

Old age - Psychological aspect

THE CHALLENGE OF RESEARCH ON THE PSYCHOLOGICAL ASPECTS OF AGING*

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Tradition demands a retiring president to make some presumably well chosen remarks at the close of his term of office. Why this should be true, I cannot say. It may have developed from the concept that the president of an organization has attained maturity, and having filled his term of office, should be retired from active participation in the affairs of the Society. This, I am sure, is not the concept of Division 20 of the American Psychological Association. It might be recommended that Division 20 therefore abolish the customary presidential discourse. Such action would reduce the wear and tear not only on future presidents, but also on the membership as a whole. However, I would not myself be party to any such recommendation, since it would deny future presidents of a captive audience and the opportunity to get some ideas off his (or her) chest.

Since this is my only aim, any relationships between the announced title and my actual remarks will be purely coincidental. In choosing my topic, I was beset with conflicts. Should I follow precedent and present a scholarly review of the present status of research? Should I attempt to define the field of gerontology? Should I wrestle with the concept of "normal" aging? Should I presume to forecast future research developments? All of these attractive proposals I rejected in favor of the presentation of a few disconnected personal beliefs. The first of these is that psychologists have more to offer in the way of positive hopeful recommendations to aging people than any other group. Medical research tends to stress the increasing incidence of disease and disability among older people. Similarly, physiological studies tend to show the gradual impairment of function or loss of reserve capacities as people age. In contrast, psychological functions show maintenance of capacities through much more of the life span than do physiological functions and even demonstrate continued improvement particularly in those functions which are practiced in daily living. Thus, for example, the findings that vocabulary increased progressively through the ages of 60-70, in professional people, is in distinct contrast to the findings in institutional populations where language function is not a major factor in daily living. Furthermore, medical and physiological research has not progressed to the point where valid recommendations for avoiding the diseases and disabilities of old age can yet be made. Although I am convinced that further research will ultimately lead to knowledge of how to minimize the development of arteriosclerosis, arthritis, and other disabling diseases, the fact remains that we are still in the realm of uncertainty. In contrast, I think psychologists now are prepared to make some pretty solid recommendations for successful aging. Whether we, or any others, are prepared to follow these recommendations is another matter.

The importance of health status in the psychological adjustment of older people is not to be denied. Fortunately, or unfortunately, the relationship between behavior and physiological status is not too close, so that there is still a wide latitude of behavior adjustments possible within a given framework of health status. The health status of the individual may represent a ceiling on what he

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can do, but few people make the most of their potentialities. As everyone knows, the same physical impairment may produce invalidism in one individual, whereas another may learn to accept the disability and to make satisfactory behavior adjustments within the framework of his limited capacities. The factors that determine these wide individual differences in responses represent an important area for research for the future.

Although there is much to be learned about the psychological aspects of aging, we already have knowledge that could be applied. In the first place, there is an extensive body of literature indicating a gradual development of sensory impairment with increasing age. These impending losses in perceptual function should, however, frighten no one, since in the vast majority of aging people, the impairments in vision and hearing can be adequately corrected by prosthetic devices. Our real problem is not the partially deaf old man, but the partially deaf old man who refuses to wear his hearing aid. Thus, knowledge of the gradual diminution of sensory acuity, coupled with early recognition and acceptance of impairments, can largely overcome these disabilities. We can forewarn the aging individual of what will almost inevitably develop, but in addition can offer a solution to the problem. In my opinion, there is no reason why sensory defects should play any major role in the behavior adjustments among older people.

Secondly, psychologists know that with increasing age there will be a general reduction in the speed of performance. Although we do not yet know the reasons for the reduction in speed, we can certainly teach people to accept this as a common occurrence and to point out that many operations depend more upon accuracy and judgment than on sheer speed.

