

Psychology of Aging: The Individual, The Family, The Caregiver

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OBJECTIVES

At the conclusion of this lecture you will be able to:

- Dispel the current 6 myths about aging for peers and patients
- Discuss the major societal trends in aging which will affect our patients
- Have a working knowledge of the developmental theories and how to use them clinically
- Discuss the family unit and how it ages
- Gain insight into the stages and stress of caregiving and how to intervene

AGING IS NOT OPTIONAL

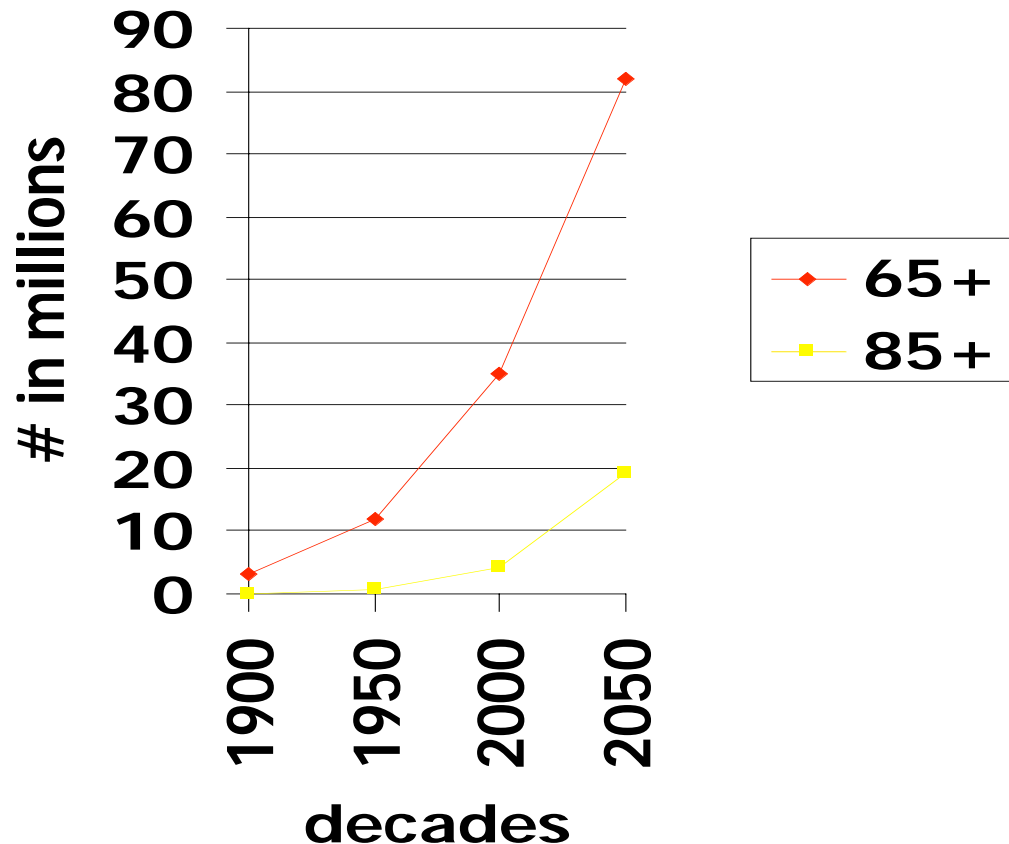
- Robert Butler, 1985, “This is not only the century of old age, but the century of the multigenerational family”
- While some people hold aging in high regard, most in our society treat aging with contempt, giving rise to the wisdom of...
 - Growing old isn’t so bad, it certainly beats the alternative
 - I’m not 81 years old, I’m 81 years young
 - Growing old is not for sissies!!!!

SIX MYTHS ABOUT AGING IN AMERICA

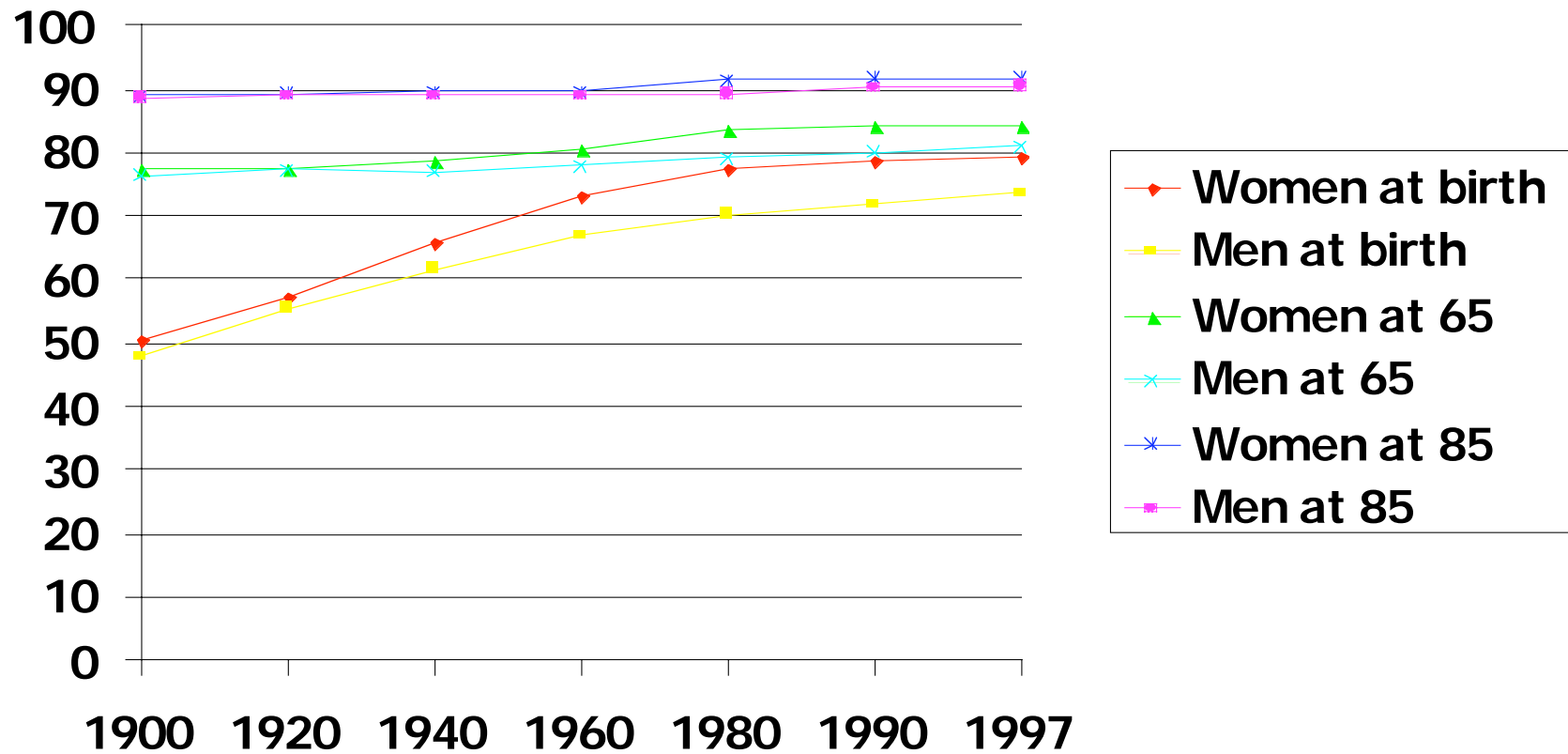
- Everyone over 65 years of age is “old”
- Most people over 65 are in poor health
- Older minds are not as bright as younger minds
- Older people are unproductive
- Older people are unattractive and sexless
- All older people are pretty much the same.

