PSYCHOLOGICAL ASPECTS OF AGING

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Abstract

Psychological aspects of aging, based on gerontological hypotheses and research findings, are presented under three headings; intellectual abilities; emotional capacities; motor capabilities. Consequent practical implications of such facts and ideas for persons concerned with the well-being of aged persons are discussed.

Résumé

Les aspects psychologiques du vieillissement, à base des hypothèses et des découvertes de la gérontologie, sont présentés sous trois titres: les compétences intellectuelles, les capacités émotives, et les capacités motrices. Nous discutons ensuite les implications practiques de ces faits et de ces idées pour la personne préoccupée par le bien-être des personnes plus agées.

The following discussion of the psychological aspects of aging arises out of a double interest on my part. The first is my interest as a psychologist in the social implications of aging (Mooney, 1974, 1975, 1978). The second is my interest as a man in his sixty-sixth year in the personal implications of growing old. My observations are intended to be of practical use. They are grounded for the most part in the relevant scientific findings. They are occasionally theoretical or speculative where such findings appear to be lacking.

Since I am primarily concerned here with gerontology rather than geriatrics, I shall not be talking about the morbid or pathological aspects of aging nor the related problems of medical, nursing, hospital, and institutional care. Such matters are best dealt with by specialists in those fields. I want to talk about aging as most of us shall be or are now experiencing it — that is, as a *natural developmental process in the normal life-cycle.*

Since this is a brief paper, and the scope of gerontology is wide, I can present only a few of the more important scientific findings about the aging process and the state of being old. They are about psychological functioning — that is, changes in intellectual, emotional, and physical behaviour with increasing age. They are not my findings; they emerge out of the extensive literature on the psychology of aging. You are probably somewhat familiar with them. My purpose in bringing them again to your attention is to indicate their practical importance for those of us who are responsible for the well-being of elderly persons.

I find it convenient to present this material under three headings and in this order: first, intellectual abilities; second, emotional capacities; third, motor capabilities.

Intellectual Abilities

The preservation of our intellectual abilities — learning, thinking, imagining, reasoning, remembering — is of great importance to us as we grow older, and of much concern to those persons — wife, husband, children, friends, doctor, nurses — who may be responsible for us in our final dependency. It is reassuring to learn that some of our apprehensions on this score may be unwarranted.

It has been commonly assumed that with increasing age there is a gradual, inevitable, and irreversible decline in intelligence. This is unacceptable to most psychologists and gerontologists. The view is based on cross-sectional studies comparing the performance of young people with old on standardized tests of general intelligence. since such studies have not been verified by longitudinal studies and have not taken into account generational differences and discount individual differences within different age-groups, the simple conclusion that increasing age means declining intelligence cannot be maintained. There is good evidence that, given optimal conditions such as sound health, social involvement, and environmental stimulation, certain intellectual functions continue to improve into very old age. When, instead of using global measures of general intelligence, we employ measures of differential mental aptitudes we are able to distinguish between mechanical, logical, highly speeded forms of reasoning, associating, and responding and those cognitive and perceptive forms of knowing and

comprehending that are grounded in past experience and current activities; while the former modes decline somewhat but not much before the late sixties, the latter tend to increase with increasing age.

Since learning is a function of intelligence, the general assumption that learning ability declines with age can be similarly challenged. Gerontologists are inclined to think that observed deficits in learning may be due to performance differences between young and old persons rather than to diminished ability to learn as such. There is evidence to suggest that where learning conditions are made optimal for old people and there are adequate conditions in terms of incentive, feed-back, and social and objective rewards, there will be little decrement in their learning ability.

To acquire, retain, and have access to inner knowledge — what we may call the memory functional — is fundamental to effective learning, thinking and behaving. As with intellectual and learning abilities, the ability to remember is commonly believed to decline with age; but here, too, it can be theorized that the apparent decrements may not be due to diminished memory ability or loss as such, but may reflect performance difficulties. There is plenty of evidence that memory performance difficulties increase with age. They show up on speeded tasks, on activities calling for continuous switching of attention or change of set or free recall rather than recognition. There is slower access to stored information, difficulty in finding the right word or calling up the wanted name at the moment it is required, but no difficulty in recognizing or acknowledging the sought-for word or name when it is finally conjured up. Some gerontologists suggest that there are two major impediments to smooth memory function: one, slowness in the mental processing of information — that is, getting information into storage; two, delayed access to or retrieval of information from storage. If indeed the memory function itself remains in working order into old age despite in-put and out-put difficulties, then remedial strategies of various kinds can be developed and utilized effectively by old people.

