Journal of the American Geriatrics Society Vol. 17, No. 5

A SAMPLING OF ATTITUDES TOWARD AGING

A.D. ZAMPELLA, M.D.*

Newfoundland, New Jersey

Abstract : **A questionnaire survey was made of 48 patients concerning their attitudes toward old age and retirement. The patients were in either a nursing home or a group medical practice in the Greater New York area; their ages ranged from 56 to 90 years. The factors investigated were: choice of retirement area, retirement attitudes, employment, recreation, religion, marriage, relationships with neighbors, family living arrangements, illness and incapacitation, Medicare, the past, the future, and death. The findings led to certain conclusions which may be helpful as guidelines in the care of the aged and in early essential planning for retirement. In this study, the elderly person who was endowed with a feel-ing of mature, self-earned independence and physical well-being, who enjoyed adequate income and housing and was happily married, retained his self-esteem and integrity. He was less likely to become a burden on his family, friends or community, or to regress into illness that required early admission to an institution. His morale was high, even with a multiplicity of physical disorders. He retained the strong desire to maintain the identity of his personality within the mainstream of community and family life. On the other hand, undue identification with the aged and the process of aging, especially when complicated by unfortunate developments such as social, economic, emotional, personal and physical losses, evoked lifelong personality defenses in the elderly, even toward death with its increasing proximity. The best approach to care of the elderly would seem to lie in preventive medicine, i.e., averting illness by a program of health care throughout the years. This program would stress natural processes, minimizing the pathological while maintaining the physiological.**

Descriptions of aging are as varied and depreciative as they are numerous. Roget's Thesaurus describes age as oldness, elderliness, advanced age, ripe old age, senescence, gray hairs, grand climacteric, declining years, decrepitude, (continued)

• Medical Director of Idylease Foundation, and of the Idylease Nursing and Convalescent Address: Union Valley Road, Newfoundland, New Jersey 07435.

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superannuation, second childhood, dotage, vale of years, decline of life, "the sear and yellow leaf" (Shakespeare), ripe, mellow, declining, waning, past one's prime, hoary, venerable, ancient, patriarchal, timeworn, passé, antiquated, effete, stricken in years, having one foot in the grave, senior, superior (as in rank or standing), opposite of junior.

THE PROBLEM

There is little agreement in attitudes toward aging. Since the multitude of opinions expressed in the literature concerning the aged usually emphasize the pathological, it seemed pertinent to obtain some ″grass roots″ data which would include other aspects of aging. This was done by eliciting information directly from the elderly on matters such as choice of retirement area, retirement attitudes, employment, recreation, religion, marriage, neighbors, family, housing arrangements, illness, Medicare, the past, the present, the future, and death.

MATERIALS AND METHODS

A questionnaire survey was made of 48 patients in a group medical practice and in a nursing home in the Greater New York Metropolitan Area. Active in questioning the patients were a physician, a registered nurse, and a social worker. The patients were assured that there would be complete discretion about revealing their identity. The ages of the respondents ranged from 56 to 96 years, and there were more than twice as many females as males. Most were active elderly people less than 75 years old. Limitations of the survey. Most of those queried originated in a health service setting. This factor had to be considered because the presence of illness influenced answers in some categories. However, it would be difficult to find many elderly persons who had not consulted a doctor either occasionally or on a continuing basis. Characteristics such as marital and financial status affected the tone of the responses. Geographical factors influenced certain answers, since the subjects resided in a suburban section of Greater New York. Undoubtedly ego-protective factors colored some responses. Nevertheless, repetition of the questions in various contexts and degrees elicited valuable information. The study was at best a sampling of attitudes, but it is a continuing one, with data being constantly added to this fund of knowledge concerning the elderly.

RESULTS

When asked how they happened to live in the area, prominent among the answers were: retirement, health, and the desire to be near "loved ones." However, they spoke of "closeness at a distance" in respect to their children and grand-children, an understandable phenomenon in this day of modern rapid transportation. Most of the subjects said they preferred to live in their present area. Some expressed a desire to live in a warmer climate such as Florida or California, and a lesser number indicated they would like to divide their time between a northern and a southern climate. Most stated they were resigned or realistic about retiring or becoming elderly. A few of those stricken by infirmity during an active period of life were resentful about their present relative inactivity.

Retirement was equated largely with economic and physical dependency and curtailment of normal activity. They expressed it in various ways: "That beautiful salary I won't be getting"; "I lack sufficient money"; "My eyesight is failing"; "I am non-productive"; a retired sea captain stated "I miss the sea"; a former nurse to Admiral Dewey of Manila Bay fame said she "missed nursing"; others said "I can't do the things I used to do"; "I don't like to be dependent"; "It troubles me to be disabled, I can no longer be active." A few who were economically and physically independent said they were enjoying retirement. The great majority had retired because of ill health, although mandatory retirement age was the reason advanced in some cases. Others stated that their husbands or their daughters "retired" them. The concept of full retirement seemed an odious one.

Almost none of this retired group was active in any form of gainful employment. Those not so engaged wished they could be gainfully employed. Recreational activity was largely sedentary and was as follows, in order of preference: reading, gardening, television, sewing and crocheting, music, handicrafts, movies, visiting friends or relatives, games, art, writing, fishing, boating, community activities, and travel. Exercise was limited.

Most of those queried indicated that they would be willing to engage in a recreational program in a center outside their homes. Some went so far as to suggest the nature of the program, stating, "I would like to see silent movies and plays of my age," and "I enjoy an old fashioned song-fest of our songs." Recreation, creative work, or handiwork on a "take it or leave it" basis was considered most desirable.

