conduct empirical studies, regional, cross-regional, and eventually cross-national in scope, into the causes—and, by extension, the treatment—of the late-onset, functional psychiatric disorders: the depressions, the late paraphrenias, the confusional states of the second half of life. This exploration has already begun on a case-study basis, under the auspices of the Older Adult Program of the Department of Psychiatry and Behavioral Sciences.

It is time for the pendulum to swing, back toward a geropsychiatry and a clinical geropsychology that make use of the dynamic perspectives and techniques routinely brought to bear in the treatment of the younger patient. The time has come to apply the powerful insights of psychosocial and psychodynamic science to the study and treatment of the older patient and to restore that person as the vital element in pathogenesis and cure.

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The Need for Oldness

The United States is finally becoming a caring country. Shocked by assassinations, Viet Nam, Watergate, and "stagflation," our people have turned to caring as the one ideal that cannot be corrupted. Young people flock to careers in medicine, law, social work, and urban planning. In spite of Proposition 13, two-thirds of our people derive their income from delivery services that are mainly caring.

The American caring that is growing most rapidly is service to the old. Our aging population is increasing so rapidly that a caring society can no longer ignore it. Lawyers, doctors, social workers, psychiatrists, physical therapists, counselors, and housing officials are now directing their care and concern to the old.

Concern for the elderly has resulted in an increasing professionalization of those who care for the old. This professional concern was implied by the title of a recent conference convened by a major midwestern university: "Frontiers of Aging: Life Extension." The 700 participants were caring professionals from all the disciplines that help the aging.

Having been asked to speak to this subject, I immediately consulted my mother-in-law. She is 81 years old, comes from a Lithuanian background, and lives in an apartment near our home. We call my mother-in-law "Old Grandma." She likes that name because she believes it makes her an authority.

When I told her that a conference called "Frontiers of Aging: Life Extension" was about her, she shook her head. She couldn't imagine they were talking about her because their language is of a different order than the words that Old Grandma knows.

Words like "frontiers," "aging," and "extension" are about *going*, *becoming*, and *moving forward*. Old Grandma doesn't think those words relate to her life. To her, old is *being*. When Old Grandma says "old," it isn't good or bad. "Old" is like saying she's a woman. It is a condition, a state. To her, old is something that is not associated with problems. A problem is how to get the janitor to get the steam heat up to the right temperature. But old isn't a problem. For Old Grandma, old is

- finally knowing what is important
- when you are, rather than when you are becoming
- knowing about pain rather than fearing it
- being able to gain more pleasure from memory than from prospect
- when doctors become impotent and powerless
- when satisfaction depends less and less on consumption
- using the strength that a good life has stored for you
- enjoying deference
- worrying about irrelevance.

Old Grandma's "old" cannot be counted. Therefore, people who count things will never know about her old. They are trapped by the tools of counting. The economists, social scientists, census takers, and actuaries are closed out of her world because they can't count what counts to her.

Old Grandma wonders about people who have a conference on "old." She thinks that there is a problem with people who think old is a problem.

Old Grandma is supported in her view by a famous physician named Lewis Thomas, past dean of the Yale Medical School and now president emeritus of the Sloan Kettering Cancer Foundation. In a recent article he noted that in 1975 our life expectancy reached 72 years and less than 1 percent of us died. He goes on to suggest that the major problem in the United States, in terms of health, is that we are becoming a nation of hypochondriacs.

Here we are, a people living to 72 years and we hold conferences called "Frontiers of Aging: Life Extension." Old Grandma cannot understand that. To her, the conference is a problem.

Unfortunately, Old Grandma is wrong in thinking old is not a problem. Old Grandma doesn't understand that old is a problem, because she has never understood the gross national product! The GNP is a number that we have been led to believe is the best indicator of how well we are doing as a society. It is a number made up of two parts. One part is the number counting the production of goods. The other part is the number counting the production of services. Each year we want that number to be bigger if we are to be a better society.

