



Psychology of Old Age : a general review

KEYWORDS

old age, psychology, adjustment, death.

Dr. Avinash De Sousa

Consultant Psychiatrist and Founder Trustee, Desousa Foundation – Mumbai

ABSTRACT *Old age is a time of stress and strain. The present chapter looks at psychology of old age from various perspective. The concept of old age and its subdivisions along with general perceptions that prevail about old age are discussed. Various adjustments needed to be made for successful adaptation of old age are discussed along with requisites for happiness in old age. Changes seen in the body and mind of old people are discussed along with factors leading to the same. A section on unemployment in old age and the psychology of retirement is also added with the role that family dynamics may play in old people. Attitudes towards religion and death in old age are highlighted as well.*

INTRODUCTION

Old age is the closing period in the life span. Henry and Cumming have pointed out, it is a "period of moving away from some previous and more desirable period —'the prime of life' or 'the years of usefulness'". As the individual moves away from the earlier periods of his life, he looks back on them, often regretfully, and tends to live in the present, ignoring the future as much as possible. As has been stressed repeatedly, the individual is never static: instead, he constantly changes. During the early part of life the changes are evolutionary in that they lead to maturity of structure and functioning. In the latter part of life they are mainly involutinal, involving a regression to earlier stages. These changes are the natural accompaniment of what we commonly refer to as *aging*, and they affect physical as well as mental structures and functioning.

Age sixty is usually considered the dividing line between middle and old age. However, it is recognized that chronological age is a poor criterion to use in marking off the beginning of old age because there are such marked differences among individuals in the age at which aging actually begins.

Because of better living conditions and better health care, most men and women today do not show the mental and physical signs of aging until the mid-sixties or even the early seventies. For that reason, there is a gradual trend toward using sixty-five—the age of compulsory retirement in many businesses—to mark the beginning of old age.

Old age is usually subdivided into *early old age*, which extends from age sixty to age seventy, and *advanced old age*, which begins at seventy and extends to the end of life

CHARACTERISTICS OF OLD AGE

Like every other period in the life span, old age is characterized by certain physical and psychological changes, and the effect of these changes on the individual determines, to a large extent, whether he will make good or poor personal and social adjustments. The characteristics of old age, however, are far more likely to lead to poor adjustments than to good ones and to unhappiness rather than to happiness. That is why old age is even more dreaded in the American culture of today than middle age.

Old Age Is a Period of Decline

The period during old age when physical and mental decline is slow and gradual and when compensations can be made for it is known as *senescence*. The individual may become senescent in his fifties or not until his early or late sixties, depending upon the rate of this decline.

The term *senility* is used to refer to the period during old age when a more or less complete physical breakdown takes place and when there is mental disorganization. The individual who becomes eccentric, reless, absentminded, socially withdrawn, and poorly adjusted is usually described as *senile*. Senility may come as early as the fifties, or it may never occur because the individual dies before deterioration sets in.

Decline comes partly from physical and partly from psychological factors. The *physical* cause of decline is a change in the body cells due not to a specific disease but to the aging process. Decline may also have *psychological* causes. Unfavorable attitudes toward oneself, other people, work, and life in general can lead to senility, just as changes in the brain tissue can. Individuals who have no sustaining interests after retirement are likely to become depressed and disorganized. As a result, they go downhill both physically and mentally and may soon die. How the individual copes with the strains and stresses of living will also affect the rate of his decline.

Motivation likewise plays a very important role in decline. The individual who has little motivation to learn new things or to keep up to date in appearance, attitudes, or patterns of behavior will deteriorate much faster than one whose motivation to ward off aging is stronger. The new leisure time, which comes with retirement or with the lessening of household responsibilities, often brings boredom which lowers the individual's motivation.

There Are Individual Differences in the Effects of Aging

Individual differences in the effects of aging have been recognized for many centuries. Cicero, for example, in his *De Senectute*, stressed this in his reference to the popular belief that 'aging makes people difficult to live with. According to him, "As it is not every wine, so it is not every disposition that grows sour with age". Today, even more than in the past, it is recognized that aging affects different people differently. Thus it is impossible to classify any-

one as a "typically" old person or any trait as "typical" of old age. People age differently because they have different hereditary endowments, different socioeconomic and educational backgrounds, and different patterns of living. These differences are apparent among members of the same sex, but they are even more apparent when men and women are compared because aging takes place at different rates for the two sexes.

