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CONSUMER'S EDITION

# AGING & MENTAL HEALTH

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"AN OUTSTANDING CONTRIBUTION."

—ARTHUR S. FLEMMING,

FORMER CHAIRMAN, WHITE HOUSE CONFERENCE ON AGING

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ROBERT N. BUTLER, M.D.  
AND MYRNA I. LEWIS, A.C.S.W.

FOREWORD BY  
HUGH DOWNS

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# AGING & MENTAL HEALTH

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AGING &  
MENTAL  
HEALTH



*The great Russian novelist and teacher Leo Tolstoy telling stories to his grandchildren. Tolstoy's creative work has extended understanding of the nature and flow of human life from childhood to old age. Family life, faith, war and peace, human liberty, poverty and power, love and death were among his great literary themes.*

*Courtesy The Trustees of the British Museum.*

***To our grandparents***

*Also by*

Robert N. Butler and Myrna I. Lewis

***SEX AFTER SIXTY***

***LOVE AND SEX AFTER SIXTY (paperback title)***

*by*

*Robert N. Butler*

***WHY SURVIVE? BEING OLD IN AMERICA***

***HUMAN AGING (co-author)***

## Foreword

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Much sincere effort in dealing with problems of aging in America is divided into two categories: professional techniques that fail to shed prejudices regarding age (treat them humanely, but they are a burden; what's best for older people should be decided by younger people; they don't need much money since they don't spend much) and amateur techniques motivated by a commendable compassion and a sense that something is deeply wrong, but suffering from glibness and lack of expertise.

Dr. Butler and Ms. Lewis are among the few who act from a base of both expertise and compassion. This has afforded them insight into the problem and a view of the whole forest instead of a couple of trees.

The very act of focusing on the problems of age tends to make us think that age is nothing but a big problem. The concept of successful, peaceful, victorious aging becomes eclipsed, and this reinforces prejudice. We are thus deprived of the model that could serve as goal.

This book, in its clear exposition of the difficulties and wide range of procedures through which meaningful improvement in the lot of our elders can be brought about, shows age in the light in which any civilization ought to view it.

In my years of working with the old\* and with gerontologists through the PBS series *Over Easy* I came more and more to the view that not only could our society adopt with profit some of the attitudes of Oriental culture, but it might transcend them in a thorough reversal of our present view. Instead of automatically equating age and defeat, age and decrepitude, age and uselessness, we could begin to regard successful age as a triumph over the forces that constantly work to shorten our lives: disease, accident, despair. And we could benefit greatly both by utilizing the resources of the aged and by securing for ourselves a social framework that would give age an aura of satisfaction.

This would not require unrealistic attitudes toward inevitable mortality or the thinner margins of reserve that characterize physical aging. Human life comes to an end. But so does a good meal, which can be topped with a dessert, after which the diner wants and needs no more.

A meal could not be called successful if, after the main course, it consisted of increasingly bitter or sour dishes. And yet this is the pattern of too many lives in societies that regard their old as useless and burdensome.

The authors outline major new advances in the neurosciences and rehabilitative techniques and new diagnostic and treatment procedures, and despite the persistent ageism that prevents ready application to our older population, they challenge us to make surviving not only possible but desirable.

*Hugh Downs*  
ABC NEWS

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\*The euphemisms for *old* can be dispensed with when *old* no longer carries any pejorative flavor.



## ***Preface***

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This is a century of old age—the first century in which people have a greater chance than otherwise of living out the entire cycle of human life. Now 80% of all newborn babies will survive into old age. It is remarkable that life expectancy has advanced from an average age of 47 in 1900 to about an average age of 73 today. In view of this extraordinary development of the twentieth century, it is essential that we thoughtfully prepare for our old age, and when we are old, that we have the resources to guide us on where to turn.

It is, of course, not enough that we live a long time. We all hope for a life of high quality. But in fact, the later years are accompanied by extraordinarily serious challenges that include the losses of loved ones, the development of physical ailments, problems of memory (to the point of “senility” as it is called in lay language), financial reversals, and many other possible difficulties. Naturally, people are under stress emotionally when such changes occur. Thus mental health is one of the major topics of old age, not only for older persons, but for their friends, their families, and their health providers.

Our definition of mental health in this book is a broad one indeed and we believe it can be no other way. Our view of a state of well-being is a consequence of medical, personal, and social considerations. Therefore we cover a range of topics from such legal problems as age discrimination in employment to community services programs, to the impact of one's life history, to the important role of medications, to possibilities of health promotion and disease prevention. By providing the most up-to-date information—the newest developments—we hope that we will help people to maintain their mental health or to restore it when problems arise.