Francis Bacon put it a little differently: "Age appears best in four things—old wood best to burn, old wine to drink, old friends to trust, and old authors to read."

Almost all indicated that they were free to come and go in the community as they pleased, to choose their own friends and company, to manage their own finances, to select their own clothes, to observe any desired religious duties, to write letters and receive mail without censorship, to have ready access to a telephone, to retain some of their personal belongings, to have visitors frequently, to have privacy when desired, to take vacations or weekend trips, and to move from their homes if they found them unsatisfactory.

Almost all were adherents of a formal religion but the number was about evenly divided between those who attended services regularly and those who did not. Religious convictions persisted in spite of a falling off of formal observances.

Most were still married (some for the second time), a lesser number were widowed, and a few were divorced or had never married. Those who lived with spouses were in better contact and expressed more contentment.

Living arrangements varied from living with spouses, friends or relatives in an individual home to living alone or in a nursing home.

The majority considered it desirable to live in their own individual homes equipped for light housekeeping and with ample easily-graded garden space, in a community close to shopping centers, beauty parlors, barber shops, recreational services, part-time employment, transportation, churches, medical, hospital and

convalescent facilities, visited by their own doctor. Included were services to lessen physical strain, e.g., outside maintenance and repairs, landscaping, care of grounds, snow removal, police patrol, waste disposal, and local transportation.

In the event of incapacitation, the majority indicated they would resort to nursing home accommodations; a few stated their spouse or relatives would care for them; and some stated they "just didn't know what they would do."

Responses were elicited concerning preoccupation with the past, the future, and death. Most disclaimed any concern about the past, although a few expressed frustration at not having attained goals. Wilmot spoke of this discontent when he said: "Then Old Age and Experience, hand in hand, lead time to death, and make him understand, after a search so painful and so long, that all his life he has been in the wrong."

Many expressed little concern with the future but many were worried about health and finances. The subject of death was discussed willingly. Fear of death was denied by most—almost as if it were being blocked from consciousness—and admitted by a very few who were more infirm, but with death not imminent.

In the words of Sophocles: "No man loves life like his that's growing old" and Euripides observes "Old Men's Prayers for death are lying prayers, in which they abuse old age and long extent of life. But when death draws near, not one is willing to die, and age no longer is a burden to them." About as many considered themselves physically fit as those who thought other-wise, the latter group rating their infirmity as mild to moderate in severity.

Almost all had subscribed or intended to subscribe to Medicare. A majority were collecting Social Security payments, and others were collecting pensions or some form of disability insurance. A smaller number were still self-sustaining from employment.

DISCUSSION

Much has been said concerning the subject of aging, but there is little of a definitive nature other than the opinions of observers rather than of participants in the process.

Many views are timeworn and repetitious and have been ill-conditioned by our modern-day industrial society. This society fosters a chronological rather than a biological retirement age, placing a premium on youth, subordinating the older person, fostering in him a spirit of dependence, and even forcing compulsory retirement and limiting his earnings under Social Security.

The increase in the life span in the past half century, from age 47 to almost 70, has been the average rather than the maximum. Pertinent is the observation of Victor Hugo that "40 is the old age of youth; 50, the youth of old age."

Paradoxically, attitudes of youth toward society and the elderly are carried over into later life, and become directed toward themselves when old age sets in. After all, who are the old but the older young? Disraeli said, "Youth is a blunder; manhood a struggle; old age a regret."

Cicero observed in his classic essay on old age, "First, that it withdraws us from active employment; second, that it enfeebles the body; third, that it deprives us of nearly all physical pleasures; fourth, that it is the next step to death." Speaking of death, he reminded us that the old have achieved what the young can only hope for; "The one *wishes* to live long; the other *has* lived long."

In our study, the relatively well adjusted and independent old people were chiefly those who enjoyed relative freedom from worries concerning housing, finances, gainful employment, health, availability of medical assistance when needed, and the fear of the *indignity* of classification as "senile." In this context, senility becomes not an inevitable biological phenomenon but a *cultural* artifact and a *social* ill.

Dr. Alfred Worcester, in his beautifully written compassionate monograph entitled, "The Care of the Aged, the Dying, and the Dead," speaks of Carlyle's description of his mother when nearly 80 years old: "It is beautiful to see how, in the gradual decay of all other strength, the strength of her heart and affections still survives—as it were, fresher than ever—the *soul* of life refuses to grow old with the *body* of life." "Evidently she was kindly cared for; and, as certainly, many of the distressing changes of character, too often met with in the aged, are the direct results of insufficient or improper care.

"More than 2,000 years ago Plato quoted the reply of the aged Cephalus to the question, "Is life harder towards the end, or what report do you give of it?" .. . "Old age has a great sense of calm and freedom; when the passions relax their hold, then . . . . We are freed not of one mad master only, but of many . . . . He who is of a calm and happy nature will hardly feel the pressure of age; but to him who is of an *opposite* disposition, youth and age are equally a burden."

About the Author

Born in Jersey City, Dr Arthur Zampella is the Medical Director and owner of Idylease Nursing Home and Laboratory in Newfoundland, NJ. He is a graduate of Columbia University and Boston University Medical School and is a World War ll Navy veteran. He is a member of the West Milford Rotary Club and the Nights of Malta. He is a member of the American Medical Association, New Jersey Medical Society and the New Jersey and New York State Medical Boards. He is also a member of the West Milford Board of Health and trustee of the Newfoundland School and maintains staff affiliations with the Jersey City Medical Center, St. Clare's Hospital in Denville and Chilton Memorial Hospital in Pompton Plains, NJ.

A.D. Zampella, M.D.