to the body's physical age.

Aging is accompanied by physiological and pathological changes which affect the functioning capacity of the mind and body. To what degree is it dependent upon previous disease? Another problem is that one is studying the living processes on aging individuals. Each individual is unique. There never was and never will be another just like it in chemical composition, organization and orientation. Studies by Sherrington and Hebb indicate the complexity of the CNS organization and explain that this by itself can account for man being unique. However, all individuals follow the same path upon growing old, and generalizations can be made which hold true for the group but not necessarily for the individual. Normaley in aging again is a spectrum. Also, one can age normally or abnormally.

Most persons think of life as an "uphill development from infancy to some plateau called middle life" followed by general decline. This point of view does not take into account the fact that different qualities and faculties of the human organism have different rates of achieving prime.. An individual's intellectual, emotional, behavioural growth consists of countless separate trends, each having its one particular rate of development, and its role in human action. Psychological studies support this view. Tests involving speed show decrements much earlier than verbal tests which include material accumulated throughout life. Again, interpretation and imagination decline little over the life span, whereas ability to learn new complex skills decline fairly rapidly in later years. In the area of personality, the case for continuous development may be more clear. Situational changes such as increases in free time resulting from tapering off or completion of parental and work loads may lead to the establishment of new and more socially orientated goals, to expansion of interests. Just think of all the persons in every sphere of life who are above sixty-five and in many one sees how they contribute to the intellectual and material wealth of the community.

When one studies the physiological response of older persons, it appears that many changes go hand in hand in the process of health, but they are not necessarily parallel. These changes may be recognized by anatomical and functional studies, the latter being more important. The cause of the decline may be stress loads on different functions throughout life. The life span has biologically determined limits—similarly so may the individual tissues and organs.

Aging is part of a lifelong process of development, change and involution. The relationship between the processes of the aging individual and the social definition of the aging person may vary considerably. These two processes of aging are interdependent and interrelated within societies, cultures, subcultures, and even among the various socio-economic and occupational strata. Thus identification of any particular point at which both individual and social aging may be said to begin is somewhat an arbitrary matter. There is however an increasing tendency to depart from the earlier custom of focusing on the period beyond age sixty-five and to recognize early middle life as the turning point of maturity. Involutional changes do not reach a dominant position until at or after the peak of maturity. Some persons have divided life after this peak into three phases:

1) later maturity—years 40-60
2) period of senescence—years 60-75
3) senility—age 75 plus

By the end of the fourth decade of life, there has been a marked energy decline with increasing awareness of the need to depend upon mental activity as the source of one's rewards. Curves of the prevalence of chronic diseases (arthritis, cardio-vascular disease, cancer) and impairment, show inflection points during the fifth decade. Awareness of time appears to develop and the idea that life does have length comes to the fore. Many people reach a plateau in their careers during the forties. Parental roles are completed between forty-five and fifty-five years of age, when the majority of children have married and left home. Generally, at this time, there is a recognition that goals set in early adulthood are being completed and that it is time to find new ones. The effective onset of both individual and social aging may thus be said to occur generally in middle life.

To study the problems of aging, one must atack it from two aspects; firstly, changes which occur in the physiopsychologic aparatus and performance of the individual as an organism, and the changes

in his personality which occur as a conseqquence not only of the changes in his basic capacities, but also in response to the action of culture and society upon him, and secondly; the manner of the environment (including the society and culture) how it acts upon older people and with how the aged affect the society in which we live.

The behavioral aspects of aging are seen in a complex of influences and processes involving biological, pychological and socio-cultural factors. Many persons are carrying out research into problems concerned with changes in motivation and performance in relation to such matters as learning, memory, efficiency, ability, and to integrate and organize experience, work and retention of skills. Studies are being done to determine the adjustments made by the aged—to retirement, to sickness, to change of interests and values. These basic patterns when found and interpreted correctly will give us some insight into what is happening in the person as he is aging and what his feelings and reactions will be.

