Myths and Realities About Old Age

 Debunking common myths about old age is a necessary first step to understanding the realities of aging and putting into proper view psychological disorders. Myths include the belief that American families abandon their older relatives; the belief that all older people suffer from dementia; and beliefs that most older people are sad and lonely, tormented by fears of death and dying.

In fact, none of these assertions is true. The vast majority of older people are happy and satisfied with their lives. Surveys show that older people fear death less than young and middle-aged people do. Families typically remain closely tied to their older relatives — even when they live in nursing homes. And while dementia is more common in old age than any other time, it is not at all typical. Changes in thinking that occur with normal aging are largely harmless, typified by mild forgetfulness and word-finding difficulty in conversational speech.

Thus, when older people experience persistent distress, the aging process itself cannot be held accountable. Rather, one needs to look to the similar factors one considers when younger people complain of psychological distress. These might be changes in the social or physical surroundings, the absence of supportive relationships, or long-standing difficulties. Appreciating the changes that occur in normal aging paves the way to proper assessment and treatment when problems do arise.

Overview

By and large, psychological disorders are less common in old age than middle age. The incidence of major depression, anxiety, and drug abuse all decrease with age. Moreover, improvement has been noted in some symptoms of chronic mental disorders. For example, in schizophrenia the strength of hallucinations and delusions tends to lessen with advanced age.

Unfortunately, those older people who do suffer psychological distress are far less likely than younger people to receive effective treatment for their problems. They are less likely to seek treatment and, if they do, their problems are less likely to be treated aggressively. Instead, they are more likely to receive diagnoses of intractable conditions and pharmaceutical rather than behavioral treatment. This is particularly disheartening considering the fact that the current literature suggests that older people respond as well to treatment as younger people do. Therefore it is extremely important that older people who experience psychological dysfunction, as well as their family and friends, understand the various treatment options available.

Frequently, problems of older people are seen when there is a combination of physical, social, and psychological factors. Deaths of friends and loved ones, retirement, and illness can potentially disrupt lifelong behavioral patterns and social resources. Most older people have at least one physical health problem and illness can worsen existing disorders or contribute to the development of new ones. Additionally, the elderly are the most likely consumers of prescription and over-the-counter medications. Drug side-effects, which commonly include depression, anxiety and confusion, can sometimes be the cause of psychological symptoms.

Specific Disorders

Depression

As noted above, recent studies have found the incidence of major depression to be relatively low among the elderly. Nevertheless, it is the most common psychological disorder in old age and the main reason for psychiatric hospitalization in the elderly. Moreover, both elderly caregivers and the elderly physically ill are at increased risk for depression. Untreated, depression can seriously reduce quality of life. An estimated 15% of older people show significant signs of depression. Feelings of loss that come and go, sometimes associated with bereavement, may account for some of this increase. And the most likely candidate for suicide is an elderly man.

Proper assessment is critical when depression is suspected. Misdiagnosed as dementia, depression can set off a series of events that lead to the unnecessary loss of fundamental rights to independence. Once identified, depression responds well to treatment. Behavior therapy, in conjunction with medication, appears to be the most successful treatment approach. A geriatric specialist should be consulted about the most appropriate antidepressant because some cause excessive sedation.

Dementia

Whereas dementia is almost unheard of among younger adults, it afflicts 9% of people aged 75 to 84 and 28% of people 85 and over. The most common form of dementia in senior citizens is Alzheimer’s disease, which has a slow, progressive course. Symptoms affect learning, emotions, and behavior. Early symptoms include memory loss, confusion, and suspiciousness. Later, disorientation, wandering, and profound memory losses characterize the disease. Eventually victims do not know long-time friends and relatives and control over basic bodily functions is lost.

The cause of Alzheimer’s disease is unknown. Genetic transmission is suspected in early onset of the disease, but late-onset dementia (onset after 65) appears unrelated to family history. Neuropsychological testing can be highly valuable in the differential diagnosis of reversible conditions, like depression, from dementia. It is extremely important to rule out drug side-effects as the
cause when dementia is in question. Because there is no known cure for dementia, treatment focuses on slowing the deterioration. Both pharmaceutical and behavioral treatments have had limited success. Efforts to reteach clients skills they have but have lost are less effective than changing the client’s environment to help control problematic symptoms.

Para-noia

The incidence of paranoia increases in old age. Very often, paranoia is associated with sensory loss, most notably hearing loss. Paranoia in the elderly differs from paranoia in the young in that symptoms tend to be more “down-home.” Rather than grandiose delusions, older people more typically complain of relatives stealing social security checks or wanting to put them in institutions.

Behavioral and pharmaceutical treatments can be effective. Paranoid statements should not be reinforced; rather, they should be gently corrected. Assurance from loved ones that they care is very important.

Summary

Aging does not increase the incidence of psychological disorders. If anything, the prevalence of most psychological disorders decreases with age. It is essential to appreciate the fact that most older people are psychologically resourceful and competent. When problems do occur, they respond well to treatment by therapists well-trained in clinical aging.

What Is Behavior Therapy?

Behavior Therapy is a particular type of treatment that is based firmly on research findings. It aids people in achieving specific changes or goals.

Goals might involve:

- **A way of acting**: like smoking less or being more outgoing;
- **A way of feeling**: like helping a person to be less scared, less depressed, or less anxious;
- **A way of thinking**: like learning to problem-solve or get rid of self-defeating thoughts;
- **A way of dealing with physical or medical problems**: like lessening back pain or helping a person stick to a doctor’s suggestions; or
- **A way of coping**: like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus on the current situation rather than the past. They concentrate on a person’s views and beliefs about their life, not on personality traits. Behavior and cognitive therapists treat individuals, parents, children, couples, and whole families. They help people gain control over their lives, replacing ways of living that do not work well with ways of living that do work.

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