CHAPTER 6

PERSONALITY AND MENTAL HEALTH IN OLD AGE
DEFINING PERSONALITY

- **Personality**
  - A unique pattern of innate and learned behaviors, thoughts, and emotions that influences how each person responds to and interacts with the environment
STAGE THEORIES OF PERSONALITY

• Jung’s Psychoanalytic Perspective
  • this perspective emphasizes stages in the development of consciousness and ego.
  • in life, ego moves from extroversion to introversion...to a focus on one’s inner world in old age
  • For the aging person in this stage, she/he finds meaning in inner exploration and in an afterlife.
STAGE THEORIES OF PERSONALITY

• Erikson’s Psychosocial Model
  • the individual goes through 8 stages of development of the ego
  • the last stage of the model is ego integrity vs. despair.
    • In this stage, the aging individual achieves wisdom and perspective, or experiences despair because he/she views life as lacking meaning.
EMPIRICAL TESTING OF STAGE THEORIES

- Baltimore Longitudinal Studies & Kansas City Studies
  - examined changes in same persons over many years

- Grant Study of Harvard University Graduates
  - changes observed from middle to old age offer implications for contemporary family care and responsibilities
DIALECTICAL MODELS OF ADULT PERSONALITY

- Levinson’s “Seasons of Life” Model
  - change occurs with interaction of person-environment
  - the extent to which one is sensitive to changing self; one can respond to shifting external conditions by altering something within self or by modifying environmental expectations
• **Trait Theories**
  • focus on personality traits that describe individuals with characteristic or “typical” attributes that remain stable with age

• **Five factor model of personality traits**
  • Neuroticism
  • Extroversion
  • Openness to experience
  • Agreeable
  • Conscientiousness
SELF-CONCEPT & SELF-ESTEEM

- **Self-Concept**
  - cognitive representation of the self; emerges from interactions with the social environment, social roles, accomplishments

- **Self-Esteem**
  - evaluation or feeling about one’s identity relative to an “ideal self”; differs from self-concept in being more of an emotional, not cognitive, assessment of self
• Life events
  • identifiable, discrete life changes or transitions that require some adaptation to reestablish homeostasis

• A distinction is made between positive life events and negative life events.

• A distinction is made between on-time events and off-time events.
STRESS, COPING, AND ADAPTATION

• Coping
  • responses to stress, determined by nature of stressor, personality, support & health
  • problem-focused versus emotion-focused

• Classification of Coping Responses
  • General Strategies of Coping
  • Coping with Terminal Illness
  • Dimensions of Coping
STRESS, COPING, AND ADAPTATIONS

• Defense Mechanisms
  • unconscious responses to stress, determined by nature of stressor, personality, social support, and health

• Major Ego Defense Mechanisms
  • Denial
  • Projection
  • Representation
  • Reaction Formation
  • Regression and Fixation
  • Displacement
### General Strategies of Coping

(Lazarus, 1975a, 1975b; Lazarus and Launier, 1978; Lazarus and Folkman, 1984)

- Information search in an attempt to understand the situation
- Direct action to change the situation
- Inhibition of action
- Psychological responses to the emotional arousal created by the situation

### Coping Responses to Terminal Illness

(Moos, 1977)

- Searching for information
- Setting goals
- Denying or minimizing the problem
- Seeking emotional support
- Rehearsing alternative outcomes

### Dimensions of Coping

(Kahana and Kahana, 1982)

- Instrumental (taking action, alone or with the assistance of others)
- Intrapsychic (cognitive approaches, acceptance of the situation)
- Affective (releasing tensions, expressing emotions)
- Escape (avoiding or denying the problem, displacement activities such as increased exercise, eating, and smoking)
- Resigned helplessness (feeling impotent, unable to cope)
SUCCESSFUL AGING IS DEFINED AS A COMBINATION OF...

- Physical and functional health
- High cognitive functioning
- Active involvement with society
FIGURE 6.1  A Model of Successful Aging
This model assumes that all three components must exist for successful aging to occur.
PSYCHOLOGICAL DISORDERS AMONG OLDER PERSONS

- Depression
- Dementia
- Delirium
- Alzheimer’s Disease
- Parkinson’s Disease
- Alcoholism
- Drug Abuse
- Paranoid Disorders and Schizophrenia
- Anxiety
SUICIDE AMONG OLDER ADULTS

- Older people are at greater risk of suicide than any other age group.
- It is estimated that 17-25% of all completed suicides are by persons 65 and older.
- The highest suicide rate in the U.S. is found among older white males.
- White men aged 85 and older are at greatest risk.
OLDER ADULTS WHO ARE CHRONICALLY MENTALLY ILL

- Psychotherapy with Older Persons
  - Life review
  - Reminiscence therapy
  - Group therapy
  - Cognitive-behavioral therapy
  - Remotivation therapy

- Mental health services are under-utilized by older adults.