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## Aging – A State of Mind?

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Old age in itself is not a disease. It is an attitude, a state of mind. One should not speak of aging and old age as being synonymous. It is difficult to assess aging because at the very moment of assessment and observation, change is occurring. "Agedness," if one may use that term as denoting the psychopathology of the late period of life, represents a crisis in slow motion. It is not true that man is young one day and old the very next. Just as night does not fall all at once, so there is, between youthfulness and agedness, a twilight period.

Change is constant. The oldest living beneficiary of social security in 1971 was Charles Smith of Barstow, Florida who was 128 years of age on July 4, 1970. In that year (1971), there were 4,574 centenarians. In 1977, there were 9,500 centenarians in a total population of 216,827,971 in the United States (estimated as of 8 a.m., April 12, 1977). These figures would seem to indicate a gradual increase in longevity.

In human growth, there is no adult plateau period. The mistaken notion prevails that when maturity is reached, there is a long period of physical stability and then suddenly, a rapidly accelerating downhill slide. Actually, most changes seem to be gradual and progressive. From the ages of 30 to 40, the changes in nerve conduction, velocity and cardiac output, for example, are quantitatively the same as from ages 60 to 70. In terms of a theory of aging, therefore, the body dies a little every day.

In each individual there is the timelessness of his unconscious and his personal history – the secret personal legend as it comes to grips with reality and the universality of the human condition.

Another example of such normal change is the glucose tolerance curve of the aging body. Taken at its face value, most of the aged population would be considered diabetic, if one were to consider only the blood sugar.

Although it may be difficult to define old age, it may not be as difficult to focus on those elements that contribute to the pathology that may emerge in later life and be characteristic of agedness. Old age may be considered as yet another of the developmental phases in the sense that it is not static, and the defensive responses to the deficits — physical and psychosocial — may be both old and new. Every phase in the human life cycle has specific traumatic elements that are germane and unique to each particular age group. The same is true of the aged, who have, however, throughout their life accumulated multiple scarring through their exposure to all the sources of human suffering.

Social pressures and inadequate resources create many of the dysfunctional features of old age. It is in the care of the elderly that society most often fails to replace social losses or meet new social needs. It is a form of social denial in which the person is expected to take on the sole responsibility for the situation in which he finds himself, thus transforming collective guilt into personal deficit.

There is great variability in the process of growing old. In view of this variety, what are the causal factors, psychologically-psychiatrically, in the elderly? My thinking, at the moment, comes up with four overlapping basic causes:

1. unfavorable organic conditions in the brain, e.g., acute and chronic brain disorders;
2. psychiatric disturbance of real mental illness caliber, not directly attributable to old age organic factors;
3. breakdown or loss of previously adequate psychological defenses;
4. inability to utilize or relate to environmental potentialities or opportunities for a better adjusted, more satisfying life.

The psychiatrist usually deals with the third and fourth categories to which I will limit my discussion.

### **Forced Retirement**

Before dealing with these topics more specifically, I would like to address an aspect of aging about which I have strong feelings. This is the question of involuntary retirement. It is very common in this city (Washington, D.C.) because of forced retirement from the federal government. Persons employed by the federal government expect to be retired at approximately age 65 and consciously look forward to this. In reality, however, they dread this possibility because it means a loss of identity, a loss of usefulness, becoming a "nobody," a loss of status, and in some cases, a loss of income. Overnight they go from a person of importance to a person of unimportance. This appears to be more true in males than females. Perhaps this is equivalent to saying that women retire "to" something, whereas men frequently do not. I am not sure what can be done about involuntary retirement, but it is important to retire "to" something.

"Keep up your spirits," advised Benjamin Franklin at 80, "and that will keep up your bodies."

Now that I have had my say about involuntary retirement, what can be done about it? I would like to suggest that it be eliminated. But I fear it is too late for this. The practice is too well established. What I would like to suggest is that those who counsel aging individuals about retirement should urge them to plan in advance for leaving their jobs. They should urge them to keep up memberships in private clubs and organizations. They should urge them to be involved and not stay at home but keep involved in social and civic affairs. Let the by-word be "Keep active."

Another aspect of aging about which there are many misconceptions is its sexual aspects. Age should not bring great changes in sex life, except perhaps in slowing it down. This is perhaps not directly related to my title but there is no doubt in my mind that disturbances in this area are psychogenic.

The continuance of sexual activity in the aged has been documented by quite a number of investigators. Kinsey (1948) and his associates reported their findings on 125 men and 56 women of 60 years and above — findings that have been confirmed by subsequent studies. Newman and Nichols reported that:

... given the conditions of reasonably good health and partners who are also physically healthy, elderly persons continue to be sexually active in their seventh, eighth and ninth decade.