In 1900, when Grandma was three years old, her job was to wipe the blood from her father's boots when he came home from the slaughterhouse. That year, 90 percent of the people in the United States who were working for an income were making things, while 10 percent of the people produced services. Today, 35 percent of the people in the United States who receive an income through work make things, while 65 percent produce services. In the year 2000, it is probable that only 10 percent of the people working for an income will be making things, while 90 percent will produce services.

From 1900 to 2000, in one century, we will have changed from a society where 90 percent of the people produced goods to a society where 90 percent of the people produce services.

Old Grandma doesn't understand that the importance of "old" is that the majority of Americans must now derive their income from producing services. Each year we need fewer people to produce goods. Therefore, we need to create something else for them to do. The American ideal of caring directs them to "produce" services. Because these services are critical in the accounting of our gross national product, we necessarily need more ways of delivering services if our economy is to grow. In an economy primarily based on the production of services, the essential "raw material" is people who are in

need or have more needs than before—people who are deficient.

Just as General Motors needs steel, a service economy *needs* "deficiency," "human problems," and "human needs" if it is to grow. It is this economic need that creates a dilemma for Old Grandma because it demands that we redefine her condition into a problem. This economic need for need creates a demand for redefining conditions as deficiencies.

One example of this "need" is my baldness. Old Grandma thinks that that is a condition. Nonetheless, there are an increasing number of caring service deliverers who are trying to persuade me that my baldness is a problem, and, recently, a disease.

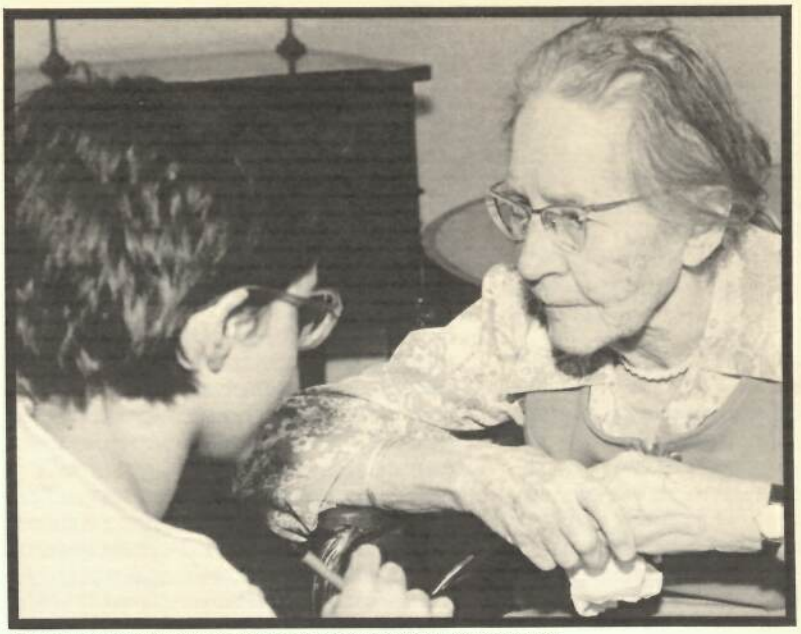
A much more serious expression of the economic need for need is the professional view of women. Old Grandma thought that child-bearing and menopause were conditions of womanhood. Professionals have now redefined these conditions as problems to be treated like a sickness.

Another example is children who are too energetic for most people to tolerate. Old Grandma would say, "That child has the energy of two people. She needs a lot of room!" In contrast, the needs of our caring economy take that child's energy and convert it into raw material for more service delivery by calling her hyperactive.

More and more conditions of human beings are being converted into problems in order to provide jobs for people who are forced to derive their income by purporting to deliver a service. This relentless need for income through caring has resulted in a massive new breakthrough during the last two decades. During that era we made a great "advance" by redefining two conditions as problems: childhood and aging—the young and the old.