Changing Demographics

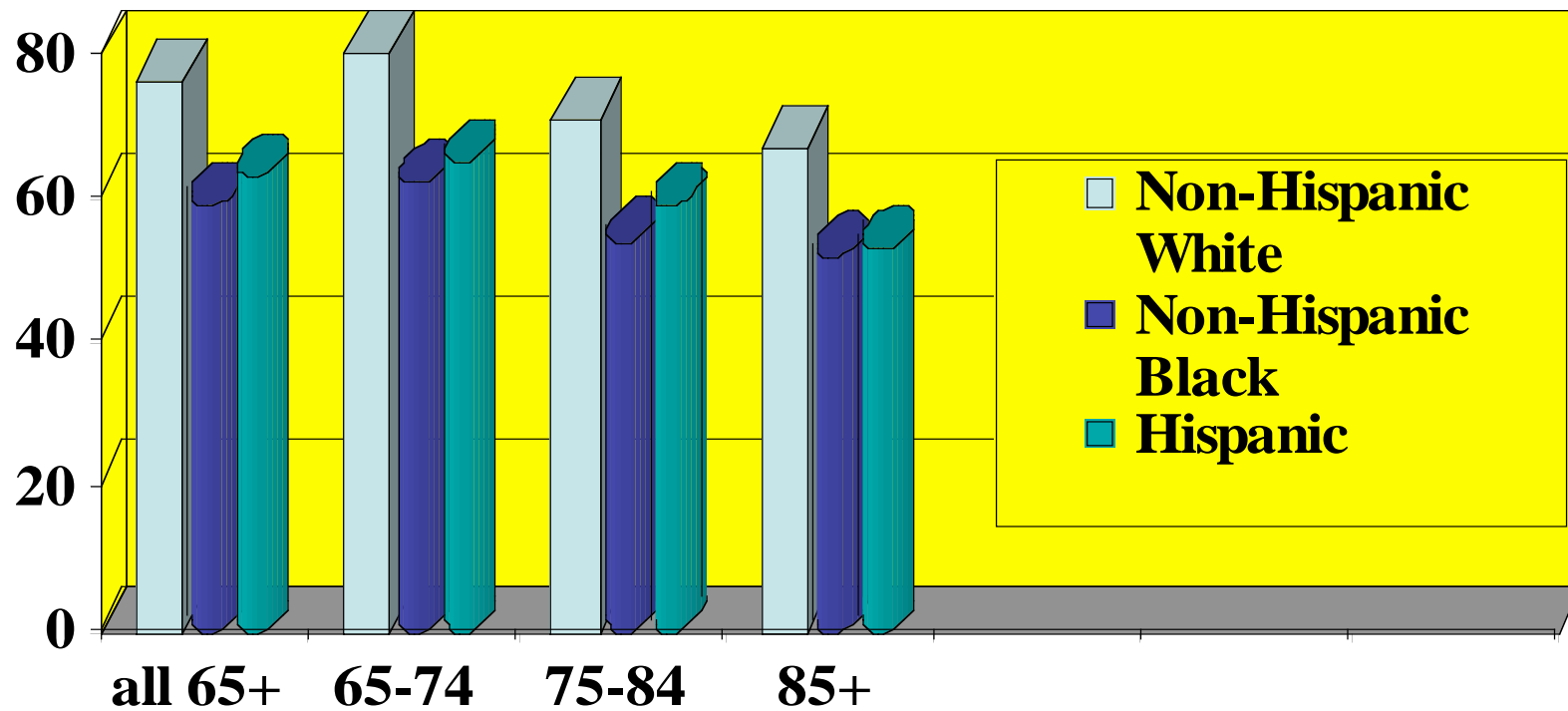
- Throughout recorded history only 1/10 individuals expected to live to be 65
- In 2003, nearly 36 million reached 65+, a greater than 10 fold increase since 1900
- In 2000, median age 35.3
- In 2011, the “baby boomers” will begin to turn 65
- 85+ is the fastest growing segment



