

## THE AGING AND THE AGED Psychological and Social Aspects\*

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The aged and the aging in our population are becoming a problem to the community as well as to their families and to themselves. There are more than 11,000,000 persons over 65 years of age in the United States today—three and a half times as many as there were 50 years ago. By the year 2000—only 50 years from now—the number who will have reached the so-called retirement age is expected to be more than 20,000,000. By that time 40 per cent of our population will consist of persons over 45 years of age.

The high standard of living, advances in education and in preventive and curative medicine have been significant factors in prolonging the life span. Epidemic diseases such as typhus, typhoid fever, yellow fever, smallpox, plague, and venereal disease are under control in the countries of Western civilization. In earlier centuries thousands were crippled and millions perished from infectious diseases, metabolic disorders, malnutrition and starvation, the majority of which have now been either eradicated or rendered non-dangerous. We live longer because conditions which were shortening our lives have been removed. But we have not yet attained the optimum possible for our species—we have not reached the point where human beings die of old age. The overwhelming majority of people continue to die as the result of disease—today mainly as the result of the so-called chronic diseases rather than acute diseases, but nevertheless as the result of disease.

Death from disease is an unnatural death, and we should therefore distinguish between pathological and physiological, or natural death. Natural death is death from old age, the point beyond which

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life for our species is impossible. Obviously every species has its life limitation.

Most of us seem to be convinced that the upper limit of our life span is well established. Were this so, we might expect that pathologists, scientists, and physicians would have had opportunities to observe death from natural causes. No such observations have been made, however. We have the testimony of numerous pathologists that they have never seen death from natural causes. An interesting and instructive story has been told by the well-known pathologist Aschoff. During his long professional life he had looked for an opportunity to perform an autopsy on a person who had died of old age and only once felt that he might be close to having found it. He visited a 97-year-old physician only two days before the old man's death. As Aschoff describes it, the old man was so free of symptoms of serious disease that Aschoff was convinced, on receiving news of his death, that he at last had a case of death from natural causes. The autopsy, however, revealed "a severe lobar pneumonia of at least four or five day's duration and numerous metastases of a malignant tumor of the thyroid." (1)

The fact that no deaths due to old age have been observed does not provide an objective criterion for establishing the life span of our species. The belief that the upper limitation of our life span is known is based on prejudice. Since disease shortens life we must anticipate that the normal, or physiological, life span is much greater than we assumed on the basis of our experience up to now. We must therefore consider long life as normal (even if rare) and death from disease as abnormal. The death of a centenarian from arteriosclerosis is not a natural death. Should science and medicine succeed in eradicating the chronic diseases, the normal life span of a human being may well prove to be closer to 130 or 140 than to the three score and ten years which for milleniums has been considered as more or less the limit of our life span.

From time to time in various parts of the world some aged persons claimed to have reached the age of 120, and even 140 or 150. The evidence for this, however, has been vague, and critical observers have been skeptical, not without reason. Too many stories about long-lived persons have been proven to be false. Man's yearning to live has been exploited by newspapers, astute businessmen, and plain swindlers who were looking for a sensation or an opportunity to profit from one. Millaud, the capable publisher of the Parisian *Petit Journal*, believed

that stories about the long-lived were very much liked by readers and did not hesitate to ask his editors to invent pleasant stories about people who had reached the age of 100 years and more. In his opinion, "It tickled the subscribers." (2)

A popular case is that of Thomas Parr, who lived in England in the sixteenth and seventeenth centuries, who claimed to be more than 150 years of age, and who because of this achievement was solemnly received at the court of Charles I. He was believed to be 152 years old when he died. Two hundred years later it was proved that Parr was a notorious swindler and that he never reached the age of 100.

While reports of persons attaining the biblical age should be received with caution, one cannot dismiss verified reports concerning long-lived persons. During the last decade evidence has been produced in several scores of instances of persons who had reached ages of 120, 130, and 140 years. (3) Moreover, these were proved to have been healthy persons. (4) They demonstrated to the world that aged persons need not necessarily be suffering from disease. Many aged persons, among them some centenarians, do not suffer from arteriosclerosis, are in possession of their hair and teeth, have good vision and hearing, do not suffer from a diminution of their intellectual abilities, and, within certain limitations, continue to be active.