Much of America's post-World War II economy has depended on redefining the old and young as categories of deficiency and need in order to provide the raw material for income-producing service systems supporting people of middle years. The old and the young have been the gold mines of this society because they are now producing the "natural resource" that so many of us depend on for our income and that our nation depends on to keep the GNP expanding.

The process by which we create problems based on age may be best understood if we look first at the *deficiency category* called childhood. In a superb social history called *Centuries of Childhood*, Phillip Aries



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describes how we have thought about people called children throughout history. He suggests that about 120 years ago, the idea of "childhood" was invented. Before that time, centuries of humanity didn't know there was something called "childhood."

Once we had "invented" childhood we could produce a series of institutions and programs to deal with this age classification. Before we had childhood, there were terrible things done to children. Modern childhood allowed us to provide young people with caring pediatricians, teachers, recreation programmers, truant officers, sugar-coated breakfast food marketers, counselors, and reformatory guards. This "new class" of caring people needs childhood for their income. As their numbers increase, they develop professional and union organizations with the power to define more and more deficiency among the young. Each new "youth deficiency," called a need, has limited the productivity and the creativity of those people who are consigned to childhood. This economic need for childhood has created "children" who are now benevolently programmed, directed, and controlled with more precision than many prisoners in jail. As we have isolated young people through the invention of childhood, we have made them the raw material of "helping" professions. The result has been the loss of the capacity of families, communities, neighbors, neighborhoods, churches, and temples to have *children* as a useful part of their communities.

Today we are paying a terrible price for childhood. We now know the crippling consequence of an age classification called childhood. Nonetheless, our need for more service income is inventing another age classification, one called "oldhood."

The economic use of classifying "oldhood" as a problem serves two purposes. First, it produces more service jobs by classifying old people as problems. Second, by the very act of classification it also defines old people as less productive or nonproductive and diminishes their capacity to compete for jobs. Thus, we create more jobs for one class by diminishing the job capacity of another class. Indeed, one might say that what has happened in the United States since World War II is that those people of middle years have needed "problems" called old and young to create more "needs" while diminishing the number of people eligible to meet the needs.

As the caring society *needs* to create more income and "productivity," professionally defined oldness and youngness must grow. At Northwestern University, where I work, 83 percent of the people who receive undergraduate degrees now go on for at least two more years of education. Their "childhood" is extended to at least 23 years before we declare them useful. For those who are old, we are declaring useless retirement to be necessary at an earlier age than before. The productive years narrow as the "valuable deficiencies" of age-classified uselessness expand.

There is a driving *need* for more

oldhood and childhood in our economy. The human impact of the economic need to care is the great peril facing the Old Grandmas of this world. Indeed, Old Grandma persists as old because she will not become a client of the oldness industry. She will not become a "need," a "problem," or a "deficiency." She insists on "being old" in spite of the professional and national need for her oldness.

The primary "need" facing Old Grandma is whether she can survive our economic need for her oldhood. When we hold a professional conference called "Frontiers of Aging: Life Extension," we are clearly about the commodification of age. We are creating an oldness industry dependent on "oldness." It is a very sad "business," making people of age into clients, consumers, and commodities because we *need* oldness.

* * *

There is another way. It requires us to recognize that "old" is more important than the *need* for oldness. For many people in our society, old is a tragedy. For millions of people like Old Grandma, the critical question is not adequate "service." It is a decent income and the care of their kin and neighbors.

If those who wish to "serve" old people want to deal with a real problem, they might consider the fact that in 1950, for every six people who were receiving social security, 100 people were paid workers. In 1978, for every 30 people receiving social security there were 100 paid workers. By the year 2030, when people who are now 21 years old will be 65, present projections indicate that for every person receiving social security there will be two people who are working for an income.