Life Expectancy at Various Ages



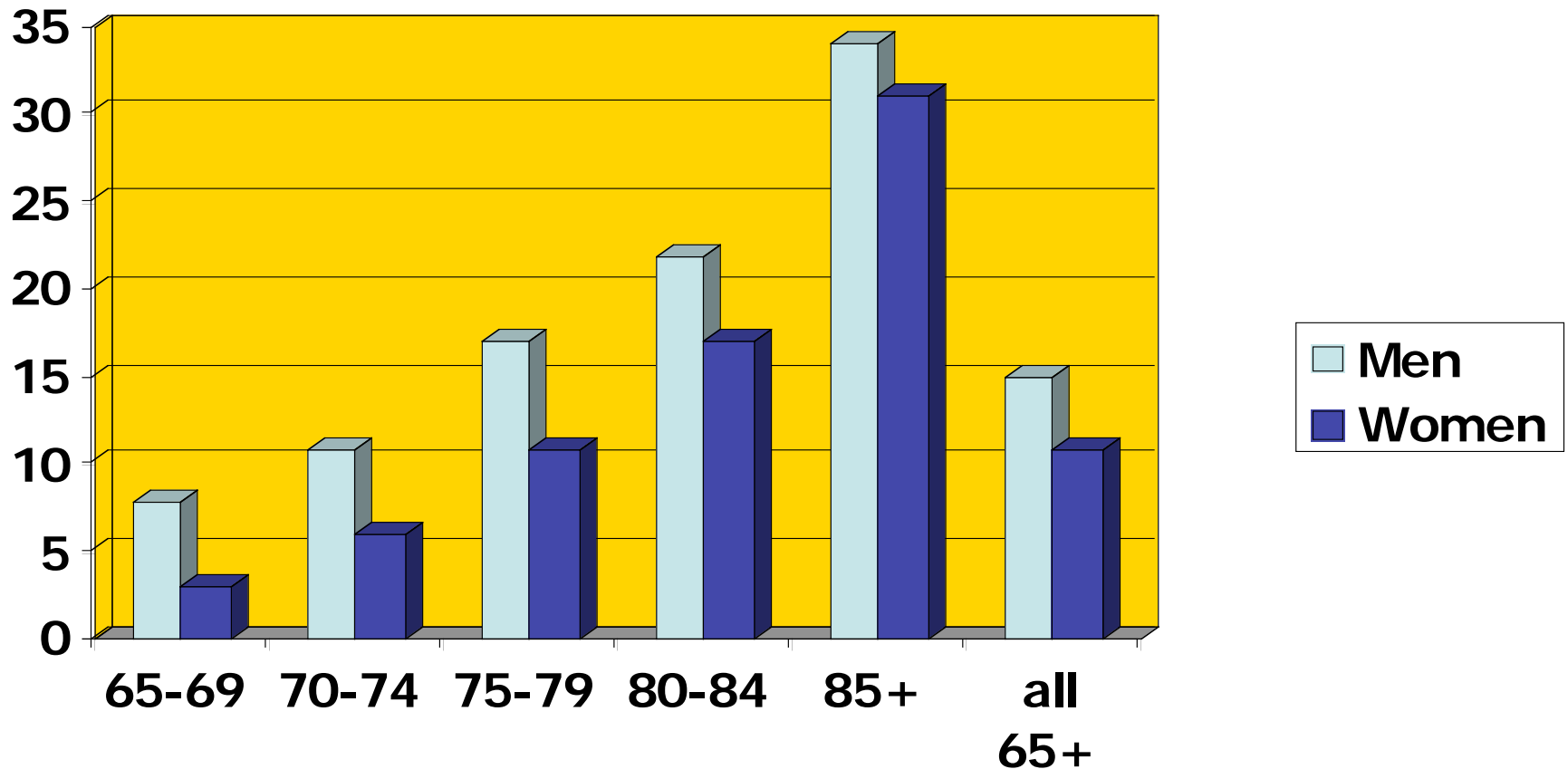
Health Self Assessment: Health Ratings of “Good to Excellent”



Data based on three year average 2000-2002

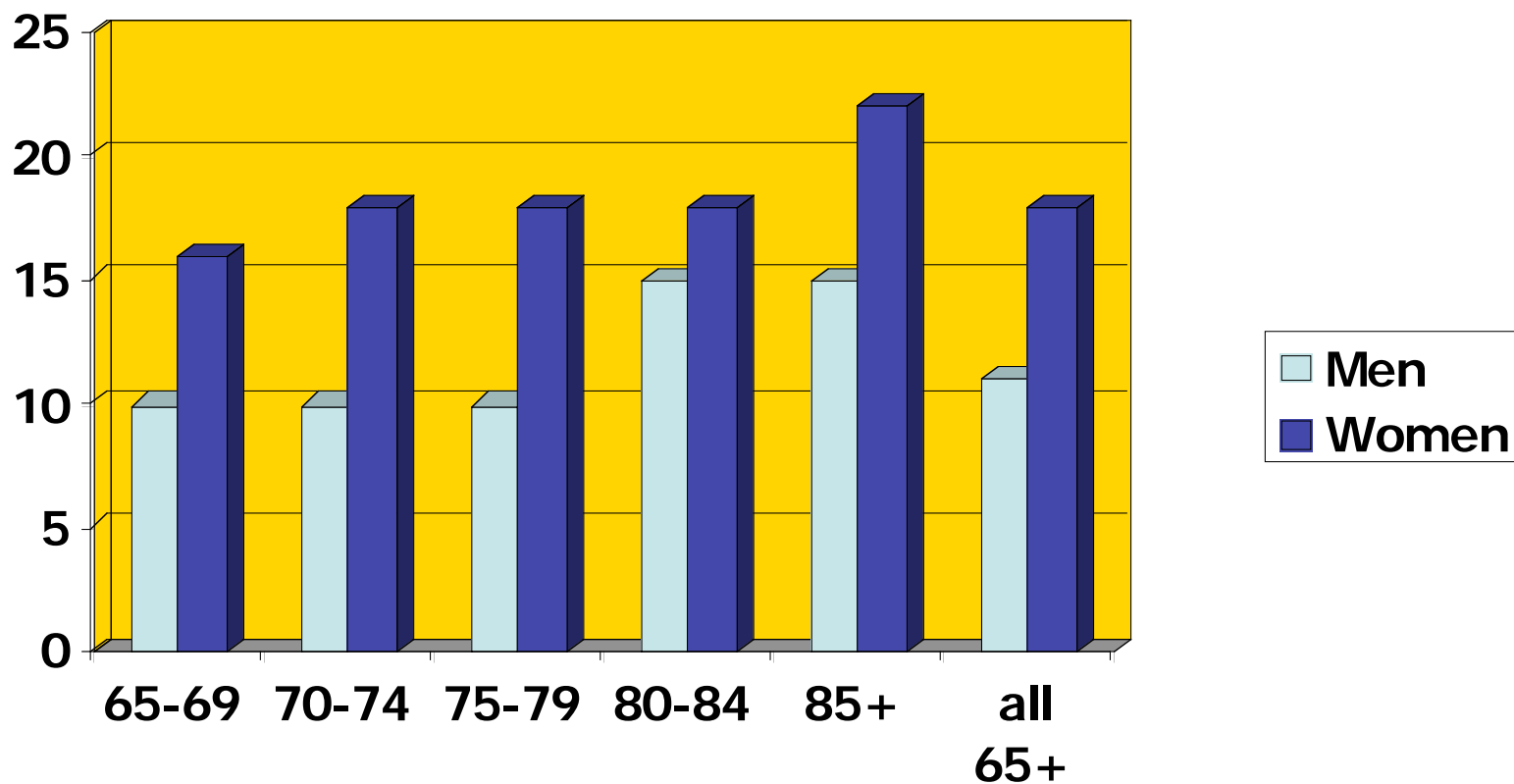
Source: CDC, National Center for Health Statistics, National Health Interview Survey