We hear a great deal about the sex life of the aging male, but not much about the aging female. For this reason some excerpts from *The Hite Report* are worthwhile. Aging women do have sexual interest as shown in the following informative quotations:

I am answering your questionnaire because I feel there are not enough statistics about women septuagenarians (I am seventy-eight), not enough understanding of the widow's situation. At my age and without responsibilities I do not want matrimony but I have a continuing sex drive which keeps me looking fifteen to twenty years younger than my chronological age. Also I had heart surgery two years ago, which has completely rejuvenated me. I want to live to the fullest extent of my capabilities.

I am sixty-seven, and find that age does not change sex much. Circumstances determine it. I have had much more sexual pleasure, both with my husband and other mates in recent years. I love not having menstruation.

I am sixty-six and sexual desire has not diminished. The enjoyment is as great as ever. I think it might diminish if you couldn't have sex. But enjoying it has nothing to do with age.

### Self-Imagery

A few words seem appropriate about the psychodynamics of normal aging. E. B. White, shortly after his 70th birthday is quoted as having said:

I gaze into the faces of our senior citizens in our Southern cities and they wear a sad look that disturbs me. I am sorry for all those who have agreed to grow old. I haven't agreed yet. Old age is a special problem for me because I've never been able to shed the mental image I have of myself — a lad of about 19.

An American begins life with an all-possible promise. Anyone can attain the presidency of the United States. Dreams of glory are part of the human experience from earliest childhood. Such fantasies persist in spite of the aging process although they may not be verbalized.

Psychiatrists in therapy are engaged in a type of life review of each of their patients. This makes them aware of the fantasies of their aging patients. Trips to the family home, to alumni reunions, and to other significant places and events may be helpful by extending recall of the past, even though these recollections may be painful and disagreeable. Family photograph albums may be used as an aid in recollection. The tragedy of late life is that the legend is running out, and the forces marshaled against maintenance of an assured image are numerous and often compelling.

The transition from a well-stabilized psychological maturity of the personality to one of decline starts at various ages, and although it may have its basis in physical change, it is really a psychological change. When one begins to look back at one's past with fond nostalgia and at the future with apprehension and feelings of insecurity and when the past becomes "the good old days" and the present and future disturbing, aging has begun.

To avoid anxiety, the aging individual clings to the plane of adjustment already achieved, no matter how faulty. He is loath to give up old, automatized and habitual patterns of behavior and reacts to new situations as to some danger, with hostility and irritability. Change is regarded with suspicion and fear, and the person clings tenaciously to a world in which he has achieved his maximal instinctual gratification and his nearest approach to a mastery of his environment. This is usually referred to as "rigidity" and is a normal characteristic of aging individuals.

Conservatism and psychic rigidity are, in essence, ego defenses against anxiety — that is, dynamic mental processes, rather than fixed habit patterns beyond therapeutic reach. For all practical purposes, however, this rigidity may keep the aged out of step with the ever-changing world and act to isolate them and add to their insecurity.

Activity on the part of the aging is very important. They should be encouraged to solve their own problems. If they delegate these responsibilities to others, it tends to deprive them of their self-mastery and control. Although takeover may be necessary as a protective device to save them from their own judgmental or physical deficits, control of their independent actions is being usurped. The response on the part of the aged in such circumstances is either one of rage and accusation,

hanging onto any vestige of control, or one of denial, which may be either vigorous or pitiful, depending on the circumstances.

As mentioned earlier, the practice of forced retirement may bring about these feelings, because a job situation often lends a person an identity without which life may be intolerable. Being useful to the family, community and society and being a productive member of a group creates a sense of worth in the aging person.

Time does not permit a detailed discussion on the psychopathology of the aging. I have attempted to show that aging is more a process of the psyche than of the body.

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## **New Right to Life Poster**

President Carter's encouragement of the Right to Life movement, the attitude of HEW Secretary Joseph Califano, the Pro-Life posture of some recent judicial decisions, and the success of the Hyde, anti-abortion bill in the House, brings new encouragement to Christians engaged in the Right-to-Life struggle. Thousands active in the effort are calling attention to the question by wearing a pro-life medallion.



Designed by a Glenmary priest working in the Southern highlands, the medallion is now being distributed through a parish poster available upon request to any priest, organization, or other individual wishing to promote the life cause. The poster, 8" x 14," is equipped with envelopes for convenient ordering and includes a sample medallion affixed to the poster with adhesive backing. Medallions may also be ordered directly from Ministers for Life, Route 1 Box 6A, Vanceburg, KY 41179, for a minimum donation of \$2. Right to Life information is also enclosed with each mailing.