When there are two paid working people for every person receiving social security, there will be a critical political problem for "old." Indeed, we are already seeing its ramifications in the current social security funding crisis. As more and more people are defined as old and unproductive in the society, what will happen to our desire to provide them a decent income? When every two paid working people must support a third person defined as unproductive because old, we can predict a negative political reaction. It will no longer be the welfare recipients who will be seen as a "burden." Instead, it will be a new "burden"—Old Grandma. That is the *real* problem for people who care about old.

This problem may create a great opportunity. We may see a movement to redefine old as productive. It is clear that the oldness industry will grow as long as old is profitable. Nonetheless, as our society creates too many old consumers and not enough middle-year producers, the political and economic equation may begin to shift. Therefore, for those who seriously care about old, the critical question may be how to allow the old to be productive and valued.

For those who are involved in research regarding old as a deficiency, we should declare a moratorium. Instead, we should ask them to focus on efforts to define the competence, the skills, and the capacities of old. Perhaps they could use their need to serve to develop understandings that would allow the capacities of old to be valued.

Unfortunately, if we declare a moratorium on research defining old people as "deficient" and in "need" of professional service, we will create an economic crisis among those who *need* the oldness industry for their income. What will we do with all the professionals, bureaucrats, and working people who now live off "old" defined as unproductive, deficient, and of no value? What will they do to make a living?

Perhaps they could use their hands to make solar energy units on the top of our houses. Perhaps they could do the work to conserve and rebuild our city neighborhoods rather than to provide "services" that are needed because our communities have decayed.

If this work is too menial, perhaps the displaced persons in the oldness industry could be paid for taking care of their parents.

* * *

Because the oldness industry disables Old Grandma, we cannot afford it. Instead, we need a genuinely antiage policy. Policies that use age to separate people into the three

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"The human impact of the economic need to care is the great peril facing the Old Grandmas of this world."

categories of youth, middle age, and old in order to meet the *needs* of a growth-oriented caring economy should be systematically dismantled. The age-oriented service industries break families, neighborhoods, and communities and decimate the caring capacities of human beings.

* * *

The agist oldness industries and the public policies that support them have created a problem for Old Grandma and my family. Soon, Old Grandma will not be able to live alone in her apartment. If I respond to the incentives of the public policies established by the oldness industry, the easiest economic choice for me will be to store Old Grandma away in a room in a "geriatric center."

If I want to care for Old Grandma and bring her to my home, all the economics are against me because I am *competing* with the powerful oldness industry. I am only one person with one vote. The powerful oldness industry needs Old Grandma. They have a lobby. I have none. My care is of *no value* in our GNP. But Old Grandma is of *great* value to a nation that lives off old as a deficient, incompetent group in need of professional service.

Our current oldhood policy makes it clear to me that the most costly thing I can do is to care enough for Old Grandma that I will bring her to my home when she cannot live alone. The power of the oldness industry and its public policies are strong that my family economy will suffer if I care enough about Old Grandma to care for her in my home. Our national policy regarding Old Grandma is anticaring, antifamily, antiold.

Old Grandma has warned me not to glorify old. Old hurts, like all the rest of life. Old hurts especially because death is near. To be old, you have to face death. The possibility of old as a category of useful life finally depends upon how we view death. If our society's central focus on old is conferences on life extension, *we will create oldhood*. A death-fearing association with old creates the basic incentive for much of the oldness industry.

Death is a reality. The oldness industry creates the incentive for a flight from that reality. Indeed, the fear of death is the raw material of much of the oldness industry.

Old Grandma says she is prepared to die. Nobody "helped" her to be ready. Indeed, she is ready because she grew up when death was not a "problem" but a condition. She was not subjected to the death-denying values of the "life extenders" in the oldness industry and the media glorifiers of youth. She is fortunate. Her old has the power to meet death instead of placing herself in the hands of those who make life extension their commodity and say, "Leave the dying to us."