Moderate to Severe Memory Impairment (defined as recall of 4 or less words out of 20)



Health and Retirement Study, Civilian/Non-institutional Population

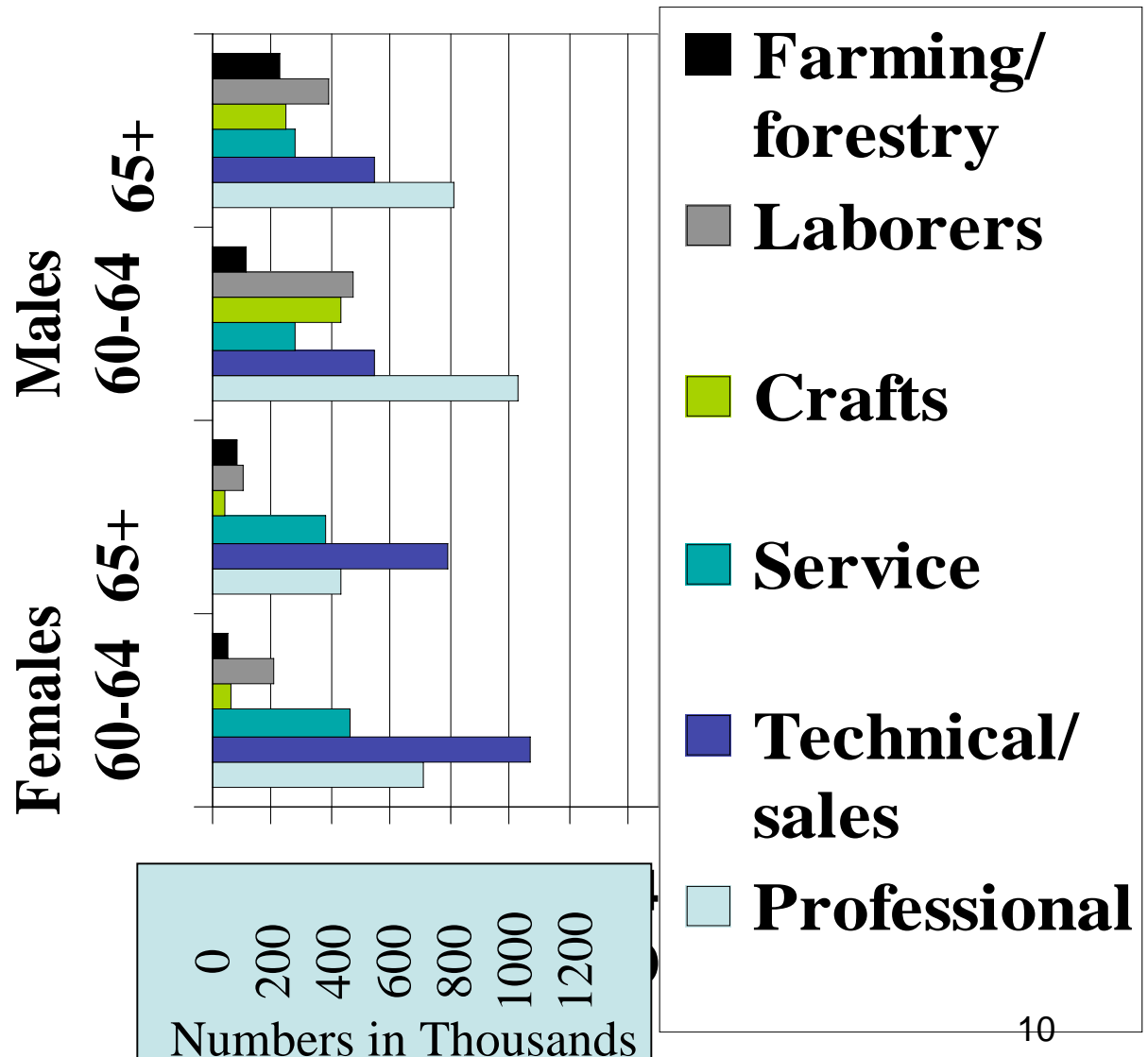
Clinically Relevant Depressive Symptoms (as defined as 4+ symptoms of CES-D)



Health and Retirement Study, Civilian/Non-institutional Population

Occupational Trends for the 60+ as of March 2002

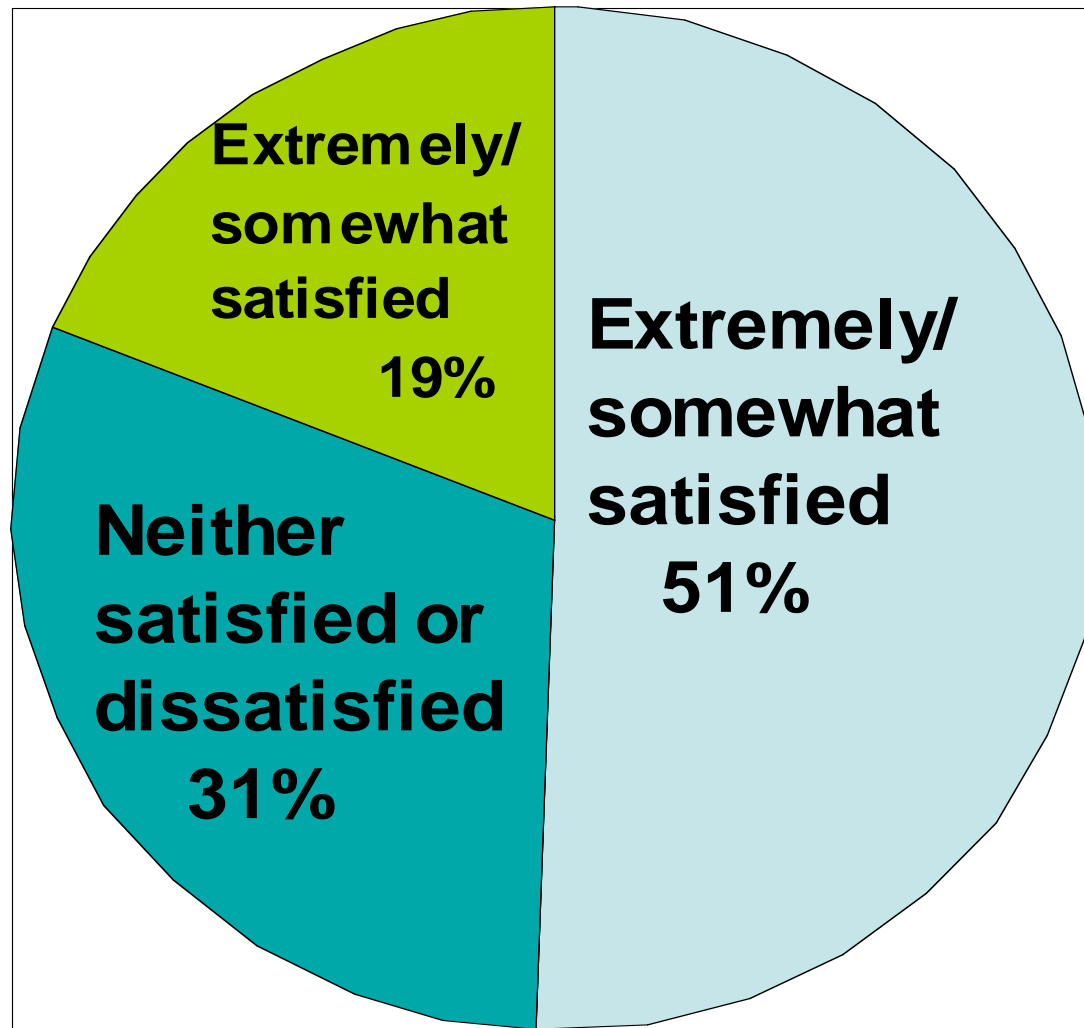
- With 28 extra years added to life expectancy, how does one use those extra years?
- Move from linear life plan to cyclic career perspective
- Over 4 million people 65+ are employed in civilian workforce