As differences increase with age, they predispose individuals to react differently to the same situation. For example, some men think of retirement as a blessing, while others regard it as a curse.

As a general rule, physical aging precedes mental aging, though sometimes the reverse is true, especially when the individual is, concerned about growing old and lets go mentally when the first signs of physical aging appear.

Aging Requires Role Changes

Just as middle-aged people must learn to play new roles, so must the elderly. In the American culture of today, where efficiency, strength, speed, and physical attractiveness are highly valued, elderly people are often regarded as useless. Because they cannot compete with young people in the areas where highly valued traits are needed, the social attitude toward them is unfavorable.

Furthermore, it is expected that old people will play a decreasingly active role in social and community affairs, as they do in the business and professional worlds. As a result, there is a marked reduction in the number of roles the elderly person is able to play, and there are changes in some of the remaining roles. While these changes are due in part to the individual's preferences, they are due mainly to social pressures.

Because of unfavorable social attitudes, few rewards are associated with old-age roles, no matter how successfully they are carried out. Feeling useless and unwanted, elderly people develop feelings of inferiority and resentment — feelings that are not conducive to good personal or social adjustments. As Busse and Pfeiffer have pointed out, "It is difficult to maintain a positive identity when one's usual props for such an identity, such as one's social and occupational roles, have been taken away".

There Are Many Stereotypes of the Aged

Role changes among the aged are markedly influenced by the cultural stereotypes of old people, which in turn have led to unfavorable social attitudes toward them. There are three main sources of stereotypes about old age. First, folklore and fairy tales, handed down from one generation to another, tend to depict the aged unfavorably. Although it is true that some of these picture old people as kindly and understanding, many depict them as wicked and cruel, especially women.

Second, the elderly are often characterized unfavorably in literature as well as in the mass media.

PROBLEMS UNIQUE TO OLD AGE

- Physical helplessness, which necessitates dependency on others
- Economic insecurity severe enough to necessitate a complete change in pattern of living
- Establishing living conditions in accordance with changes in economic or physical conditions

- Making new friends to replace those who have died or moved away or who are invalidated
- Developing new activities to occupy increased leisure time
- Learning to treat grown children as adults

CONDITIONS AFFECTING CHANGE OF INTERESTS IN OLD AGE

Health

Changes in health and energy are reflected in an increased interest in sedentary pursuits and a decreased interest in activities requiring strength and energy.

Social Status

Older people of the higher social groups usually have a wider range of interests than those of the lower groups. Many of these are carry-overs of interests developed earlier in life.

Economic Status

The older person who has inadequate money to meet his needs may have to give up many interests that are important to him and concentrate on ones that he can afford, regardless of whether they are meaningful to him or meet his needs.

Sex

Women have more interests in old age, just as they do throughout adulthood. Men who are retired often find it difficult to cultivate interests to occupy their time.

Values

Older people may come to value social contacts, rather than hobbies as a compensation for the loneliness that retirement or loss of a spouse brings.

RELIGIOUS CHANGES DURING OLD AGE

Religious Tolerance

With advancing age, the individual adheres less strictly to religious dogmas and adopts a more lenient attitude toward the church, the clergy, and people of different faiths.

Religious Beliefs

Changes in religious beliefs during old age are generally in the direction of acceptance of the traditional beliefs associated with the individual's faith.

Religious Observances

Decline in church attendance and participation in church activities in old age is due less to lack of interest than to factors such as failing health, lack of transportation, embarrassment about not having proper clothing or being able to contribute money, and feeling unwanted by the younger members of the church organizations. Women continue to participate in church activities more than men do because of the opportunities they offer for social contacts.

INTERESTS IN DEATH

During childhood, adolescence, and—to a lesser extent—early adulthood, interest in death revolves more around life after death than on what causes a person to die. As a result of religious training in the home, Sunday school, church, or synagogue, many young people have distinct concepts of heaven or hell and about the afterlife.