In light of this and other experience it is more than reasonable to expect that both longevity and the numbers of the aged will continue to increase and that we therefore must face the sociological and economic fact that the age structure of our society will undergo further changes. The upper age groups will increase and the younger age groups will probably decrease.

Are we psychologically prepared to face these facts? Are we prepared to face the reality concerning our aged, which is so different from what it has been in the past?

We are accustomed to consider old people, especially those suffering from disease, deficiency states, weakness, or mental disturbance, as lost causes. Today this attitude is no longer justified. Weakness is not a symptom of advanced life but a symptom of diseases which occur in old age. Arteriosclerosis, though it occurs frequently in advanced life, is not a physiological but a pathological condition. While we may now be helpless in our fight against this or that disease, it does not mean that we will not be able some day to prevent or cure such illnesses.

It would be simple to compile a list of hundreds of names of per-

sons who attained an exceptional old age and who were able to work up to almost the last days of their lives. A few of these may be mentioned, however, in order to demonstrate that old age is not only no obstacle, but sometimes a stimulus, to intellectual achievements. Titian (1657-1757), the famous Italian painter, died of the plague at the age of 99. At the age of 98 he finished one of his most famous paintings, "The Battle of Lepanto." Michelangelo (1475-1564), who died at the age of 89, started to write his famous sonnets when he was 79. The English philosopher, Hobbes (1588-1679), who died at 91, published his translation of the *Iliad* when he was 88. To this list may be added the names of Voltaire, Goethe, Victor Hugo, Ivan Pavlov, George Bernard Shaw, and many others. The name of Verdi should be especially noted. Verdi died at the age of 88. For ten years, between the ages of 70 and 80, he was unproductive and the world was convinced that the old man was at the end of his abilities. But after ten silent years he composed *Falstaff*, considered one of his best works, *Ave Maria*, and others.

Certainly the older we grow the closer we approach to the limits of our capabilities. At age 70, however, we should be no farther from our birth than we are from the end of our life span. It is not unthinkable that age 70 should represent the halfway mark in human longevity.

The firm belief that an elderly person is not capable of being productive is based on the facts that we have not been able to distinguish health from disease in old age, that disease and old age have been considered to be identical, that we have been blind to many facts. It was Caesar who wrote, "Men freely believe that which they desire." And what has been the belief of men as far as old age is concerned? It has been that the elderly person is an invalid, a burden for the family and community, and, at best, a burden for himself. To admit to this belief openly would place us in conflict with our moral, ethical, and religious tenets.

There have been many instances in history of the older generation trying and often succeeding in counteracting the negative approach to them. More than once have the elderly succeeded in securing a dominating position in society. China, up to recently, was one of the outstanding examples of this. But China was not an exception. The older age group dominated the younger in many other cultures also by exercise of property rights, diplomacy, the use of magic, and religion, rather than through physical strength and dexterity.

Our present society is one in which the younger rather than the older age groups dominate, and in which the older generation is dependent upon the younger. The consequence of the ascendancy of the younger rather than the older age groups is the fact that the elderly are ousted from active life long before their abilities have vanished.

Not permitted to be active, the elderly become a burden for those who must support them, and as non-productive elements become a negative factor first in the economic and later in the social life of a community.

The negative approach to the elderly is characteristic not only of our culture but also of cultures entirely different from that of the Western world. A negative attitude toward the aged is encountered in some primitive societies, where the moral concepts of the primitive tribesmen were entirely different from those of civilized members of Western society. Examination of the customs of primitive society provides an opportunity to study the negative attitude toward the elderly under circumstances free of the ethical and moral superstructure typical of our civilization and leads to better understanding of some of the inner mechanisms at work. In many primitive societies the tendency to become rid of their aged was clear and outspoken, and the treatment of the weak and invalid especially cruel. Various methods of extermination were applied, depending on climatic and economic conditions and on cultural traditions. These methods fall into three main classifications: (1) starvation; (2) abandonment; (3) killing (murder or suicide).