Emotional Capacities

The prospect of growing old and dying confronts each of us throughout our lives. The awareness of growing older, the realization that one has become old, the experience of being defined as an oldster under the legal and economic terms governing employment, retirement, and pensionability, the social losses and cultural deprivations suffered in the dependency of advanced age, the onward coming of the period of terminal decline and final death — such premonitions and realizations come to challenge our personal integrity and emotional stability in the concluding years of our life-cycle. While not all of us have the resources to meet that challenge, it is evident from the great increase in life-expectancy that most men and women are able to make an adequate adjustment to the experience of growing old and the consequences of old age. How seriously they are troubled in the process and how well they live life to the end depends upon the kinds and amounts of private resources and public provisions available to them.

Psychologists and gerontologists do not yet have sufficient understanding of personality structure in old age to enable them to explain why some people age easily and successfully and others suffer much psychic distress. They doubt that there is a common pattern of adjustment to old age, or that any single theory, such as activism or disengagement, could give a sufficient account of adaptive behaviour in old age. It is evident from numerous studies that there are factors other than attitudes of acceptance or rejection of age itself that appear to be prime determinants of felicitous old age — such factors as good health and physical fitness, social status and economic security, age-integrated communities, family fraternization, informal socialization with friends, and future-centered interests and commitments.

The affectional and sexual propensities, capacities, and needs of old people have not been sufficiently studied, due mainly to the difficulty of pursuing intimate inquiries with a generation of men and women who still consider the language and acts of love, passion, and eroticism to be private matters. The available information indicates that although there is a decline in sexual activity and diminished interest in sexual topics, sex nevertheless continues to be an important element in the lives of most old people. While there is a steady decline in sex drive from the late teens throughout the life-span, there are marked individual differences in the rate of decline; some men and women continue to have intercourse well into old age.

It has been observed that for many old people there is a reduction in interpersonal contacts and affectional relations. Some gerontologists see this as a withdrawal symptom, as evidence of an increasing tendency with increasing age to separate oneself from other people and to disengage from social activities. Such introverted behaviour is sometimes associated with depressive states, regressive behaviour, and depersonalization. Few gerontologists would regard this kind of dissociation and disengagement as a normal or necessary concomitant of aging; they would see it as a consequence of social devaluation and cultural rejection by the community.

Motor Capabilities

We know that to be independent we have to be self-dependent; therefore we value highly our ability to employ our senses, muscles, and limbs in looking after our body, moving about freely, and manipulating things. It is not surprising that one of the major psychological hazards of growing old is the fact that the loss of physical self-dependence means some loss of personal liberty. Our concern on this score is justified, since there is no doubt that the aging person suffers a gradual loss in sensory acuity and motor facility. The degrees and rates of loss and ranges of individual differences along the age-spectrum for the various sensory and motor modalities have been well established by physiologists. Notable, in addition to the phenomenon of the aging of specific sensory-motor processes, is the apparent decline in the general physical activity of old people — the reduced amount and slower pace of locomotion, manipulation, reacting, and responding. Our interest in this slowing down of sensory-motor functions in old age is not in the neurological factors that are almost certainly involved but in the psychological factors that are probably involved as well.

There is no doubt a considerable decline in the efficiency of hearing and seeing with advancing age; however, some gerontologists suggest that the magnitude of the loss may be over-estimated due to the greater cautiousness of elderly persons. Aware of their increasing vulnerability to misreading or misunderstanding the meanings of incoming signals and messages, they tend to insure for correct perception by double-checking through re-hearing or re-reading. The gerontologists point out that this need for perceptual checking and the resort to risk-avoidance strategies may account for a large part of performance decrements in aged persons usually attributed solely to neurophysiological failings.

The general slowing down of the pace of over-all behaviour in old age appears to be due to slower processing of neural impulses in the central nervous system. The evidence comes from measures of brain activity such as flicker-fusion rates, EEG wave patterns, sensory deprivation effects, and the like. But there is evidence, as well, that psychological factors conductive to a heightening of interest, motivation, and activation have a considerable bearing on the outcome and interpretation of neurological tests. Gerontologists speculate whether it is age itself which accounts for slow responding or some of the *commonly associated conditions of old age* such as poor physical tonus, *lack of exercise,* neglect or disuse of bodily functions. As with mental and emotional functioning, explanations of changes in motor functioning have to take account of marked individual differences associated with sex, personality, intelligence, education, and profession.

These three brief resumes cover only a few of the many interesting findings and hypotheses concerning the psychology of aging that might have been included in a much lengthier presentation. The findings I have presented here are, I believe, those that seem to have greatest practical importance for those of us who are concerned for the well-being of old people. For those of you who may want a more comprehensive review of research findings in this field I recommend two key articles, one by Botwinick (1970) with 394 references, the other by Schaie and Gribbin (1975) with 354 references.

Let me turn now to the gist of these findings and indicate their importance for those of us who plan and provide facilities and services for our elderly citizens.