Educational Attainment as of March 2002

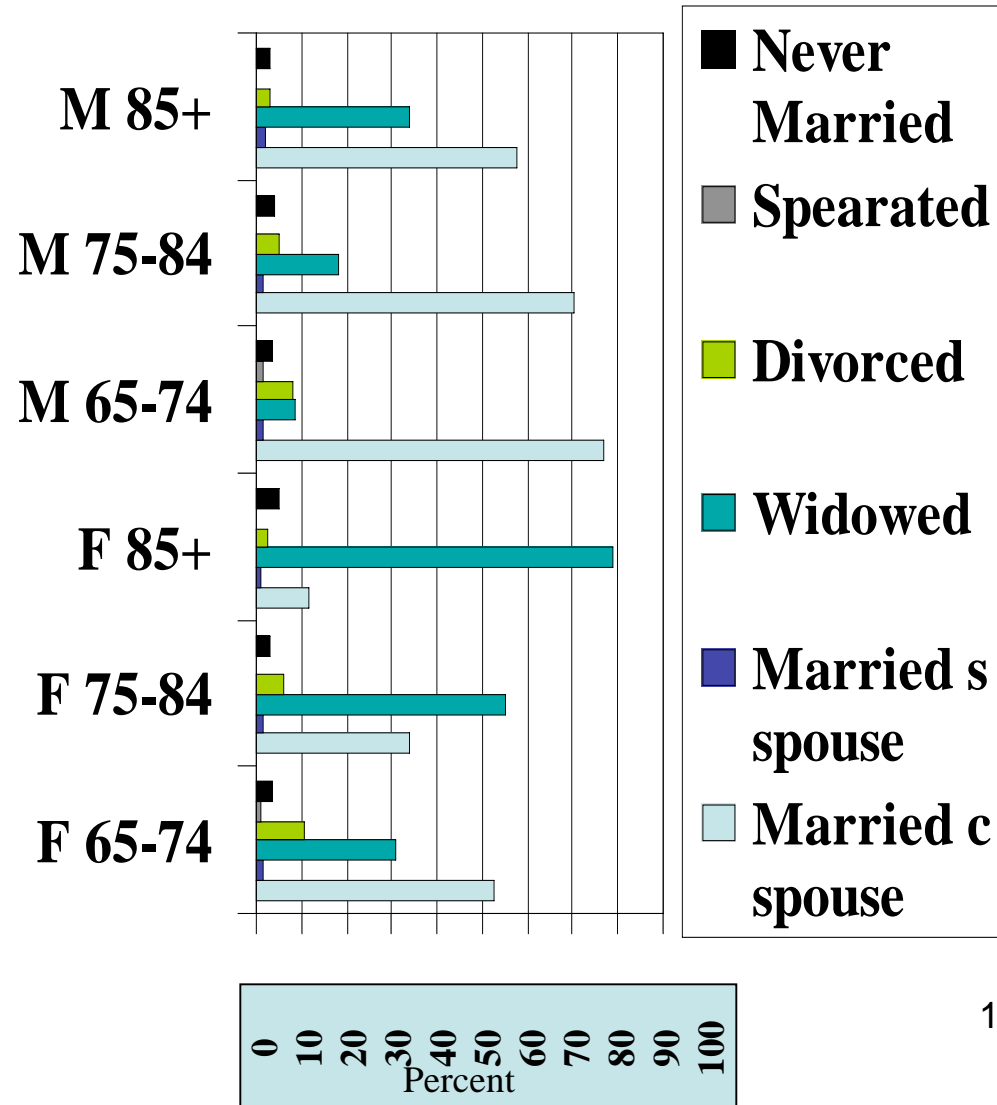
- 60-64 year olds: 81.3% are high school graduates or more, while 23.4 % have a Bachelor's degree or more
- 65-74 year olds: 73.5% are high school graduates or more, 18.6 % have Bachelor's degree or more
- 75-84 year olds: 67.8% are high school graduates or more; 14.7% Bachelor's degree or more
- 85+ year olds: 58.4% are high school graduates or more, 13.5% Bachelor's degree or more

Satisfaction with Sex Life



Martial Status as of March 2002

- Total female population:
 - 65-74: 9,878,000
 - 75-84: 7,293,000
 - 85+: 2,363,000
- Total male population:
 - 65-74: 8,245,000
 - 75-84: 4,898,000
 - 85+: 1,093,000