As the person grows old, he often becomes less interested in life after death and more concerned about death *per se* and about his own death. This is especially true of el-

derly people whose physical or mental condition has begun to deteriorate. When the elderly person's health fails, he often concentrates his attention on death and becomes preoccupied with it. This is in direct contrast to younger people, to whom death seems very far away and is of little concern.

When interest in death shifts from interest in the afterlife to interest in the individual's own death, it is usually concentrated on three questions, discussed below. Even when these questions dominate the elderly person's interest in death, he may still fear it because of uncertainty about whether there is an afterlife and what it will be like.

The first question about death that is of profound interest to many elderly people is: When will I die? While they know that no one can predict this with any degree of accuracy—not even the ablest doctors or life insurance actuaries—they try to estimate approximately how much longer they have to live on the basis of the longevity of family members and the present state of their health.

Even elderly people who have no fear of death may want to know how much time they have left because of what they regard as "unfinished business" in their lives—a trip they had always planned to take or a project they want to complete, for example. Many older people want their doctors to be frank about impending death so that they can tend to this unfinished business or settle their affairs.

The second question about death that concerns many elderly people is: What is likely to cause my death? While statistics show that heart disease, cancer, strokes, and accidents are the most common causes of death among the elderly, many die from other causes.

Interest in the question of what will lead to the individual's death centers around four major areas of concern. First, he wonders whether he can do anything to ward off his death, even for a short time. For example, if he knows that he is in danger of having a stroke because of high blood pressure, he may try to lower it by relaxing, by losing weight, and by taking proper medication.

The individual's second concern about what will cause his death stems from his desire to take care of unfinished business, as discussed above. Knowing what the probable cause of his death will be gives him some idea of the time remaining to him, since some diseases progress more rapidly than others.

Financial considerations are the individual's third concern relating to the question of what will cause his death. If he has reason to suspect that he may die as a result of a heart attack, for example, which comes quickly and is not likely to involve a long period of invalidism, he may have an "eat, drink, and be merry" philosophy about his money, as opposed to a person who believes that his death will be a slow and lingering process and will involve great medical expenses for him and his family.

Fourth, the individual wants to know what the cause of his death will be because this determines whether his last days will be debilitating and painful or whether he has a good chance of remaining mentally alert and physically active until the end.

The third question about death that most elderly people ask is: What can I do to die as I wish to die? In

the past, many men and women accepted the belief that death is a matter of "God's will" and that the individual should have no voice in the matter. Today there is a growing tendency, fostered by those who believe in euthanasia and backed by the theories of some members of the medical, psychological, psychiatric, and legal professions, as well as by some members of the clergy, that the individual should have some say about how he will die and even when he will die. Proponents of euthanasia, or "mercy killing," believe that those who are suffering from a painful, incurable disease or who are hopelessly injured should be put to death or allowed to die peacefully, by doing nothing to prolong their lives, such as performing surgery or giving artificial respiration or blood transfusions. However, such solutions to the problem of the hopelessly ill or injured person are the subject of heated legal, religious, and medical debate.

The elderly person who believes that he has the right to determine the manner of his death is urged to make a "living will," in which he spells out his wishes in this matter. A living will differs from a traditional will in three major respects. First, it contains information about how the individual wishes to die and about what he wants done with his body, rather than information about what he wants done with his material possessions; second, its contents are always known to the next of kin before his death so that they will be able to carry out his wishes; and third, a living will is not a legal document, as a traditional will is.

The elderly person who believes that he has the right to die in dignity and peace and to be spared a long, debilitating illness that may sap the energies and financial resources of family members sometimes believes that he is justified in taking his own life while he is still physically and mentally able to do so, after a careful and accurate medical diagnosis has shown that there is no hope of recovery. Even if his earlier moral and religious training has emphasized the wrongful nature of suicide, his personal belief that he has a right to determine the time and manner of his death may be strong enough to counteract any feelings of guilt he may have about committing such an act.