Sieroshevski reported that the Yakut (a Siberian tribe) "treat their old relatives, who have grown stupid, very badly. Usually they try to take from them the remains of their property . . . then constantly, in measure, as they become unprotected they treat them worse and worse. Even in houses relatively self-sufficient, I found such living skeletons, wrinkled, half naked, or even entirely naked, hiding in corners, from where they crept out only when no strangers are present, to get warm by the fire, to pick up together with children bits of food thrown away, or to quarrel with them over the licking of the dishes emptied of food." (5)

Gradually reducing the amount of food given an old man was one of the ways of getting rid of him. A second method was abandonment. The severer the climate and the more difficult the securing of subsistence, the more frequently was abandonment resorted to. Abandon-

ment of the aged is encountered among some Eskimo tribes as well as African desert tribes. An old abandoned Hottentot woman found on a desert explained her abandonment simply and realistically: "Yes, my own children, three sons and two daughters, are gone to yonder blue mountain and have left me to die. . . . I am very old, you see, and am not able to serve them. When they kill game, I am too feeble to help carry home the flesh. I am not able to gather wood and make fire, and I cannot carry their children on my back as I used to . . ." (6)

The cruelest means of becoming rid of the burden of the helpless aged was that of extermination by killing. This, for example, was the explanation given by a tribesman of the Chukchi tribe (Siberia) who praised a son who killed his aged mother: "Why should not the old woman die? Aged and feeble, weary of life, and a burden to herself and others, she no longer desired to encumber the earth, and claimed of him who owned nearest relationship the friendly stroke which should let her cut the scanty remnant of her existence." (7)

In our society this method of dealing with human beings is considered murder from the legal point of view, sin from the religious point of view, and inhumane and barbarous from the moral and ethical point of view. How does it look, however, from the psychological point of view?

From my experience over the past ten years with families in which there were one or more elderly members, I would say that the picture is rather a gloomy one. In almost every family in which one of the members was an older or elderly person, there was friction, conflict, and tension. In some families there was open hostility, quarreling, and exchange of reproaches and insults. In others, while the situation at first glance appeared to be a satisfactory one, closer study revealed that conditions were far from harmonious.

Friction, difficulties, and conflicts do not start of course at the moment parents begin to be dependent on their children; they start long before. They existed when the household situation was the reverse—when children were dependent on their parents. There is a chain of events in which advanced life is one link, the last one. In the family one reaps as one sows.

Each family has its own pattern, its own style, which is rooted in and determined by the relationship between the mother and the father. We shall not here go into the details of the origin of these patterns. A few case histories are given only to indicate the variety of

patterns and the uniformity of causes responsible for the tension under which our elderly are living.

*Case 1.* Mrs. E., 85 years old, is almost blind and suffers from a severe avitaminosis, a condition rather common in advanced life. This avitaminosis is the cause of a skin condition, neuralgic pain, and dryness of the mucous membranes which can and should be treated. The patient lives with two daughters who are also seriously ill. The mother does not agree that her daughters are ill and need care, and the daughters do not feel that their mother needs treatment. They say she is egotistic and thinks only of herself. In their opinion an elderly person is supposed to be sick and supposed to suffer.

The elderly mother, an alert and intelligent woman, became bitter, mistrustful, touchy. Nobody cared for her, nobody believed she was miserable, no member of the family was willing to take her for a walk, read to her, or spend more than a few minutes' time with her. The daughters implied or stated quite openly that their mother was ungrateful and impossible to get along with.

I asked my patient for permission to discuss her situation with her family, but she begged me not to do so; she feared the result of this would be to make her situation worse than it was.

I often wondered as to the cause of this open hostility and the really cruel attitude of the family toward this old woman. True, she was a dominating and demanding person, always stressing that she had sacrificed her life for her children. True, the children had therefore felt rejected since early childhood and suffered the consequences resulting from this rejection. However, as long as life was more or less bearable for each of the members of the family, all seemed to be well under control. Later when the mother became an invalid and the expense of caring for her became great, open hostility broke out.