Early Psychologists' Influence on Treating the Older Adult

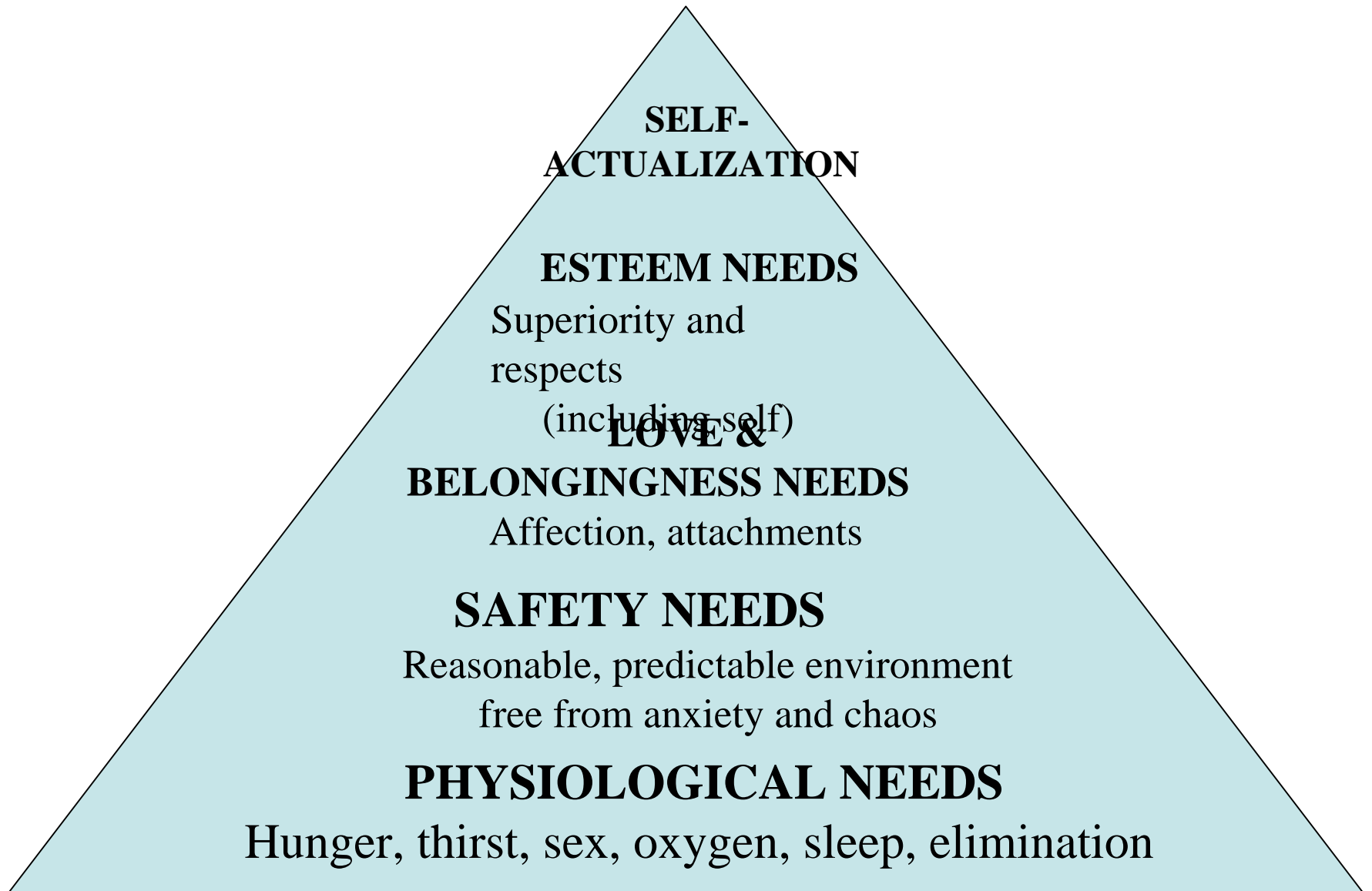
Sigmund Freud "Sexual aetiology of neurosis"
at age 42 stated advanced age negated therapy
at age 49 reiterated there was sufficient "elasticity"

Karl Abraham
1919
challenged Freud
championed therapy

Carl Jung
1929
'The aims of
psychotherapy'

Abraham Maslow
1968
Need's Hierarchy

MASLOW'S PYRAMID



Modern Developmentalists

- Erik Erikson (1950, 1959, 1980, 1986)
Proposes that psychosocial development continues over the entire life span.

Erik Erikson Developmental Theory

Balance of Tasks And Strengths:

TRUST

AUTONOMY

INITIATIVE

SUPERIORITY

ROLE IDENTITY

INTIMACY

GENERATIVITY

INTEGRITY

HOPE

WILL

PURPOSE

COMPENTENCE

FIDELITY

LOVE

CARE

DIGNITY

MISTRUST

SHAME/DOUBT

GUILT

INFERIORITY

ROLE CONFUSION

ISOLATION

STAGNATION

DESPAIR

Pearl King (1968, 1972, 1973) Shares her experiences with individual and group work and the understanding of patients' capacity to deal with neuroses.

Why do older patients seek therapy:

1. Fear of diminution of loss of sexual potency
2. Fear of loss of effectiveness in work situations
3. Concerns over retirement
4. Anxieties about marital relationships that surface after children leave the home
5. Awareness of aging, illness, possible dependency
6. A growing awareness of mortality

Research and Developmentalists

- George Vaillant (1977), strongly influenced by Erikson. Vaillant interested in potential progressive change in the ways in which adults adapt psychologically- DEFENSE MECHANISMS. *Adaptation to Life*
- Daniel Levinson (1978, 1980, 1986) incorporates concept of roles into a LIFE STRUCTURE. *The Seasons of a Man's Life*

What are the Personality Types?

- Neugarten, Havighurst, and Tobin (1968) described 4 major personality types with 8 subcategories:
 - **INTEGRATED**: well adjusted, satisfied, able to maintain relationships
 - **Reorganizers**: competent, engaged, involved
 - **Focused**: integrated but only moderately active
 - **Disengaged**: significantly lessened level of activity and involvement but with maintenance of esteem and satisfaction

- **ARMORED-DEFENDED:** aging is “the enemy” with which they fight
 - **Holding on:** those who struggle to maintain their mid-life activities
 - **Constricted:** those who become preoccupied with the losses and deficits
- **PASSIVE-DEPENDENT:** little commitment to care for selves, highly dependent. Only moderate satisfaction
 - **Succor-seeking:** There is high activity as they seek attention
 - **Apathetic:** low level of activity or expectation

- **UNINTEGRATED:** those who have lost the ability to contribute to a role, sickness very prevalent and satisfaction is low
 - Disorganized: deteriorated cognitive and physical process with poor emotional control

More Personality Studies

- Reichard, Livson, and Peterson (1962) studied older men and described 5 personality types
 - Mature
 - Rocking-chair
 - Armored
 - Angry
 - Self-haters

What have we learned from the studies about personality?