ADJUSTMENTS IN OLD AGE

Two of the most difficult developmental tasks of old age relate to areas which are especially important for all adults—work and family life. The elderly person faces adjustment problems in these areas which are similar in some respects to those he faced earlier but which are unique in many ways. Not only must he adjust to his working conditions, but he must also adjust to the realization that his usefulness is lessened as he grows older and that his status in the work group decreases. Furthermore, he has the problem of adjusting to retirement when the time comes.

In the family, older men and women must adjust to depending on each other for companionship; to the lack of contact with, and influence over, their children; and often to the loss of a spouse. Unmarried elderly people often face adjustment problems that are more serious than the ones confronting those who are married or who have lost a spouse.

Vocational and family adjustments in old age are complicated by economic factors which play a far more important role "now than they did earlier. Although government aid, in the form of social security, old-age benefits, and Medicare, and the gradual spread of retirement benefits from business and industry alleviate the elderly person's financial

problems to some extent, they by no means solve them. This is especially true during periods of spiraling inflation.

ADJUSTMENT TO RETIREMENT

Until recently, retirement was a problem that affected relatively few workers. Today, however, with the widespread acceptance of compulsory-retirement policies and the growing tendency for men and women to live longer than ever before, retirement is becoming one of the major social problems of our culture. Each year, the gap between the total life span and the span of the working life for men and women is widened. As a result, the length of the retirement period grows longer and longer for more people.

To the younger person, whose days are so often overly crowded with duties and responsibilities, the years of retirement or semiretirement seem like a golden period of life. By middle age, thoughts of retirement grow increasingly strong, not only because the individual finds the burden of work becoming heavier and heavier as his strength and energy diminish, but also because he realizes that he is waging a losing battle in his competition with younger workers.

When retirement actually comes, however, it may seem far less desirable than it did earlier. For most elderly people, there is a marked difference between the expectations before retirement and the realities of retirement.

Certain conditions facilitate adjustment to retirement. First, the person who retires voluntarily will adjust better than one who is forced to retire, especially if he wants to continue to work. Second, poor health at the time of retirement facilitates the adjustment, while good health is likely to militate against it. Third, most workers find that tapering off is better than abruptly ending patterns of work and living established many years earlier.

A fourth factor in adjustment is preretirement planning. The individual who has developed an interest in substitute activities which are meaningful to him and which provide many of the satisfactions he formerly derived from his work will not find adjustment to retirement emotionally disturbing. As Back has pointed out, "The more retirement is looked on as a change to a new status, and the less it is perceived as the giving up of a prized status, the better the transition will be accomplished".

Because one of the most difficult aspects of retirement is that of severing social ties at work, a fifth aid to good adjustment to retirement is the provision for social contacts. Those who spend their retirement years in homes for the aged have more opportunities for social contacts and recreational activities than those who remain in their own homes or live with relatives. However, unless such institutions provide opportunities for activities that will promote a feeling of usefulness, they will not contribute to good adjustment to retirement.

Sixth, because changing a pattern of living becomes increasingly difficult with each passing year, the less change retirement necessitates, the better the individual will adjust to it. It has been reported that those who can stay in their community and who have enough money to live just about as they lived before retirement make the best adjustment to it.

Women, as a whole, adjust more easily to retirement than men. The role change is not as radical for them because

they have always played the domestic role, whether they were married or single, throughout their working lives, in addition to their vocational role. Furthermore, because few have held executive positions, they do not feel that they have suddenly lost all their power and prestige. Men, on the other hand, have less readily available means of deriving satisfaction to replace that which their work provided, and as a result, they adjust less well to the role change necessitated by retirement.

FACTORS AFFECTING SEXUAL BEHAVIOR IN OLD AGE

Pattern of Earlier Sexual Behavior

People who derived enjoyment from sexual behavior and were sexually active during the earlier years of their marriage continue to be sexually more active in old age than those who were less active earlier.

Compatibility of Spouses

When there is a close bond between husband and wife built on mutual interests and respect, the desire for intercourse is much stronger than when a frictional relationship exists.

Social Attitudes

Unfavorable social attitudes toward sex in old age make many elderly men and women feel that interest in sexual matters not only is "not nice" but may even be perverted.