One point should be very clear. Mental health in old age is not a passive manner. It is an active effort. There are many steps that can now be taken by older people themselves and by those who seek to help them to assure a vigorous and effective old age. Our aim is to help clarify those steps.

*Robert N. Butler, M.D.*

*Myrna I. Lewis, A.C.S.W.*

## ***Introduction***

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I am delighted that the authors and publisher of *Aging and Mental Health* have decided to publish an edition of this outstanding work designed to meet the needs of the general public. Dr. Butler and Ms. Lewis in previous editions have rendered an outstanding service to older persons by raising the sights of many professional persons who have the opportunity of responding to the needs of older persons.

As a lay person in the field, however, I have long felt that the insights and affirmative attitude toward aging which characterize the authors' approach to all of the issues that relate to the mental health of older persons should be made available not only to older persons generally but to their children and grandchildren. All of us can make a contribution to the solution of these issues if we take advantage of the constructive leadership reflected in the pages of this book.

Older persons want to approach life affirmatively. The chief obstacle to such an approach is the impact of ageism, which the authors so effectively identify and analyze as it manifests itself in the area of mental health. Those who give expression to ageism assume that growing old consists of a series of defeats. The authors believe that society, by rejecting ageism, can make it possible in the field of mental health for the aging process to be characterized by a series of victories. They identify the ways in which all of us can contribute to those victories. In this connection I believe that many older persons and children of older persons will find the chapters on care in the home and care in institutions to be particularly helpful. Furthermore, no one can read the book without being convinced that comparatively small investments by our society in research and in the application of the results of research in the area of mental health can result in interventions in the aging process which can have startling results.

I continue to be thankful for the contributions that Dr. Butler and Ms. Lewis have made and will make through this book by replacing despair with hope in the lives of many older persons and their families.

***Arthur S. Fleming***

Former Secretary, Health, Education  
and Welfare

and

Former U.S. Commissioner on Aging

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## PART ONE

### *The nature and problems of old age*

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# 1

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## Healthy, successful old age

Old age can be an emotionally healthy and satisfying time of life with a minimum of physical and mental impairment. Many older people do very well in adapting to the changes that occur over time. We are presenting here the history of such an older man.

- Mr. S., a 76-year-old retired businessman, is spontaneous, talkative, and relevant. He has appropriate and varied affect and no sign of psychomotor retardation. When interviewed, he spoke in a frank and integrated manner about his achievements. Although some general forgetfulness is noted on his history, there is no sign of a marked intellectual decline and no memory impairments were found on the mental status examination.

He was born on a farm in central Europe, the oldest of 10 children. He was already employed at age 9 and left home at age 13. He describes his parents as having some problems, and he states that he felt closer to his mother but attained a greater understanding of his father as years went by. At age 23 he married and emigrated to the United States. His marriage is viewed by him as an excellent one, and his wife is in good health. Mr. S has experienced a modest decrease in sexual desire and continues sex relations on a less frequent basis. His relationship with his children and grandchildren is satisfying, with moderate interaction. He remembers that his children's adolescent rebellions gave him a chance to look anew at his own early years.

Mr. S had made plans for his older years and continues to plan optimistically for the future. He feels concerned about death and hopes he will have a sudden death or die in his sleep. He feels some interest in religion but denies any marked change since youth. He has made out a will and has arranged for a burial site.

In viewing his aging condition he shows a reasonable recognition of his capacities and limitations, with no obvious denial. He appears to have accepted his physical changes. He is no longer very active but takes walks and moves about the house and yard with regularity. He shows no history of lifelong psychopathology, and there is no evidence of new psychopathology as he ages. There is no psychological isolation, and it is deemed unlikely that he will in the future have a functional breakdown.

Mr. S is an example of an older person who has adapted to old age with minimal stress and a high level of morale. With old age, just as with any other age, one can learn much about pathological conditions by understanding healthy developmental processes. Unfortunately Mr. S and other healthy older people are rarely the subjects of research investigation or theorizing. The study of "normal" development has seldom gone beyond early adult years, and the greatest emphasis has been on childhood. The healthy aged tend to be invisible in the psychology of human development, and this is in accord with the general public avoidance of the issues of human aging.

