

PROJECTED SYMPTOMS OF OLD AGE AND PRESENT PERSONAL ASSESSMENT*

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A. PROBLEM

Various recent studies of attitudes towards and stereotypes about aging have shown that for the most part old age is viewed in negative terms (5, 6, 7). Furthermore, sophisticated college students, among others, have been found to subscribe to many of these invalid and/or overgeneralized negative stereotypes about the later years (3, 4, 5). Very little attempt has been made to examine factors related to the formation of these attitudes; only one recent study by Tuckman and Lorge (2) has thrown any light on this question. They have demonstrated that a person's response to stereotypes about old people is related to his self-perceptions.

B. METHOD

1. *Hypotheses*

Since many, if not most common stereotypes about aging and agedness involve ideas concerning physical and mental symptoms of disability, we decided to focus our attention on stereotypes of this sort. Three hypotheses were derived in an attempt to determine factors related to the expression of these stereotypes: (a) individuals will subscribe to stereotypes involving symptoms of disability in old age in direct proportion to their admission of such symptoms in making current self-evaluations; that is, the more symptoms they report for themselves at present the more they should endorse as characteristic of old age. (b) Individuals will subscribe to stereotypes involving symptoms of disability in old age in inverse proportion to their experience in dealing with aged persons. (c) Individuals will subscribe to such stereotypes in inverse proportion to the extent to which they have thought about aging.

2. *Procedure*

While past studies have focused on generalized concepts of old age in the abstract, we felt that the most meaningful approach to the problem would be

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through the picture one constructs of his own anticipated old age state. Consequently, the approach adopted was to ask our subjects to respond to symptom questionnaires as if they were old.

One hundred and twelve items representing a wide range of physical and psychological symptoms were abstracted from the Cornell Medical Index (1) to form a new questionnaire. This questionnaire was administered to 152 undergraduate students at Syracuse University (mean age 21.9, *SD* 5.65, range 17-54). By responding "yes" or "no" to the items, the subject indicates whether or not he has the questioned symptoms. For the first administration, the subjects were instructed to fill out the questionnaire as if they were old and to indicate the age they had in mind when they did so. One week later they were requested to fill out another copy of the questionnaire. This time they were instructed to record their current symptoms. A separate sheet was included with questions relating to their degree of contact with old people, how often they had thoughts about old age, and the content of these thoughts.

All subjects were identified by number rather than by name in order to preserve anonymity. This step was taken as an aid towards removing response inhibitions. The questionnaires were administered on a group basis.

C. RESULTS

1. *Present Personal Assessment and Projected Symptoms of Agedness*

The total number of "yes" responses on the present assessment was correlated with the total number of "yes" responses on the Aged Questionnaire by means of the product moment correlation, obtaining $r = .34$, which was significant beyond the .01 level. This indicates that the way one views his projected old age state is related to some degree to his current self-report.

The mean age imagined in filling out the questionnaires was 64.9, *SD* 10.1, range 40-89. Although these figures are about what would be expected on the basis of other studies (4, 5, 7) we do not know whether the age given represents the age at which they felt aging began, or some time after this. It is interesting, however, that despite the growing popular as well as technical literature on aging, many college students continue to view old age as occurring at a very early chronological age. No relationship was found between the age of the subject and the age he characterized as old.

2. *Projected Symptoms of Agedness (Table 1, ADI)¹*

While no one symptom was uniformly accepted, many of the symptoms

¹ A more detailed form of this paper (or extended version, or material supple-

are widely accepted by the group as concomitants of aging. Apparently, both physical and psychological difficulties, many of which are highly specific, are accepted and expected by a great many, although the most frequent expectations are for physical difficulties, with a tendency to underemphasize psychological problems. Despite this, however, interpersonal aspects of psychological functioning are seen as posing problems for the aged.

3. *Thoughts About Aging and Contact with Old People*

Although we had hypothesized that the degree of contact with oldsters, as well as the frequency of thinking about aging would be related to the projected symptom of agedness, these relationships failed to approach statistical significance.

