

PERSONALITY STRUCTURE AND AGING STYLE

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ABSTRACT: *In this article we argue that different patterns of aging can be best understood if we shift the emphasis from looking at discrete characteristics to an emphasis on the whole individual. In this way aging becomes the integration of past experience and present events in the framework of a continuous self. We argue that different Styles of Aging derive from specific personality configurations. Using five personality types, as defined in axis II of DSM-III-R, we illustrate how the elderly cope with the constraints of old age, create an aging identity and respond to life events in ways that fit their personality styles. We conclude by suggesting new research questions.*

INTRODUCTION

Differences in the quality of life of the elderly and in the ways they adjust to the problems of aging, have been explained by a combination of social and psychological factors such as: age, general health, intelligence, cognitive-emotional features, coping mechanisms, social class, and support structures.¹ However, if we wish to analyze general patterns of aging, we must shift our focus from the analysis of discrete characteristics of individuals to an emphasis on the whole individual defined by "a coherent way of being and doing" (Caspi 1987, p. 1203). This way of looking at the person implies taking into account the person's own subjective understanding of the aging process. Aging becomes the integration of past experience and present events in the framework of a continuous and coherent self.

The elderly grow old and adjust to the aging process in a variety of ways (Neugarten, et al. 1964; Havighurst 1968; Neugarten 1977; Perlin and Lieberman 1979; Lehr and

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Thomae 1987). Some people age more acceptingly than others: they complain less, feel less depressed, less isolated, find ways of coping with pain, while others age with greater difficulty and show tendencies toward passivity, paranoid fears or depressive symptomatology.² In this article, we argue that different Styles of Aging, including aging identities, derive from specific personality configurations that take the form of personality styles of functioning (Shapiro 1965). Briefly stated, the concept of personality style defines an individual in terms of a *category* of the self rather than in terms of socio-psychological *dimensions*.

In this article we explore processes by which the elderly cope with the constraints of old age, negotiate the performance of social roles, sustain a specific aging identity, and respond to life events such as retirement, loss and illness in ways that fit their personality style. Furthermore, we propose to show how the elderly use specific defense mechanisms to sustain a sense of autonomy and control over their environment.³

CONSISTENCY OF PERSONALITY STYLE AND THE USE OF TYPOLOGY IN AGING RESEARCH

Before entering into a detailed discussion of these issues it is necessary to define the concept of personality style of functioning as it is used in this article.⁴ Personality style of functioning encompasses an individual's character structure, what psychoanalysts have called "total personality formation" (Reich 1933). Character structure refers to individuals' overall—conscious and unconscious—motivational, cognitive and affective mental states as well as defense mechanisms i.e., ways of coping with anxiety (Sigmund Freud 1908, 1913, 1926; Fenichel 1945).

In the psychoanalytic model character structure is formed in early childhood and crystallized into a stable structure by the end of adolescence (Blos 1968). Character becomes integrated (ego-syntonic) into the adult personality (Hartmann 1958; Braudy 1989). It provides a "shield," to use Wilhelm Reich's term (1933), that gives protection from outside (environmental) pressures and inside (intrapsychic) conflicts. Character becomes an overall organizing principle of adult behavior. From this point of view, single personality traits are not conceptually separable from personality structure which defines an individual's general mode of functioning over the life cycle.

The psychoanalytic model conceives the self as a layered personality, one in which the individual is constantly re-experiencing conflicts between repressed impulses and internalized social constraints (Sigmund Freud 1926). Furthermore, parts of the personality can stay submerged or disappear at times to re-emerge when social demands and emotional pressures rekindle childlike needs or fears, bringing out different parts of the self (Sigmund Freud 1911; Shanan and Jacobowitz 1982; Stolorow, et al. 1987).

Defense mechanisms describe habitual, unconscious and sometimes pathological processes that are used to cope with anxiety stemming from unresolved childhood intrapsychic conflicts (Anna Freud 1937), fear of loss and separation (Semrad 1967; Schafer 1968), and/or stressful life situations (Vaillant 1977). We take the position that defenses are not experienced as a passive response to anxiety but that they represent an active attempt to reduce the tension between psychic needs and changing social expectations. Broadly speaking, defenses are coping strategies for self and social control involving cognitive and emotional processes of adjustment. Each character type is organized

around specific defenses.⁵ We are suggesting that elderly persons with different personality structures use specific defense mechanisms to achieve a greater sense of autonomy and mastery over their environment (Zinberg 1963).