*Case 2.* The next family is a wealthy one, but my 72-year-old patient, who lived with her married daughter, was financially dependent upon her. Both the daughter and son-in-law were openly against her. I would not say that the mother was always tactful. She interfered in family disputes concerning the education of her grandchildren and in many other ways. The son-in-law was often rude and made no secret of the fact that he would like to be rid of her. Offended and bitter, the old woman decided to leave the country to show her daughter that she felt there was no room for her here. She knew that a trip abroad would be dangerous for her. She was receiving constant medical care of a kind that she would not be able to obtain in Europe. But she left nevertheless.

She returned a year later, in poor physical condition. It was months before her health was restored. During the time she was ill the situation in the home was quiescent. I would not have dared to suggest to anybody

what her son-in-law was hoping for. Since the improvement in my patient's health the open war has continued along the earlier pattern.

In the two cases just described the existing hostility and rejection were apparent. Other families, however, give the impression that life in the family proceeds smoothly, that kindness and mutual respect prevail, and that the relationship between the older and younger members of the family are well balanced. Often, however, the attitudes below the surface are in reality different.

*Case 3.* An 80-year old patient has been gradually becoming a nuisance to the family of her son, and especially to her daughter-in-law. Not that either of them would admit it. Both the old woman and her younger relatives are full of praise and admiration for one another. There appears to be no friction, and there have been no open conflicts. But an unconsidered remark of her son or daughter-in-law would hurt her deeply and lead to depression. She did not, however, openly show this. Instead she behaved in a rather bizarre way and appeared to be uncomprehending. She lost appetite, became sleepless, was mistrustful, and in general behaved peculiarly—so peculiarly that the younger members of the family raised the question, worriedly and sympathetically, whether the old woman was in possession of normal mental faculties. There was no doubt that she *was*, and what her family considered as insane was her way of expressing her dissatisfaction.

I found an opportunity for an open and friendly talk with the daughter-in-law. An entirely different picture emerged. The daughter-in-law considered life with her husband's mother a torture, and her only consolation was that the elderly lady would not live forever, and that life would start again after her mother-in-law's death. This talk took place many years ago. Conditions following the talk did not take a more satisfactory turn.

*Case 4.* Everything seemed to be fine with our next family, which consisted of the younger couple and the parents of the wife. Some time ago the mother became seriously ill and had to be taken to the hospital, where she remained for four months. The expense of physicians, surgeons, special nurses, and hospital care took almost all of the family's savings.

The old mother was given everything she needed. The daughter saw to this. Once to the great surprise of her husband, the daughter exclaimed, "How nice things could be if mother were not with us." The daughter reacted to this later with a deep feeling of guilt. It was obvious that the inner attitude of this exemplary daughter whose chief, if not only, concern appeared to be the wellbeing of her mother, was entirely different from that which it appeared to be on the surface.



We see that there is a similarity in the attitudes of all four families despite the differences in outer manifestations. The attitude toward the elderly is, as I have tried to show, a negative one. In this respect there is a certain similarity between the inner motivation of a primitive tribesman and that of the individual in our highly civilized society. The difference appears in the exterior manifestations. The primitives exterminated their helpless old people, while civilized people in similar situations let them live and, in fact, often give them a great deal of attention, yet wish subconsciously to be free of the burden. They thus become involved in a conflict between their own unconscious desires and the burden imposed on them by ethics, morals, religion, and law.

The negative attitude toward the elderly becomes obvious when difficulties develop and the established routine is disturbed. While it is always present, the attitude of rejection does not necessarily appear on the surface. It becomes conspicuous when a disturbance of the normal order of things occurs. Alfred Adler has said: "As long as a person is in a favorable situation we cannot see his style of life clearly. In new situations, however, where he is confronted with difficulties, the style of life appears clearly and distinctly." (8) Under favorable circumstances our defense mechanisms may be under control and we may appear well balanced, socially adjusted, and even productive. Should the normal mechanisms, however, or a substantial part of them, be disturbed so that the feeling of security is lost or threatened, then the whole structure breaks down and the real style of life, or the neurotic pattern, becomes manifest.