A third finding of importance is that older people, with adequate motivation, can learn. Perhaps the greatest stumbling block to working with older people is the often repeated cliché that you can't teach an old dog new tricks. What is really meant is that you can't teach any dog any trick unless he wants to learn it. Thus, the problem of learning and training in older individuals becomes one of developing and securing adequate motivation; this, in itself, is a fact worthy of note. Perhaps the difficulties in enlisting older people in adult education programs stem from our presumptions that the methods of teaching, which have proved effective in children and young adults, are the methods of choice for older people. This obviously represents an area where additional research must be concentrated.

A fourth finding of considerable practical importance is that the dissatisfactions of older people stem largely from anxiety with regard to health and economic status and from the feelings of rejection which our present social environment engenders. As a corollary, it may be said that part of the dissatisfactions of older people stem from their own unwillingness to accept changes. Psychologists can play a major role in minimizing the present dissatisfactions of older people. In the first place, knowledge of the natural history of many of the so-called chronic diseases can do much to minimize anxiety with regard to health. Furthermore, the formation of commissions for the study of problems of aging in many states and cities of the United States during the past two or three years is evidence that the community is becoming aware of the problem and is ready to accept recommendations for change. With the extension and liberalization of social security benefits, the anxiety of older people with respect to economic problems can be reduced. The problem of securing acceptance of change on the part of the older person can certainly be dealt with by psychologists since there is no evidence that older people are incapable of changing.

It seems to me, therefore, that psychologists can already make some pretty solid recommendations to aging people. Among these would be the maintenance of a

variety of interests, the acceptance of changes, and the recognition of the importance of active participation in community life. Although psychologists do not have all of the answers, they cannot be charged with being either empty handed or empty headed.

Recent research grants by private foundations and governmental agencies for the study of the sociological and psychological aspects of aging reflect the awakening of interests in this important area. Although most of these grants represent investigations directed primarily towards the practical problems of retirement, they offer a unique opportunity for fundamental studies as well. Although some of the studies include observations in measurements on individuals prior to their retirement, there is still too much emphasis placed on the study of individuals over the age of 60. Thus, we still need to emphasize the importance of aging as a process - a process which must be observed over the entire life span. This concept, which is certainly not new to this audience, is more easily expressed in the abstract than it is transferred to actual research activity. The primary question is "How can researchers obtain access to significant numbers of middle-aged people?" Although it is conceivable that one might build-up a significant sample through individual recruitment, it is obvious that for significant progress, we must find some way to obtain access to groups of individuals. In research on growth and development, progress was made by enlisting the aid of school systems where growing children abound. Obviously, the comparable situation with adults would be to obtain them in their working environment. This could be done in two ways. First, by association with departments and Institutes of Industrial Relations as now established in many universities, and secondly, by stimulation of industry to shift their historical interests from research on their product to research on the producer. The present preoccupation of industry with problems of retirement offers a unique opportunity to set up testing programs. One such program has been organized at the University of California in collaboration with the Institute of Industrial Relations. In this project, both physiologists and psychologists are collaborating in studies of individuals in the working situation. These programs should add significantly to our knowledge of the performance capacity of individuals of various ages. However, we have another source of research material which is as yet largely untapped. Although a number of large industries are, at present, developing programs for pre-retirement education under their own auspices, effective utilization for research purposes has not yet appeared.

The successes psychologists have already had in developing performance tests to select individuals for varying kinds of jobs should prove of value in developing tests and criteria for retirement. Since personal characteristics, motivation as well as actual capacities play an important role in performance, the psychologist occupies a key position in any program devoted to the development of criteria for retirement.

Although descriptive studies of middle-aged and older people are still needed, I believe the time is ripe to extend our studies to include an evaluation of methods proposed for the improvement in personal and social adjustments in older people. With the development of pre-retirement programs, the expansion of adult education activities, recreational centers, etc., the time is ripe for psychologists to step forward with specific recommendations. This, I believe, is a future role for activity of Division 20 of the American Psychological Association.