In response to the question, "How often do you think about old age?", the percentages of various responses were: Often, 4.6, Sometimes, 81.6, and Never, 13.8. A request for a description of these thoughts yielded responses which were analyzed as positive or negative statements and according to the specific content expressed. While only 12.5 per cent reported that they either had no specific thoughts or left the item blank, 74.3 per cent of the expressed thoughts were predominantly negative in tone or ideation, and only 13.2 per cent were positive. The content classification is presented in Table 2.

When questioned as to the degree of contact they had experienced with old people, the reports were: A great deal, 39.5 per cent, Some, 18.4 per cent, Little, 29.6 per cent, and Very Little or None, 12.5 per cent. To avoid problems of judgment the classes of response used were as reported above. These were based upon the subject's checking what he felt was the appropriate category. For the content classifications, categorization was done by one writer (*MLP*) and then discussed with *FNA* and agreement reached on the three cases which were in question.

D. DISCUSSION

Although we found a positive and significant relationship between the present symptom self-reports and the projected symptoms of old age, it must be emphasized that the magnitude of the relationship is quite small, indicating the relevance of other factors or variables in the determination of

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TABLE 2
CONTENT OF THOUGHTS ABOUT OLD AGE

	Freq.	%*
<i>Physical and mental health</i>		
Expect and/or hope to be well	20	13
Expect illness	10	7
Neutral or unsure	10	7
General statements about frightening, depressing aspects of aging	10	7
Fear of loneliness and rejection	6	4
Fear of death	4	3
Concern over physical appearance	4	3
<i>Economics and family</i>		
Concern over how and where old age will be spent	22	14
Concerned about wife and children	20	13
Worry over financial independence	19	12
Specific fear of being a burden	8	5
Life's accomplishments	6	4
<i>Activities and attitudes</i>		
Desire to be active and youthful	24	16
Concern over changing attitudes and ideas	10	7
Desire for quiet and contentment	10	7
Concern over limitation of activities	8	5
<i>Miscellaneous, general, and unknown</i>	19	12
		N = 152

* Of total group. Categories are not mutually exclusive with some Ss giving more than one type of response, hence total greater than 100 per cent.

one's projected self-concept of agedness. The approach adopted here, as in most other studies of this nature, is quite gross and permits of no consideration of psychological factors such as rationalization, denial, and reaction formation which undoubtedly tend to minimize the obtained relationships. Despite these factors, the relationship shown here has obtained a higher order of relatedness than Tuckman and Lorge (2) in their recent investigation of the relationship between personal symptoms and stereotypes towards aging. This is probably due to the more personal approach used in the present study. Instead of having individuals respond to old age in the abstract, we required them to project a concept of their own aged state. Future studies utilizing a more dynamic mode of investigation should further illustrate the basis that personality plays in the determination of such attitudes.

Presentation of symptom lists, of course loads the situation towards negative attitudes, as the only possible manner for the subject to express a positive orientation is not to subscribe to the symptoms. While this is a valid criticism of this and past work of a similar nature, when the subjects

were permitted free expression of their thoughts about aging, the greatest majority expressed negative and pessimistic concepts with only a few mentioning positive aspects or benefits. This seems to be the characteristic approach in our culture in which the benefits and advantages of maturity and experience are so far overshadowed by the loss of more superficial and transient modes of expression.

The present sample was too small to permit examination of cultural and ethnic differences in the projected aging picture, but one statement by a Chinese student stands out for its succinctness. When asked about her thoughts about aging, her reply was, "Don't grow old in the U.S." Retirement programs and welfare funds cannot substitute for human needs for acceptance, purpose, and social value.

E. SUMMARY

Students' conceptions of their own projected agedness were found to be related to some extent to the way they see themselves at present, as indicated by their acceptance of personal symptoms of physical and mental disability. Their expressed thoughts about old age were found to be predominantly negative with only a few emphasizing positive aspects of reaching old age. The need for a more dynamic approach to the investigation of the rôle of personality in the formation and determination of attitudes and stereotypes about aging was discussed.

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