### ***NEGATIVE STEREOTYPE OF OLD AGE***

Few people in the United States can think of old age as a time of potential health and growth. This is partly a realistic reflection, considering the lot of many older people who have been cast aside, becoming lonely, bitter, poor, and emotionally or physically ill. American society has not been generous or supportive of the unproductive—in this case persons who have reached retirement age. But in a larger sense the negative view of old age is a problem of Western civilization. The Western concept of the life cycle is decidedly different from that of the Far East, since they derive from two opposing views of what "self" means and what life is all about. Eastern philosophy places the individual's self, life, and death *within* the process of the human experience. Life and death are familiar and equally acceptable parts of what self means. Death is charac-

*Triumphant old age.*

*Photo by Russell Lewis.*



teristically seen as a welcome relief, or as in Japanese ancestor worship, a step upward in social mobility to join the revered ancestors. In Buddhism, death is merely a passage to another reincarnation unless the person achieves an enlightenment that releases him or her from the eternal cycle.

In the West, death is considered as *outside* of the self. To be a self (a person) one must be alive, in control, and aware of what is happening. The greater and more narcissistic Western emphasis on individuality and control makes death an outrage, a tremendous affront to humans rather than the logical and necessary process of old life making way for new.

The opposite cultural views of East and West evolved to support two very different ways of life, each with its own merits; but the Western predilection for "progress," conquest over nature, and personal self-realization has produced difficult problems for older persons and for those preparing for old age. This is particularly so when the national spirit of the United States and the spirit of this period in time have emphasized and expanded the notion of measuring human worth in terms of individual productivity and power. Older people are led to see themselves as "beginning to fail" as they age, a phrase that refers as much to self-worth as it does to physical strength. Religion has been the traditional solace by promising another world wherein the self again springs to life, never to be further threatened by loss of its own integrity. Thus the consummate dream of immortality for Westerners is fulfilled by religion, yet the integration of the aging experience into their life process remains incomplete. To make matters more complicated, increasing secularization produces a frightening void around the subject of death itself, which frequently is met by avoiding and denying the thought of one's own decline and death and by forming self-protective prejudices against the old.

Medicine and the behavioral sciences have mirrored societal attitudes by presenting old age as a grim litany of physical and emotional ills. *Decline* of the individual has been the key concept and *neglect* the major treatment technique. Until 1960 most of the medical, psychological, psychiatric, and social work literature on the aged was based on experience with the sick and the institutionalized even though only 5% of the older people were confined to institutions. A few research studies that have concentrated on the healthy aged give indications of positive potential for the entire age group. But the general almost phobic dislike of aging remains the norm, with healthy older people being ignored and the chronically ill receiving half-hearted custodial care. Only those older persons who happen to have exotic or "interesting" diseases and emotional problems or substantial financial resources tend to receive the research and treatment attentions of the medical and psychotherapeutic professions.

### **WHAT IS A HEALTHY OLD AGE?**

In thinking about health, one is led to the understanding that, in addition to the general lack of interest in older persons, science and medicine have historically been more concerned with treating "what went wrong" than with clarifying the complex, interwoven elements necessary to produce and support health. Typical of this is the treating of coronary attacks after the fact rather than prescribing a preventive program of diet, exercise, protection from stress, and absence of smoking. Most of the major diseases of older people could be cited as examples of this same phenomenon. The tedious and less dramatic process of prevention requires an understanding of what supports or what interferes with healthy development throughout the course of the life cycle.

The World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This, of course, represents an ideal with many possible interpretations. But the broad elements of health—physical, emotional, and social—are the framework in which one can begin to analyze what is going well in addition to what is going wrong. The attempt must be made to locate those conditions that enable humans to thrive, not merely survive.

Old age does involve unique developmental work. Childhood might be defined as a period of gathering and enlarging strength and experience, whereas a major developmental task in old age is to clarify, deepen, and find use for what one has already attained in a lifetime of learning and adapting. Older people must teach themselves to conserve their strength and resources when necessary and to adjust in the best sense to those changes and losses that occur as part of the aging experience. The ability of the older person to adapt and thrive is contingent on physical health, personality, earlier life experiences, and the societal supports he or she receives: adequate finances, shelter, medical care, social roles, recreation, and the like. An important point to emphasize is that, as is true for children, adolescents, and the middle-aged, it is imperative that older people continue to develop and change in a flexible manner if health is to be promoted and maintained. Failure of adaptation at any age or under any circumstance can result in physical or emotional illness. Optimal growth and adaptation can occur throughout the life cycle when the individual’s strengths and potentials are recognized, reinforced, and encouraged by the environment in which he or she lives.