Implications

Our brief survey makes it plain that we cannot simply say that with increasing age there is a decline in our mental, emotional, and physical faculties and powers. Statements concerning functional losses associated with age have to relate to specified functions, and it then becomes apparent, as our findings have shown, that the only general statements that can be made have to be of the following kinds: (i) that some but not all of our physiological and psychological functions decline with increasing age; (ii) some of the functional declinations are inevitable and irreversible, others are not; (iii) where particular functional losses are inevitable, the time of onset may be later, the rate of decline slower, and the amount of loss less than seems apparent; (iv) times, rates, and amounts of loss in specific functions vary widely between individuals of the same age; (v) times, rates, and amounts of loss are to a notable extent affected by felicitous or infelicitous personal, social, cultural, and environmental resources and circumstances.

If we are to avoid generalizing about the aging process we must also avoid generalizing about aged persons. We are not entitled on the scientific evidence to declassify and reclassify mature adults on the basis of chronological, legal, or other formal measures of age; neither are we entitled to make estimates of their presumed or approximate age on the basis of the means and distributions of chronologically based group measures; what we want, instead is what does not yet exist outside the field of military medicine, namely, a precise, multi-factorial indexing system for assessing the actual fitness repertoire of the individual. However, the want of such a system does not justify the thoughtless tendency to view and deal with old people in invidious ways, as if they had become victims of a wasting disease whereby they had to be separated off from the main body of society and identified thereafter by such dehumanizing and

depersonalizing terms as: the aged, the elderly, oldsters, old folks, old timers, veterans, pensioners, senior citizens, and so forth.

These observations lead us to the idea of the central importance of morale in old age. There is much evidence that, for the aging individual, the problems of old age are not so much physical and physiological as psychological and sociological. Similarly, it seems that the planning, management, and services problems confronting those responsible for the well-being of old people are psychological and sociological. The problems are at bottom what we call human problems; they revolve around the adequacy or inadequacy of material provisions and environmental arrangements for the pursuit of life in its accustomed forms. It is very evident that most of us will continue to be ourselves as we grow old, will enjoy our social pursuits, will remain sentient and sensitive, will want to be busy with things, interested in happenings, anticipating small pleasures and major enjoyments up-coming in the future: all this as long as we are able. When so desiring to live, and knowing that we are capable of so living, we are prevented from doing so by social restrictions and economic constraints of one kind and another, we tend to become frustrated, embittered, and demoralized, and the common consequence of this distress is, of course, to make us increasingly vulnerable to the psycho-somatic aches and pains of old age. We become old before our time. We age as we need not. We come to verify some of the myths of old age.

In a paper (1978) first presented in 1976 at a medical conference on aging at Tufts University, I came to this same point at about this stage in my observations. I trust you will permit me to conclude these present remarks with the following passage from that paper.

Conclusion

The well-being of the person, at every age and throughout life, depends on the fulfillment of fundamental human needs. These are the existential needs for nourishment, stimulation, rest, affection, and affiliation which come to invest life with purposes and meanings. They become elaborated and refined during a lifetime into a hierarchy of needs ranging from simple organic needs through more complex personal and group needs up to complicated social and cultural needs. In the process of personal development, social adjustment, and cultural identification, man comes to formulate his needs in increasingly complex terms and to find greatest satisfaction in the fulfillment of needs at the highest levels. If fundamental human needs are not fulfilled in this progressive manner, the deprived person will not achieve the fullest development of his physical, mental, and emotional capabilities. When well developed high-level needs are denied, the frustrated person becomes vulnerable to psychopathological disorders of various kinds.

Advancing age makes the fulfillment of the fundamental human needs of old people not only more imperative but increasingly difficult. The bodily changes and functional failing associated with the state of being old make old people increasingly dependent on other people for the fulfillment of their needs. In these rearrangements those who assume responsibility for the well-being of dependent old people redefine their aging needs and determine the ways in which they will be met. The result may be an unnecessary curbing of well developed needs or unwarranted curtailment of well established ways of meeting them or, more serious, outright abrogation of some fundamental human needs with pathetic or tragic consequences for the old people concerned.

While the process of aging is inevitable, many of its disabling physiological consequences can be corrected or alleviated by medical, prosthetic, and pharmacological means. Similarly, while the experience of being old may be unavoidable, many of its disturbing psychological aspects can be minimized by methods of environmental planning, community design, and human engineering. Provision of these remedies makes it easier for people to accept and tolerate the inevitable and unavoidable consequences of aging. When such provision is overlooked or ignored in programs and services for the aged, the unrelieved physiological and psychological burdens of old people are further weighted by feelings of frustration, rejection, and alienation.

Infirmity or poverty compels many old people to give up their customary way of life and commit themselves to sheltered accommodations and supportive services provided by the community and the larger society. It is desirable in their best interests that, as far as the general economy of the community and the society will permit, these special living and care provisions for aged persons be well designed and generous enough to permit and facilitate fulfillment of their accustomed human needs not only in their simple form at basic subsistence levels but in their most developed forms at their highest levels of social and cultural development.

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