Marital Status

Married people are more likely to continue sexual activity into old age. Those who are single or divorced or whose spouses have died usually do not have a strong-enough sex drive to make them seek partners.

Preoccupation with Outside Problems

When either spouse is preoccupied with financial, family, or other problems, it tends to weaken his sexual desire. If he eats or drinks excessively in order to escape from these problems, his sexual desire is further weakened.

Overfamiliarity

Being together too much over a long period of time tends to deaden a couple's sexual desire in old age.

Impotence

Many men who find themselves impotent on one occasion, regardless of the condition that gave rise to it, withdraw from further sexual activity to avoid the ego-shattering experience of repeated episodes of sexual inadequacy.

ADJUSTMENT TO LOSS OF A SPOUSE

Loss of a spouse in old age may be due to death or divorce, though it is far more likely to be due to the former. Because it is customary for women to marry men their own age or older than they and because men, on the average, die sooner than women, widowhood in old age is far more common than widowerhood.

People in their sixties and seventies do get divorces, but far less frequently than younger people. No matter how unsatisfactory marriage may be to elderly people, most of them do not contemplate ending it in a divorce court. When they do decide to get a divorce in old age, it is generally not a new decision, but rather something they have contemplated since the early days of marriage but have put off for their children's sake or for economic reasons.

It has been estimated that 50 percent of sixty-year-old women are widows, while 85 percent of women age

eighty-five are widows. There are no statistics available concerning the number of men of comparable ages who are widowers, but there is reason to believe that because widowers at every age remarry more than widows do, the percentages would be far less. Thus widowhood is a greater problem than widowerhood during old age.

Adjustment to the death of a spouse or to divorce is difficult for men and women in old age because at this time all adjustments are increasingly difficult to make. When a man's wife dies shortly after he retires, this greatly increases his difficulties in adjusting to retirement. Furthermore, because old age is a period during which interests narrow, especially social interests, the elderly person who is left alone cannot compensate for this by developing new interests as readily as he could earlier.

The widow usually has the additional problem of a greatly decreased income, which frequently necessitates giving up interests which she might otherwise have retained and which would provide her with opportunities for social contacts. Decreased income often means moving into new, smaller, and less desirable living quarters; going to live with a married child; or living in an institution, all of which require adjustment and further complicate adjustment to the loneliness which widowhood brings.

For the widower, the economic problem is far less serious than the problem of loneliness. Even though he may not always have been satisfied with his marriage, he still could count on his wife to provide companionship and to take care of his physical needs and manage the home. Furthermore, in are more reluctant than women about becoming dependent on their grown children and living in their homes, unless it is an absolute necessity. They also resist going to homes for the aged, partly because it implies loss of independence and partly because they do not like to be surrounded by people who are a constant reminder of their own advancing age. Therefore, they often solve the loneliness and dependency problems of widowerhood by remarrying.

Elderly people, especially women, often try to solve the problem of loneliness in old age by getting a pet, usually a dog or a cat. While a pet undoubtedly provides some of the companionship the lonely person craves, he should also attempt to establish social contacts, although this becomes more difficult with each passing year.

ADJUSTMENT TO REMARRIAGE

One of the ways older people solve the problem of loneliness after the loss of a spouse is by remarrying. However, adjusting to a new spouse, to a new set of relatives, to a new pattern of life, and sometimes to a new community or a new home in the same community is far from easy. And, as is true of younger people's marriage, it is the woman rather than the man who is expected to make most of the adjustments.

The adjustment problem of remarriage is often complicated by age differences, which militate against congeniality of interests and similarity of values at any age. Older men, it has been reported, usually select younger women when they remarry. Up to middle age, "women usually marry older men or men of approximately the same age. After that, a reverse trend appears, and the tendency for older women to marry younger men increases with age. Often the man in a second or later marriage is fifteen to twenty years younger than the woman. While both men and

women in the later years of their lives do marry individuals of approximately their own age, the number of those who marry people younger than they has been reported by Bossard to be "surprisingly large".

While some remarriages in old age do not work out satisfactorily for those involved or for the other members of their families, remarriage late in life is reported to be usually very successful.