Should sickness, invalidism, financial, economic, or other difficulties become a factor in the life of the family, then the attitude of rejection of the elderly, the feeling that they are a burden and have nothing to hope for, becomes an open one. The outer manifestations of the reactions of the elderly themselves vary. Bitterness, depression, protest, stubbornness, resentments are the most common reactions. The mental state induced in them is already in itself a real obstacle to any productive and useful activity.

We must not be deceived by the fact that negative attitudes toward the elderly are not always apparent. Sometimes even under conditions that might be considered well balanced, the negative approach may percolate through. To the trained eye the overprotective

or overanxious attitude may have the same meaning as neglect or rejection. In any event, an atmosphere of hopelessness as far as the creative abilities of the elderly are concerned is created which no verbal encouragement can counteract. Words cannot obliterate the fact that practically the older person is deprived of his social and economic responsibilities, that he is not permitted to function to his full value as a member of his community.

True, there are numerous elderly persons who continue to work and to participate in the life of their community, but the overwhelming majority is condemned to inactivity. We know this from our everyday experience. We know how difficult it is for a person over 50 to get a job, not to speak of capable persons over 65 and even over 70. Once the older person loses his job it is very difficult for him to re-establish himself in employment.

Modern research and science are not developed on the basis of impressions; impressions may be deceiving. We are fortunate in being able to present statistical evidence to prove that our impressions are correct. Comparison of gross figures of recent statistical data would give an erroneous impression since today there are six times as many elderly persons employed as there were in 1870. In 1870 only half a million persons 65 years of age and over were working. The number in this age group working today is almost 3,000,000. A comparison of the rates of gainful employment among the elderly based on the total aged population produces an entirely different picture: In 1870, 80 per cent among the older age group were gainfully employed as compared with only 40 per cent in 1940. (9) During the war, when the shortage in manpower created opportunities for persons in all age groups, the percentage for the older age group was slightly higher, but today the percentage has dropped to the prewar figure and there are now more unemployed elderly persons than gainfully employed. Of the 11,000,000 persons 65 years of age and over in our population only 3,000,000 are enrolled in the labor forces. And this at a time when our elderly population is healthier and stronger than it was 50 to 60 years ago. Even if we add to the 3,000,000 elderly reported in the statistics as gainfully employed the elderly housewives who continue to work in the home, the discrepancy between the working and non-working elderly is very large. The table below is striking confirmation of the fact that the gap between employed and unemployed older persons is very large.

## THE WORKING LIFE SPAN OF AMERICAN WORKERS

Total life expectancy and labor force life expectancy at the age of 60  
1900, 1940, 1947, 1975 (10)

<i>Years</i>	<i>Life expectancy</i>	<i>Labor force participation</i>	<i>Difference</i>
1900	14.1	11.0	3.1
1940	15.1	9.2	5.9
1947	15.6	9.9	5.7
1975*	16.8	7.9	8.9

\* Assumes continued decline in labor-force participation rates, based on 1920 to 1940 trends.

In 1900 an elderly person at the age of 60 might expect to be idle for 3.1 years. In 1940-47 his expectation of idleness was almost six years. If conditions remain unchanged, in 25 years the 60-year-old person will look ahead to nine years of idleness in the 16.8 years of his expected remaining life.

No pension plan of the type now in existence can solve this problem. Existing pension plans provide for benefits amounting to approximately one-third the income received during the years of employment. The income, therefore, of a retired elderly person, even if he receives a maximum pension, is low. So that his idleness cannot be compared to that of a French *rentier* of the nineteenth or early twentieth century. The latter had sufficient income to enable him to devote the rest of his life to pursuing hobbies or to other creative or non-creative work.