A recent study in a Chicago neighborhood examined the cause of death recorded on death certificates in 1900 and 1975. In 1975, most death certificates said that people died of heart disease, stroke, and cancer. In 1900, most death certificates said that people died of old age.

When most death certificates once again say that people die of old age, it will be a good indicator that we have liberated ourselves from the oldness industry. If we can live with death, we can focus on how "old" can be a valued celebration of our capacities and our mortality.

* * *

This article is a report of what Old Grandma taught me. I am sharing it because it is the most *valuable* thing I know. Its value will not appear in the gross national product because Old Grandma's old is too valuable to be counted by a society that *needs* oldness as a commodity.

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New Books

The following books have recently been added to the collection of the Northwestern University Medical Library.

Recent Advances in Psychogeriatrics. Edited by Tom Arie. New York: Churchill Livingstone (distributed by Longman), 1985, 235 p.

Aesthetic Surgery of the Aging Face. Edited by William H. Beeson et al. St. Louis, MO: C.V. Mosby, 1986, 388 p.

The Practice of Geriatrics, by Evan Calkins, Paul J. Davis, and Amasa B. Ford. Philadelphia, PA: W.B. Saunders, 1986, 617 p.

Nursing Management for the Elderly. Edited by Doris L. Camevali et al. New York: Lippincott (distributed by Harper and Row), 1986, 651 p.

Nutritional Aspects of Aging: Vol. 1. Edited by Linda H. Chen. Boca Raton, FL: CRC Press, 1986, 291 p.

Anaesthesia in the Elderly, by Harold T. Davenport. New York: Elsevier, 1986, 200 p.

Blood Disorders in the Elderly. Edited by M.J. Denham and I. Chanarin. New York: Churchill Livingstone (distributed by Longman), 1985, 299 p.

Health Promotion Throughout the Lifespan, by Carole Edelman. St. Louis, MO: Mosby, 1986, 688 p.

Skin Problems in the Elderly. Edited by L. Fry. New York: Churchill Livingstone (distributed by Longman), 1985, 366 p.

Compliance: The Dilemma of the Chronically Ill, by Kenneth E. Gerber and Alexis M. Nehemkis. New York: Springer, 1986, 239 p.

Prevention of Disease in the Elderly. Edited by J.A. Muir Gray. New York: Churchill Livingstone (distributed by Longman), 1985, 227 p.

Geriatric Medicine Annual 1986. Edited by Richard J. Ham. Oradell, NJ: Medical Economics Books, 1986, 276 p.

Clinical Geriatric Cardiology: Management of the Elderly Patient, by Raymond Harris. New York: Lippincott (distributed by Harper & Row), 1986, 559 p.

Self-Management of Chronic Disease: Handbook of Clinical Interventions and Research. Edited by Kenneth A. Holroyd and Thomas L. Creer. Orlando, FL: Academic Press, 1986, 605 p.

Legal and Ethical Aspects of Health Care for the Elderly (Proceedings). Edited by Marshall B. Kapp et al. Ann Arbor, MI: Health Administration Press, 1986, 322 p.

Vitamin Deficiency in the Elderly. Edited by J.R. Kemm et al. St. Louis, MO: Blackwell (distributed by Mosby), 1985, 210 p.

Aging, Reproduction, and the Climacteric (Proceedings). Edited by Luigi Mastroianni et al. New York: Plenum Press, 1986, 316 p.

Nutritional Care of the Older Adult, by Annette B. Natow. New York: MacMillan, 1986, 306 p.

Clinical Geriatrics. Edited by Isadore Rossman. Philadelphia, PA: Lippincott, 1986, 742 p.

Practical Geriatric Therapeutics, by Richard W. Sloan. Oradell, NJ: Medical Economics Books, 1986, 335 p.

Geriatric Anesthesia: Principles and Practice. Edited by C.R. Stephen and Richard A.E. Assaf. Boston, MA: Butterworths, 1986, 376 p.