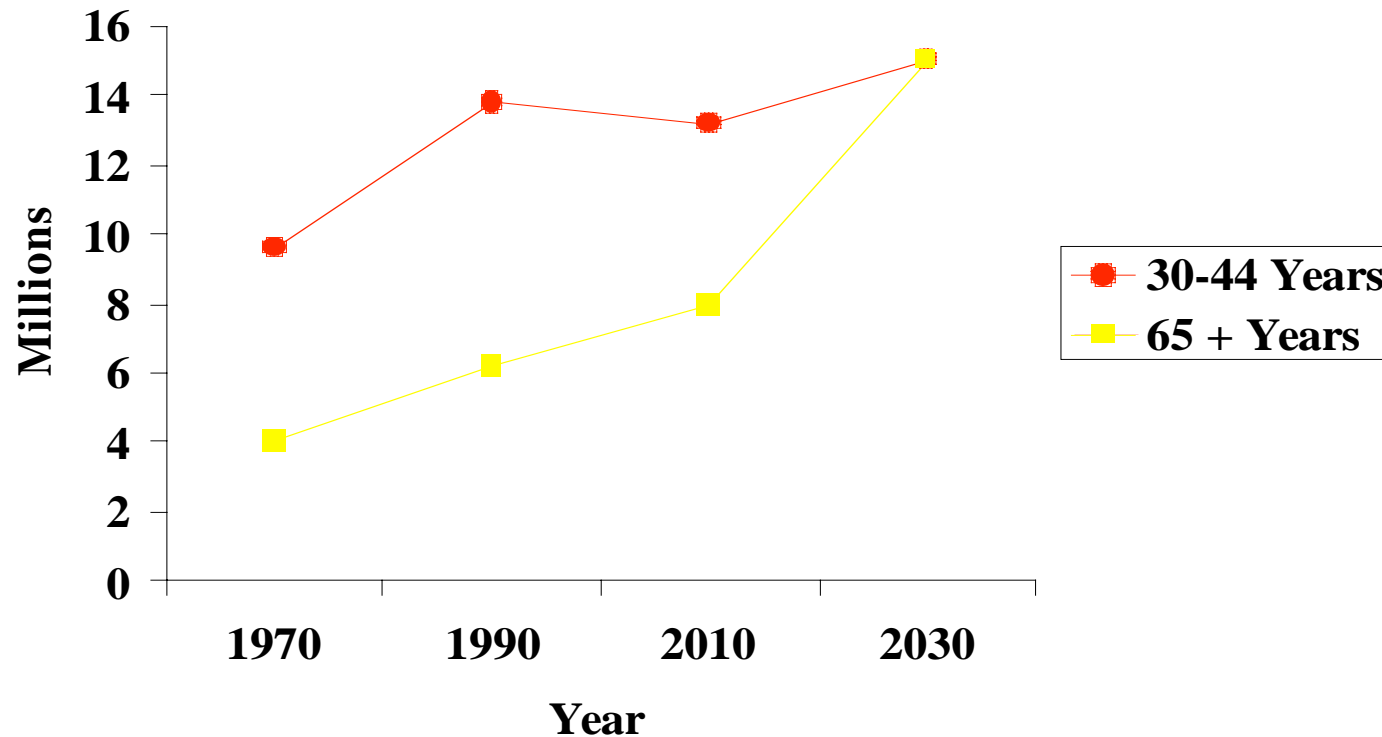
- Costa and colleagues (2000) found small declines in neuroticism, extraversion, openness to experience, and conscientiousness in a study of 2000 people studied in their 40s-50s
- Yes, older people are different from younger people (Costa&McCrea, 1997) but differences are small.
- Analysis of numerous longitudinal studies show “substantial stability” of personality.

Avoidance by Therapists:

Butler and Lewis related avoidance by therapists to:

1. Aged patients' stimulation of therapists' fears of their own old age
2. Conflicts of parental relationships
3. Anticipating therapeutic impotence stemming from believing in ubiquity of untreatable organic states
4. A wish to avoid "wasting" therapeutic time and skills (Freud's cost-effectiveness argument)
5. Fears that the patient may die during treatment
6. A desire to avoid colleagues' negative comments about efforts directed toward the elderly.

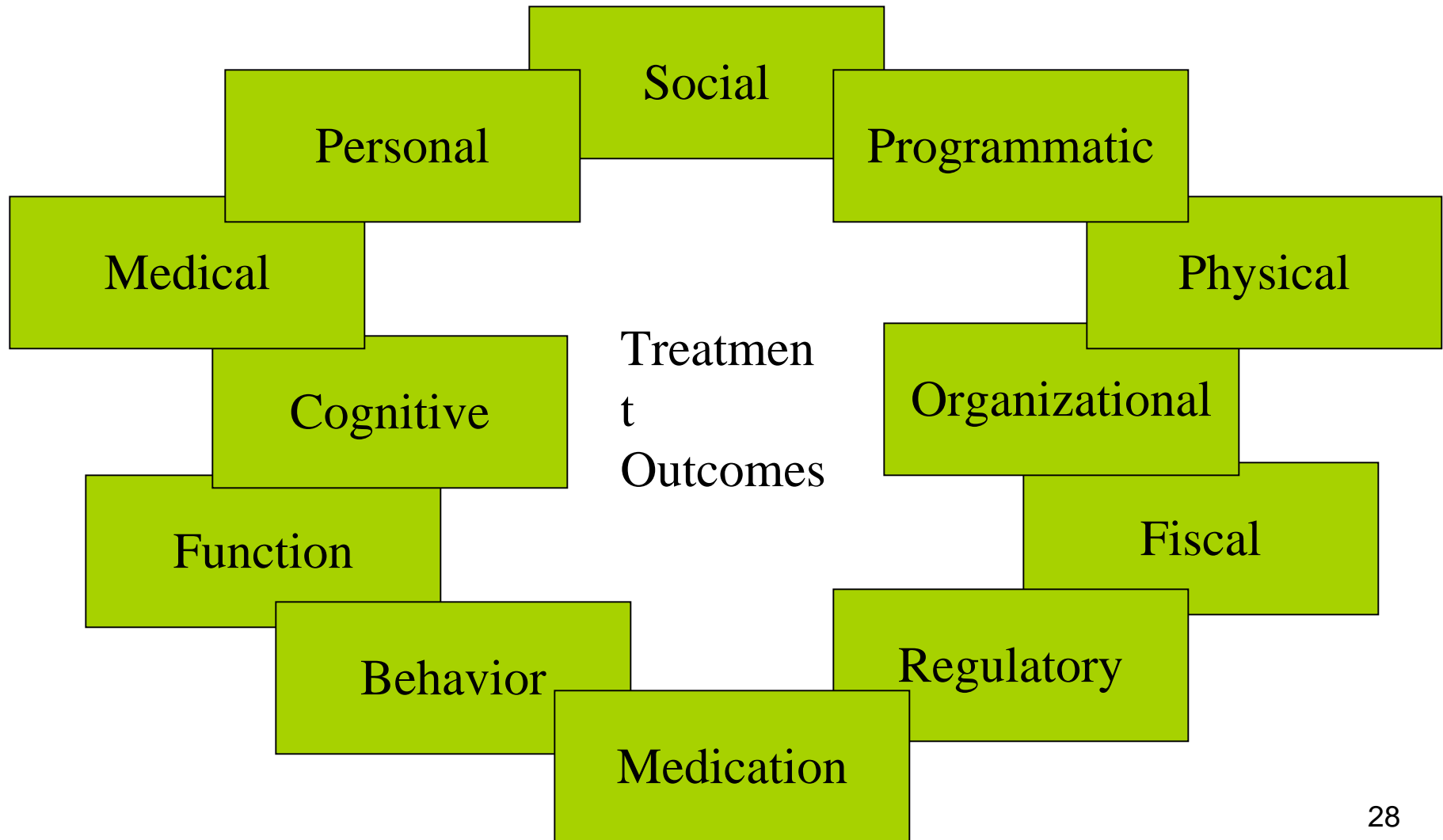
Estimated Prevalence of Major Psychiatric Disorders in Younger vs. Older Adults from 1970 to 2030