While remarriage is a common solution among elderly people for the problems of loneliness or sexual deprivation, some try to solve these problems by living together without marrying. Unlike young people, who usually live together to determine whether they are compatible before actually marrying, older people are more often motivated by practical financial considerations.

For example, if a woman's inheritance from her dead spouse is in the form of a trust fund that will end if she remarries or if her social security or other sources of income will cease with her remarriage, it might be impossible for her to marry a retired man and live on his social security and pension benefits. However, if the couple's combined incomes would make a comfortable life-style possible, they may accept living together without marriage as a solution to their problems.

Older couples who live together face the possibility of the strong disapproval of grown children, relatives, friends, and neighbors. Some cope with this problem by moving to another community, where new friends and neighbors will not know of their marital status, while others remain in their home community, ignoring the attitudes of others and maintaining that the enjoyment and satisfaction they derive from their chosen life-style more than compensates for its disadvantages.

FACTORS INFLUENCING ADJUSTMENT TO OLD AGE

Preparation for Old Age

Those who have not prepared themselves psychologically or economically for the changes that old age inevitably brings often find adjusting to these changes a traumatic experience.

Earlier Experiences

The difficulties experienced in adjusting to old age are often the result of earlier learning of certain forms of adjustment that are not appropriate to this period of the life span.

Satisfaction of Needs

To be well adjusted in old age, the individual must be able to satisfy his personal needs and live up to the expectations of others within the framework of life provided for him.

Social Attitudes

One of the greatest handicaps to good adjustment in old age is society's unfavorable attitude toward the elderly.

Personal Attitudes

A resistant attitude is a serious obstacle to successful adjustment in old age.

Method of Adjustment

Rational methods include accepting the limitations of age, developing new interests, learning to give up one's children, and not dwelling on the past; *irrational* methods

include denying the changes that come with age and trying to continue as before, becoming preoccupied with the pleasures and triumphs of bygone days, and wanting to be dependent on others for bodily care.

Health Conditions

Chronic illness is a greater handicap to adjustment than temporary illnesses, even though the latter may be more severe while they last than the former.

Living Conditions

When an elderly person is forced to live in a place that makes him feel inferior, inadequate, and resentful, this has an unfavorable effect on the kind of adjustment he makes to old age.

Economic Conditions

It is especially difficult for the elderly person to adjust to financial problems because he knows that he will have no opportunity to solve them, as he could when he was younger.

CONDITIONS CONTRIBUTING TO HAPPINESS IN OLD AGE

- A favorable attitude toward old age developed as a result of earlier pleasurable contacts with elderly people
- Happy memories of childhood and adulthood
- Freedom to pursue a desired life-style without outside interference
- A realistic attitude toward, and acceptance of, the physical and psychological changes that aging inevitably brings
- Acceptance of self and present living conditions even if these fall below expectations
- An opportunity to establish a satisfying, socially acceptable pattern of life
- Continued participation in interesting and meaningful activities
- Acceptance by, and respect from, the social group
- A feeling of satisfaction with present status and past achievements

REFERENCE

1. Botwinck J (1973). *Aging and Behavior*. New York, Springer.
2. Birren JE (1964). *The Psychology of Aging*. New Jersey, Prentice Hall.
3. Pfeiffer EW (1969). *Behavior and Adaptation in Late Life*. Boston Press.
4. Havighurst RJ & Glasser R (1954). *Older People*. New York, Longman.
5. Koller MR (1972). *Social Gerontology*. Random House Press.
6. Palmore EB (1970). *Normal Aging*. Duke University Press.
7. Tibbitts C (1960). *Handbook of Social Gerontology : Societal aspects of Aging*. University of Chicago Press.
8. Johnson WM (1970). *The Years After Fifty*. McGrath Publishing.
9. Kastenbaum R (1965). *Contributions to the Psychobiology of Aging*. New York, Springer.
10. Lawton G (1951). *Successful Aging*. New York, Columbia University Press.
11. Shock NW (1967). *Trends in Gerontology*. Stanford University Press.
12. Veder CW & Leikowitz AS (1965). *Problems of the Aged*. Springfield, Charlie Thomas.