Chapter 9. Conclusions

A conclusion is aptly the last part of a book to be written and arguably, the hardest of all. All arguments must draw to a close, and one cannot help but feel overwhelmed at the many things that have been left unsaid. Below are the most important conclusions that can be drawn from the present study, as well as perspectives on how future research might proceed.

1. A Person-Environment Perspective

What this study has clearly shown is the need for a *person-environment* perspective on dependency. Both individual differences, as well aspects of the caregiving environment, play a role in the adjustment of the older, frail adult.

At the very beginning of this project, one formative idea was that elderly care recipients might be prone to develop dependent personality characteristics. Fortunately, this speculation has proved groundless: age-related physical infirmity did *not* seem to have an adverse effect on personality. We did not see the frail elderly exhibiting more psychological dependency in terms of becoming needy or fearful or soliciting greater amounts of help. Such persons did not express markedly higher affiliation needs, nor did they seem to desire more contact or intimacy with their caregiver. Perhaps the only indication of personality change observed in this study is that the physically frail elderly questioned had become somewhat less stoic in their outlook on life, but certainly, they were a very stoic group to begin with. A change would hardly have been dysfunctional; rather, it would seem to be a very reasonable switch in perspective. On the whole, the data indicate that the elderly were resilient to changes in their personality that should plausibly accompany age-related decline. More importantly, personality differences did not greatly influence the level of social dependency expressed in the caregiving context.

Of course, the findings reported here are cross-sectional in nature, and therefore any discrepancy between groups represents an age difference, not necessarily true change. One example is the elderly individual's pronounced respect for authority, especially for medical authority, which is most likely related to socialization experiences in young adulthood. It is reasonable to assume that these attitudes could undermine one's tendency to strive for autonomy, especially in a larger, institutionalized system of care with clearly defined power

hierarchies. Although attitudes toward authority did not greatly help to explain social dependency in formal regression analyses, misconceptions regarding the doctor-patient role can never be adaptive and should always be corrected.

Perhaps the major finding of the present study was a largely unexpected one: dependency among elderly care recipients varied according to environmental context. All six components of social dependency were clearly higher among care recipients living at home. Before one condemns this form of care, however, one should note that most elderly desire to remain at home. The home provides more comfort and privacy, which are not only in themselves desirable, but may also foster social bonding and true friendship with one's caregiver. Homecare also provides more personalized (one-to-one) contact and freedom from institutional regulations. However, these benefits come at a price. Freedom from regulations and institutional structure means that the burden of monitoring health and activity falls upon one individual's shoulders, the primary caregiver. We must recognize that institutional structures, such as meal programs, group activities, and even smoking prohibitions, directly support the regulation of health and activity. Nursing homes also offer a greater diversity of social partners, including peers as well as staff and hence, a wealth of opportunities to come together with others. Thus, one caregiving context is not clearly superior to the other; each carries its own benefits and risks.

Nothing illustrates this point more clearly than the interactions observed between personality and environment in the prediction of morale. Individuals who are more affiliative in nature seem to do well in the denser social environment of the nursing home. Those who place great trust in the medical establishment appear to thrive there as well. These factors may be important when deciding whether or not to transition to a nursing home, or simply finding the right nursing home for a particular individual.

2. The Elaboration of the Dependency Construct

The elaboration of the dependency construct in gerontology requires conceptual expansion on many fronts. First and foremost, one should recognize that dependency is a part of life -- in fact, a *huge* one -- and needs for dependency and autonomy must be balanced over the life course. This conclusion might surprise some readers; it certainly flies in the face of the results observed in this study, which clearly showed dependency needs to be negatively

associated with well-being. However, I maintain this assertion chiefly on theoretical grounds, not empirical ones. In its most basic terms, dependency is simply the willingness to accept social support. Dependency upon others, especially in later life, can thus be a natural and adaptive means of coping with adversity. It should be elevated to the position it deserves, and not relegated to a footnote in models of successful aging.

Indeed, the dependency needs of the older, frail individual are considerable. Granted, trait dependency was not elevated in the majority of persons (especially the women) assessed in this study. However, as I tried to make clear, there was strong evidence of defense posturing. In-depth analysis, at the item level, showed that the subjects in this study must have been applying very liberal definitions of "independence." Concepts of autonomy, it appears, can be bent and twisted to shape any form, and the ease with which elders have done so is little short of astounding. Of course, it would be pointless -- and perhaps unethical -- to challenge such self-beliefs. Who can say what truly constitutes autonomy, and who would rob an elder of that conception of the self, if it is a cherished one?

In addition to understanding that dependency is part of successful aging, research on caregiving will also require a further shift in focus: from how much *physical* support, to how much *motivational and emotional* support the elder care recipient needs. This is the natural corollary of helping others to help themselves. Obviously, the development of good, objective instruments to measure such quantities is of paramount importance. The present study produced one such measure with reasonable success. However, one must not forget that social dependency was operationalized in purely *dysfunctional* terms, a decision which was made with the express intent of facilitating an interpretation of the results. Further explorations into the dependency of older adults need to go beyond dysfunctional notions of social dependency to identify the conditions under which reliance upon others -- for companionship, emotional warmth, and guidance -- can be adaptive.

This brings us to another question that has resurfaced many times in the theoretical discourse: Are primary caregivers suitable companions for the elderly? Should both parties in the caregiving dyad be encouraged to bond? Here, the results of the present study seem to indicate a qualified "yes." Social dependency was primarily influenced by the subject's level of health. Therefore, social dependency, for better or worse, seems to be part and parcel of the caregiving profession. Caregivers rated the *Social Dependency* rating scale as being

highly relevant for their work with the elderly, which further substantiates this claim. As mentioned earlier, the home environment seems to promote dependency by affording more comfort and privacy, by providing a setting in which social bonding can occur more naturally.