We may also anticipate that the majority of the working population will not have supplementary income or savings to rely upon. In this connection the following statement of Otto Pollak, quoted from his study of *Social Adjustment in Old Age*, is pertinent: "The investment insecurity of the twentieth century and our high standards of living make it difficult if not impossible to accumulate financial reserves sufficient to provide economic security for old age in an industrial society." (11)

On one hand the elderly person is not receiving sufficient income to maintain the standard of living to which he has been accustomed,

and on the other he feels strong enough to work and to participate in active life. Certainly the pension system, while it does represent progress, is a bitter necessity which does not satisfactorily solve the problems of the elderly. Pensions should therefore be considered as a means of securing the existence of older persons who cannot or do not want to work. It is in the interest of the elderly themselves as well as in the interest of the national economy to keep our older persons active as long as possible. This was recognized more than 20 years ago by Lillian F. Martin, one of the outstanding people in the field of gerontology (care of the aged). A 79-year-old retired psychology professor, Dr. Martin, created in 1929, in San Francisco, the Old Age Counselling Center. She died, in 1943, at the age of 92. Dr. Martin, who was much under the influence of Alfred Adler's Individual Psychology, developed a plan for the aged which attempted to counteract the psychological difficulties encountered by the elderly individual and sought to incorporate the elderly into the national economy while helping them to obtain employment.

The slogan of the Old Age Counselling Center for the elderly was: "Wake yourself up; develop your potentialities, train yourself; learn to comprehend the world of today in order that you may become a participator in it, perhaps even a leader; don't spend the remainder of your life as a parasite." (12)

Certainly we cannot expect the elderly to have the physical strength of the younger in age. We must take into account the changes which occur in advanced life—both the diseases frequent in old age and the physiological decline in physical abilities. This decline does not, however, justify our considering the elderly as invalids. The elderly must have opportunity to engage in work in which they are not under heavy pressure, and it may be necessary for them to change from former occupations to occupations that are less exhausting. They can be useful in work that calls for responsibility. When the elderly person reaches the point where it is necessary for him to change his occupational activity, an opportunity to do so must be given him. No one can predict when this point may be reached. It will depend on the character of the work involved and what physical strength or intellectual ability are required. It will depend also on the condition of the worker's health, on his training, and on many other factors.

We must work toward the goal of keeping the elderly as valuable and fully accepted members of the community. This can be achieved

by an adjustment of the individual to the requirements of society and, vice versa, by the adjustment of society to the possibilities of the elderly. Alfred Adler has said that the degree of sanity is the degree of one's social usefulness. This is true for any person, and more than true for the aged.

#### SUMMARY

1. Education, training, advances in medicine and science, and higher standards of living have contributed to the elimination of many factors responsible in the past for the shortening of human life.

2. It is likely that the life span of the human species is much longer than might be anticipated on the basis of past experience.

3. We therefore face the fact that the age structure of our society will undergo further changes and a substantial increase in population among the older age groups may be expected.

4. The developments noted have not affected our basic psychological attitude toward the aging and the aged, which is essentially negative.

5. The outer manifestations of the negative approach to the elderly varies in different societies and, within the given societies, in different groups. Despite the differences in surface reactions there is a certain uniformity of inner motivation.

6. The old person is considered a burden, but this cannot be openly admitted. In the societies of Western civilization the psychological conflict is often between unconscious rejection of this burden and the obligation imposed upon the younger generations by morals, ethics, religion, and law.

7. The consequences of our attitude toward the elderly is that the elderly are ousted from active life before their abilities have been exhausted.

8. The denial to the elderly of social and economic responsibilities leads to psychological reactions typical in old age. Among these reactions depression, bitterness, resentment, hopelessness are the most common.

9. Consequences of these reactions and possible ways of solving the problems that arise out of them have been discussed.

Adler's idea that the degree of one's sanity is the degree of one's social usefulness can be implemented by the incorporation of the elderly into the national economy and by the adjustment of the elderly to the demands of the society and, vice versa, by the adjustment of society to the needs of the elderly.

10. The adjustment to the needs of our elderly population must be not only in the medical, social, and economic fields but in the psychological as well.

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