Popular ideas of human development need revision to encompass the experience of older persons. They should not have to view themselves as “failing” or “finished”



*A healthy and vigorous older man.*

*Courtesy Easter Schattner.*

because one or another element of life is changing or declining. For example, a loss in physical health or the loss of a loved one is indeed a serious blow, but the potential for continuing adjustment and growth therefore needs to be even more carefully exploited than under less critical circumstances. In our too-quick assumption that old age is a relentless downhill course, we ignore the lifetime-gathered potential of older persons for strength as well as for a richer emotional, spiritual, and even intellectual and social life than may be possible for the young. Youth must concentrate on the piece-by-piece accumulation of personality and experience. Old age, in its best sense, can mean enjoyment of the finished product—a completed human being.

### ***BECOMING "OLD"***

To attempt to clarify and disentangle what "old" means, we must emphasize that the concern here is not with those characteristics of old people that are the result of pre-existent personality factors. The kind of personality one carries into old age is a crucial factor in how one will respond to the experience of being older; personality traits produce individual ways of being old. However, we wish to deal with the more general characteristics of old age and the changes that are rather uniformly common to the aging population in the United States.

### ***Physical changes***

Some of the outward alterations experienced by older persons are graying of hair, loss of hair and teeth, elongation of ears and nose, losses of subcutaneous fat, particularly around the face, wrinkling of skin, fading of eyesight and hearing, postural changes, and a progressive structural decline that may result in a shortened trunk with



*A couple married 50 years and in excellent physical and emotional health.*

*Photo by Myrna Lewis.*



comparatively long arms and legs. Not all of these changes happen to everyone—nor at the same rate. A person can be a “young” 90-year-old in a physical sense or an “old” 60-year-old. Little is known about the onset and progress of many of these changes, since they were long thought to be simply the inescapable and universal consequences of growing old. But recent research has revealed that some, or perhaps many, are results of disease states that occur with greater frequency in late life and may be treatable—possibly preventable and probably retardable. Atherosclerosis and osteoporosis are cases in point. Even heart disease and cancer will someday be conquered, although not many years ago someone dying of cancer was said to be dying of “old age.” Other reasons for bodily changes have been identified as results of unusual amounts of exposure to some pathogenic element—too much sun (causing skin wrinkles), cigarette smoke, and air pollution, to name a few. Genetic traits can be responsible for changes like graying hair and loss of hair. Yet in the best of all future worlds, with acute and chronic disease states identified and eliminated, undesirable genetic traits nullified, and pathogenic environmental conditions removed, a process called aging will still occur. The potential for life can be lengthened and enhanced, but the mysterious flow of human existence from birth through death will prevail. As many older people realize more calmly than the young, aging and death must be accepted as part of human experience.

The overall physical health of the body plays a critical role in determining the energies and adaptive capacities available to older people. They experience a good deal more acute and chronic disease than the younger population. Specific physical disabilities and diseases such as cardiovascular and locomotor afflictions are particularly debilitating, especially when they affect the integrative systems of the body—the endocrine, vascular, and central nervous systems. Severe or even mild organic brain disease can interfere markedly with functioning. Perceptual losses of eyesight and hearing can deplete energy and cause social isolation. However, although 86% of older persons have one or more chronic health problems, 95% are able to live in the community. Their conditions are mild enough to enable 81% of older persons to get around with no outside assistance. If significant breakthroughs occur in research and treatment of diseases of the aged (heart disease, cancer, arthritis, arteriosclerosis, and acute and chronic brain syndromes), one can envision a very different kind of old age. Assuming adequate environmental supports, including proper nutrition, old age could become a time of lengthy good health with a more gentle and predictable decline. Older persons would not have to battle the ravages of disease, and a fuller measure of their physical strength could be available for other uses. Already today one can see the possibilities in those older people who are disease free. They can more vigorously cope with the emotional and social changes specific to their age group and in so doing have the opportunity for a successful and satisfying later life.

### ***Emotional changes***

Older people are often described as slow thinkers, forgetful, rigid, mean-tempered, irritable, dependent, and querulous. They may suffer from anxiety, grief, depression, and paranoid states. One must separate out the personality traits demonstrated in earlier life, realistic responses to actual loss of friends and loved ones, personal reactions to the idea of one's own aging and death, and the predictable emotional responses of human beings at any age to physical illness or social loss. The emotional aspects of aging are more fully discussed in Chapter 3.