THE MAJOR SYNDROMES

- **DELIRIUM:** An often unrecognized cause of morbidity and mortality in the clinical setting
- **DEPRESSION:** An often unrecognized cause of morbidity and mortality in the clinical setting.
- **DEMENTIA:** Maybe recognized cause of morbidity not mortality in clinical setting.

Interacting Variables of Syndromes



The Family

- The task of aging is not only for the family to survive the process of aging, but to become stronger through the process
- Imagine the family reunion with its intergenerational soft ball game. Young and old play the same game but the task of hitting the ball becomes more complex with age and physically and mentally more challenging.

The Family Life Cycle

- 95 year old great-great-grandmother has outlived her husband and most of her friends
- 75 year old widowed daughter struggling with caregiving and independence
- 50 year old daughter dealing with multiple generational caregiving, her own career, her husbands impending retirement, and sibling issues
- 25 year old son facing pressures of establishing a new family
- 2 year old youngster exploring her own autonomy

Duvall and Hall, 1948

- Eight Stages of family:
 - Married couple
 - Family with small children
 - Family with preschoolers
 - Family with school children
 - Family with adolescents
 - Family with young adult children
 - Middle-aged parents with adult children out of the house
 - Aging family members

Carter and McGoldrick, 1988

- Proposed the developmental cycle of an intact middle-class American family but include the positive conceptual frames about 2 income families, permanent single-parent, unmarried couples, remarried couples, single-parent adopted, same-sex couples with and without children, and women of all ages living alone
 - **The Launching of the Single Young Adult**
 - **Joining of Families, Marriage**
 - **Family with Young Children**
 - **Family with Adolescents**
 - **Launching Children and Moving On**
 - **The Family in Late Life**

Erik Erikson Developmental Theory

Balance of Tasks And Strengths:

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DESPAIR

Dealing with the Issues

- Emotional Issues: Individual and Family
 - Grief and Mourning
 - Guilt
 - Loneliness
 - Dependency
- Retirement: Roles and relationships
- Widowhood
 - Adaptation to being alone
 - The process of coming to terms with the feelings that surround the death of a spouse
- Grandparenthood

Relationship Ledgers

- Entitlement of Spousal Relationship
 - Respect
 - Care
 - Intimacy
- Entitlement in Parent-Child Relationship
 - Love
 - Care
 - Nurture
 - Security
 - Protection
 - Discipline
- Obligation of Spousal Relationship
 - Respect
 - Care
 - Intimacy
- Obligation in Parent-Child Relationship
 - Growth/Responsiveness

INTEGRITY

- Individuals have a process orientation to life and usually achieve a successful balance between give and take
- Individual achieves balance by oscillation of give and take and reciprocity

vs

DESPAIR

- Individuals have a result orientation to life and may experience frustration of justice imbalance
- Individual achieves imbalance, which may lead to symptomatic or dysfunctional behavior

CAREGIVING

- Rosalynn Carter in *Helping Yourself Help Others: A Book for Caregivers* (1994)
 - There are only four kinds of people in the world:
 - **Those who have been caregivers**
 - **Those who are currently caregivers**
 - **Those who will be caregivers**
 - **Those who will need caregivers**

How to be a FEARLESS Caregiver

- Gary Barg, Editor and Publisher of *Caregiver* magazine has developed a CAREGIVER MANIFESTO which speaks to the need to:
 - Assess personal strengths and weaknesses
 - Strive to have your voice heard as an advocate
 - Not sign anything you don't understand and to be persistent until you are satisfied with explanations
 - Ensure that all documents are in place: Durable powers of attorney for health and finances, wills, trusts, health care proxy or Living Wills
 - Learn about the loved one's medical illness and needs

- Seek out community resources and support
- Care for own physical and emotional needs
- Develop a personal support system
- Honor loved one's wishes, even if they may differ from my own, unless there is danger involved with the wishes
- Seek out additional care when personal efforts are too difficult/exhausted

10 Things a Caregiver Needs from a Health Care Provider

1. Attention
2. Compassion
3. Time
4. Respect
5. Dedication
6. Honesty
7. Prudence
8. Advocacy
9. Understanding
10. Your well-being

10 Questions That May or Not Be Asked, But Should.....

1. What exactly is wrong with my loved one?
2. Can you suggest any resources where I might find out more about my loved one's condition?
3. Is this condition treatable?
4. What can I expect, or how will the condition progress?

5. What can I do right now as far as caring for my loved one?
6. Do I need any special equipment?
7. Will my love one have to be on medication?
8. Can you offer the best care for my loved one, or should we seek the help of a specialist?
9. Is this condition hereditary?
10. Is the treatment covered under my loved one's insurance?

References/Resources

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- *Children of Aging Parents* careguide.net 800-227-7294
- Eldercare Locator, a nationwide directory service established by the national Association of Area Agencies on Aging 800-677-1116

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- National Institute on Aging Information: nih.gov/nia 800-222-2225
- Perry A, ed (2001) AMA Guide to Home Caregiving. New York: John Wiley. ama-assn.org 312-464-5000
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