

The aged can be seen to share certain characteristics of the ill that arise from an interaction between our society and the aging process. Important social forces in this process are the age-stratification into which we have slipped and an analytical mode of thought we have acquired that says that wholes are best understood by breaking them into their parts. Educational changes that might help reduce the problem are suggested to: re-introduce the abstraction called time, promote an understanding of process, reduce age stratification.

On Educational Changes for the Field of Aging

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Aging as an Illness

There are those who say that aging is an illness and that the aged, by the fact of their age, are ill. Many of us find that hard to accept and oppose that thought by pointing out how many old people are fully functional and useful. Such opposition, by pointing out exceptions, seems almost to support the contention of aging as illness. Because the sick are treated differently from the well, it makes a vast difference whether those who deal with aging are dealing with an illness or dealing with a group of people defined by their place in the scheme of growth and development. It seems reasonable, therefore, that we begin this discussion of education by an examination of the concept of illness.

The very sick are different from the well—they live in a world shrunken by their loss of concern with the larger world around them. Disconnected, if you will, from the world of the well. The loss of connection with the larger world arises from several sources. There are physical disconnections. The hospital bed is rather isolated and does not stand in the mainstream of life. Further, we know our world by our senses, and illness may directly impair our ability to see, or smell, or hear. Disconnection, however, is not merely physical, but social and

emotional as well. The sick see few people, fewer as the illness deepens and they are shunned by the well. Thus disconnected from the outer world physically and socially, the sick person retreats into the new world of illness. This new world is not altogether bad—no longer peopled by present reality, it may be given over to the simpler delights of memory, fantasy, and inner images. So disconnection—physical, social and emotional—is one of the elements of illness. But the aged are also often disconnected and if that is one element of illness are they not, at least in that sense, ill?

Another characteristic of the ill is that they have lost their sense of personal invulnerability. Reality constantly threatens our sense of invulnerability. We know the body is frail and that men die. But we protect ourselves from that immobilizing knowledge with an awe-inspiring belief in our own indestructibility. If that were not true, would you cross a street? Illness directly threatens that sense of personal invulnerability and may even shatter it.

The process of aging itself threatens the sense of personal invulnerability as the elderly see the very real evidence of their loss of physical capability. Thus, if loss of the sense of personal invulnerability is part of illness, then in this sense also are not the aged ill?

Another feature of the sick is that they lose

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the sense of the sovereignty of reason—the feeling that events and their causes can be understood.

Normal thought continually strives to understand the universe. In those situations where understanding is insufficient, rather than disclose the gap in understanding, one simply stops thinking about them. In illness, thought also operates to understand the illness, but the situation is different from casual thought. The illness process is beyond the sick person's control and consequently it will not just go away and let him stop thinking. Rather, the continual march of events that are so vitally important in a personal sense demands continued thought. As thought continues to attempt to comprehend things for which knowledge is simply insufficient, gaps in the process of reasoning appear. Emotion begins to fill the defects in understanding until, as the process proceeds, rationality has largely been replaced by emotionality. Further, we begin to attach magical significance to events that occur beyond the edges of knowledge and reason.

In a more subtle way the aged also share this characteristic of the ill, the loss of the sovereignty of reason. We shall explain more fully later on.

Finally, it is characteristic of the ill person that he no longer controls his world or destiny as he did before. He does not control; he is controlled. Here again, it is not difficult to see the similarity between aging and illness.

Thus in both the aging and the sick there occurs: a disconnection from the larger world, a loss of the sense of personal invulnerability, loss of confidence in the completeness of reason, a loss of the feeling of control over the world and, with all this, the sinking into dependency.

The Impact of Society

Obviously in the aged as in the ill these changes occur to a varying degree. In the sick person, the changes vary with the degree of illness; and the degree of illness varies not only objectively but with the perception of illness. In the elderly also the presence and severity of these features is only due in part to the ineluctable process of decay, but in part also to the world in which we all live. Let us see how the aged may be forced into the role of the sick by the operation of cultural factors. One of the reasons that the world shrinks for the elderly is that their intimates die, leaving them increasingly isolated from the larger society. But the young also lose their intimates, if not through death then through divorce and mobility and

diversity of interests. The young, however, urge themselves on to new associations. But for the elderly, the choice of friends and partners shrinks as time goes on, so that loss through death decreases the chance of new friendships and love. That seems perfectly obvious except that it is *only obvious in a cultural sense*. The pool of possible associates no more shrinks by deaths than it swells by births, unless it is assumed that associates are meant to be only in the same age group. And, unless I am mistaken, that is the assumption. But that is a cultural, not a biological assumption. In other words, we live in an age-graded culture in which there is little inter-generational mixing. Anthropologists have described societies, like the Nyakyusa (Wilson, 1963) which are so age-graded and age-segregated that different generations live in different villages. On the other hand, the extended family of our past, with all generations living together, was not age-graded.

However, it is in seeing how the elderly lose the sense of the completeness of understanding that we comprehend the importance and subtlety of age-grading and the influence of society.

Here the physiology of aging is of less importance than the intellectual milieu. As we age we must acquire knowledge whether we wish to or not. So many seasons have passed, so many troubles, so much pain and loss, so many pleasures, and from all, a harvest of information. As in other areas, some people do more with the information than others, but the residue is immense. *The sovereignty of reason is maintained, however, only if the knowledge continues to explain the universe.* And there lies the problem. Our modern universe keeps changing we are told. The world changes so much from day to day that the aged find their vast array of experiential knowledge inadequate and reason fails. If that is true, what choice is there but to retreat to a smaller universe for which knowledge and reason are sufficient? We will return to this later.

With retreat comes further disconnection and further loss of the sense of invulnerability and so they go, each reinforcing the other, driving the old man into deeper physical dependency, completely without control of his larger world, and controlling only the manageable world of phantasy and memory into which he may sink.

We have seen how the aged share certain characteristics of the sick, and more importantly, how it is the society around them that helps convert these from potential to actual destructive forces. We have seen further how at least