If one lives long enough, it is assumed that he will automatically become senile. I believe it is important to emphasize that senility can be treated and subjected to correction. Often the pattern of senility begins with slow disintegration of social life due to loss of friends and loss of social status because of his retirement, his failing health and economic privation. The individual has lost his sense of usefulness and has suffered from a reversal of the roles—from independence to dependency.

Senescence may be a tragic and pathetic decline, full of misery and sorrow. Uselessness, engendered by prolonged and progressive disability when the degenerative disorders of later years cause premature infirmity can be a great tragedy. Contrariwise, however, longevity with health and vigor permits making the later years of life beautiful and productive. The elderly are not just old people. They are structurally, functionally, mentally different from the persons they were in their younger years. The innumerable changes of senescence are continuous, though slow and gradual, they are not measurable except by contrasting studies made at considerable intervals.

Discovering the factors in the total environment which define the position and roles and influence the behaviour of older people is not easy. Today, the high value our society places on the qualities of youth may well have powerful influences in determining the position of older people and their reactions to the process of aging. Again, the values which a society places on the right of older people to health and general well-being and the projected wishes or foresight of the younger generation will help to determine the share of National and personal income spent for research on aging; for provisions of health facilities and services, housing, and other special requirements of older persons; and the amount of current expenditures we are willing to forego in order to provide adequate income in retirement. The long-time trend toward greater involvment of society in promoting individual welfare is certainly an important element in the environment of older people.

Changes in our family have reduced the ability and the willingness of children to provide for older relatives. Smaller houses, suburbia, installment buying, geriatric centres, have helped propogate the idea of just the immediate family being a unit.

Medical problems of the aged are manifold and we as doctors and citizens share in these problems. The aged need to feel

useful and the difference between a vegetative existance and purposeful living is directly related to the degree of usefulness or uselessness. Any form of living for the aged; family, institutionalized, geriatric, centre, rehabilitation centre can be good or bad. It is desirable that a standard of living for the aged be determined and that interested groups, welfare organizations, governmental branches undertake to establish proper care and treatment of the older members of our society.

The elderly persons in our society have more years to live. Antibiotics have greatly reduced the fatalities from pneumonia and other infectious diseases. At the same time, they have extended the fate of handicapped living. Many persons suffering from hemiplegia, fractured hips, have great need for proper rehabilitation. For the disabled aged, one needs to aim at the enhancement of his or her dignity and establish their worth and give them motivation which will contribute to their mental and physical well being. The aged person does not respond to illness in the same way as younger persons. Each individual must be appraised individually, and treated accordingly.

No one can look forward to the last part of life with the zest which he felt on facing early maturity. Doctors and patients equally assume that old age has an inferior status, that healing and restorative services lose their point because the expectations of continued living and satisfactory progress are not as limitless as they are for young people. It is important that we examine our attitudes towards aging. What we feel or do not feel about aging will be reflected in how we help older people. By understanding that the changes occurring in the senescent period involves all spheres of life—physiological, anatomical, psychological, sociological and economical and that these changes do not occur at the same rate nor uniformly throughout the organisms. Then we are in a better position to help those older than ourselves. By proper prophylaxis during the middle years, retirement need not be a crisis, and the trauma of losing one's main interest can be counter-acted by the new interests one has developed and the time he can devote to these pursuits. The final stage of life, senility, in which physical deterioration, diminished functions and increased dependence are the dominating factors, we should aim at preserving the individual's sense of worth and dignity.

The medical problems of the aged are manifold, a large part of this is a family and cultural responsibility. We as doctors, have a responsibility because medical science through reducing infant mortality, and making it possible for so many to live into the later period of life, have, in a large sense created the problem. When the keys to malignancy and vascular degeneration have been found, there will probably be more of a problem. But is it enough merely to stay alive and not to "live"? To sum up—old age should be regarded as an age of opportunity not only for inner growth but for creative participation in family and community life. It is believed if one studies such elderly people intelligently and imaginatively, one soon learns the strength of the democrative belief in the worth of the individual and that such studies in turn lend new insight into the ways that persons of all ages operate.

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