The findings accord well with theoretical conceptions of support, including research on medical patients, which stress the importance of treating the psychosocial concerns of the individual. However, two caveats are in order. First, some elderly individuals do not appear to desire a close relationship with their caregiver, prefering a certain distance in the relationship. Second, becoming friendly with a care recipient is, at best, a very difficult task for a caregiver. Caregivers who must walk the line between being a helper and being a friend may compromise their professional standing and authority. They may feel obliged to stay past their appointed quitting time, or perform extra duties out of a sense of filial obligation. Nonetheless, if psychotherapists can become adept at providing emotional support whilst retaining the proper distance to their clients, then caregivers, in principle, should also be able to do so.

3. The Transcendence of the Historical Over Maturational Perspective on Adult Development

Research on aging has a deep and abiding interest in developmental change over time. Aging, as the term itself implies, is a process of maturation, and research on this topic has been a quest to find universal laws that govern development in later life. Such laws would be applicable, with only slight variations of degree, to all individuals, regardless of their nationality, gender, or upbringing. It has been a grand and heroic enterprise, but over the course of the journey, it has been difficult to generalize across all people and contexts.

One way to advance our knowledge of human development is to focus on specific persons and contexts. This study began by reflecting upon the question, "What are older Germans (i.e., those born between 1915 and 1935) like?" Observations seemed to indicate that they were stoic and authoritarian, characteristics that, in hindsight, can easily be traced back to their historical roots. What is needed, perhaps, is a Copernican shift from looking at aging to looking at the old, from the *maturational* processes to the *historical* influences that influence development in later life.

Consider our increased lifespans, the remarkable manner in which morbidity has been compressed in the last century, and the rapid technological and social changes that encroach on every side. All three of these processes conspire to make the world we were born in and the world we die in two entirely different places altogether. Thus, a historical perspective, which charts how specific historical contexts change and continue to influence development across the lifespan, is indispensable to an understanding of the elderly individual.

From the perspective of personality research, this entails identifying the constructs that are likely to register differences between the young and old. So far, researchers in this field have been tempted to ignore the hard questions and simply employ a comprehensive test battery -- with the result that little or no change has been found. Yet one must acknowledge that personality questionnaires, at least those employing trait-like constructs, were never truly intended to accurately measure maturational change over the lifespan. This is echoed in the writings of many personality theorists, who stress that to find change, one must move away from traditional, trait-like concepts. Two of the new scales employed in this study, the *Stoicism* and *Respect for Medical Authority* scales, were developed to highlight differences between the young and the old and were subsequently successful in showing how these groups differ in fundamental attitudes and beliefs. Moreover, they were significantly associated with physical and social dependency whereas more traditional dimensions were not. Thus, personality constructs designed expressly with the elderly individual in mind may be preferable to standard, personality dimensions, particularly for *developmentally relevant* points of inquiry. Quite simply, the former are better at detecting age differences between age categories, while global dimensions may be better at identifying individual differences within age categories.

4. Future Outlook

There are many recommendations that one might make regarding the further study of personality in later life. Below are a few suggestions.

First and foremost, future studies must reconsider which individual differences are important to the study of aging. Personality traits, as they are defined or measured, have a tendency to gloss over important distinctions between young and old. Moreover, much research involves the blanket application of many personality dimensions across periods of the lifespan that

have been selected in an arbitrary fashion. Such research inevitably relies upon posthoc explanation of the stability or change that is then observed. It is time to reject such atheoretical approaches to the study of personality change. Instead future studies should focus on select personality dimensions assessed over a carefully chosen interval. For example, an individual who experiences bereavement might, in theory, become more introverted or conversely, more autonomous.

The role of the dependent personality in coping with challenges in later life is thus worthy of further study. The focus of such research should remain on those who demonstrate age-related infirmity, and who, theoretically speaking, should become more accepting of assistance. In particular, it would be interesting to replicate the present findings with a less transparent, less negatively toned measure of trait dependency (perhaps attachment measures used in conjunction with family caregivers).

In formal caregiving contexts, research should place more emphasis on caregiving relationship, not the caregiving interaction, as the fundamental unit of analysis. It will become important to differentiate between team and primary models of care, which may have highly differential and salient effects on the amount of dependency expressed in the caregiving relationship. Research should also elucidate the reasons why the home environment fosters social dependency, and investigate the environmental impact on caregiving in more detail.

To broaden the present perspective, future studies might also do well to examine the dependent personality (and other personality constructs) and how they shape dependent behaviors *before* elders require care. Much of the variance in social dependency seems to be determined by level of health, leaving virtually no room for personality factors to play a significant role. Thus, it would be interesting to examine whether the dependent personality in elders is effective in procuring social support *outside* of the caregiving context.

Finally, future studies should employ an approach more strongly attuned to the social history of the elderly individual. Even if personality does not change over the life course, there are certainly enough differences between the young and the old that are worth investigating. It is time to reexamine how history has molded the character of older individuals, how it has shaped their attitudes and beliefs. Social roles, including gender roles, have undergone a

remarkable transformation in the last century. Politics, race relations, and educational opportunities have also changed dramatically. Elders are therefore likely to be more religious, adhere to different codes of ethical conduct and harbor different notions of happiness. The elaboration and differentiation of such psychological constructs, as well as the investigation of how they continue to guide adult development, is bound to be one of the most fruitful and exciting fields of research in years to come.