The Use of Typologies in the Study of Aging

More than twenty years ago, Reichard, Livson, and Peterson (1962) studied adjustment to aging among 87 men between ages 50 and 70, whom they classified into five personality types: those who adapted well to aging (mature, rocking chair, armored), and those who adapted poorly (self-hater and angry). Neugarten, et al. (1964, 1968) created aging styles—"the re-organizers," "the focused," "the disengaged," "the holding-on," "the constricted," "the succor-seeking," "the apathetic,"—by combining measures of personality, the extent of social activities, and the degree of life satisfaction, based on a small population (59 individuals) of 70 year olds. Because the categories used in these early classifications were primarily atheoretical, based on post-hoc observations or summaries of statistical regularities, their predictive power was limited. Also, while these early classifications were devised for the purpose of explicating the differential aging process, the size and nature of the samples make them unreliable and of limited generalizability.

Since these early studies, research on personality and aging has witnessed two shifts: one shift away from the use of categorical types toward an analysis of personality traits and psychological dimensions; the other shift away from psychoanalytic models toward cognitive and behavioral paradigms. In the 1980's, however, there has been a return to global indicators of personality and to the use of personality types (Thomae 1976; McClelland 1981; Shanan 1985; Caspi, et al. 1989; Millon 1986). A "renaissance of personality as a coherent whole" to use Millon's term was taking place (1984, p. 452). The publication of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1970 and its continuous update and revisions (DSM-III-R 1987) provided the framework for a return to a psychodynamic approach to the analysis of personality disorders.⁶

In aging research, however, with the exception of the work of Whitbourne (1987) and Shanan (1985), the use of broad dispositions or global personality features in the conceptualization of aging has not yet re-emerged. Whitbourne constructed identity styles derived from a general theory of personality. Comparing the benefits and costs of three identity styles, she showed how each affected well-being among the elderly. Her analysis provided a model that integrates a variety of cognitive, psychological and psychoanalytic factors. However, her aging identity styles were not systematically derived from specific personality configurations, she did not look at the role of defense mechanisms and she has not provided independent measures of identity, making it difficult to assess the impact of identity on the aging process.

The personality types used in this article stem from a widely accepted psychoanalytic framework around the concepts of character structure and defense mechanism (Sigmund Freud 1913; Anna Freud 1937; Fenichel 1945). They are based on general theoretical models and clinical observations as reported in David Shapiro's *Neurotic Styles* (1965), Millon's behavioral representation of personality criteria (1986), and Axis II of the revised edition of the *Diagnostic Statistical Manual of Mental Disorders* (DSM-III-R 1987).

The DSM-III-R classification is not derived from a single psychoanalytic theory or from the views of any single school.⁷ The DSM-III-R personality categories focuses on "enduring patterns of perceiving, relating to, and thinking about the environment and oneself ... [which] generally are recognizable by adolescence or early adult life and are characteristics of most adult life (DSM-III-R 1987, pp. 335-336). The DSM-III-R categories were formulated as a tool for diagnosing personality disorders. However, it is generally accepted that character pathologies reflect extremes of underlying dimensions of normal personality configurations.⁸ Thus, we apply these diagnostic categories to the analysis of aging among normal populations.

Consistency and Change in the Aging Paradigm

The construct of "personality structure" presumes the integration of component traits (dispositions) into a relatively stable psychic formation over the life span. The issues of stability of personality has been the subject of a long debate.⁹ It is not my intention here to enter this debate. However, I would like to point out that the paradigm on which the debate rests, has been modified. New distinctions between core personality and surface traits have been introduced (Ganestad and Snyder 1985; Moss and Susman 1980), and new considerations have been given to the difference between objective features of a situation and those perceived by the subject as pertinent (Hogan 1987; Ryff 1984; Hazan 1988).

It has also been argued that the notion of "consistency" is preferable to "stability" when examining behavior or personality style over a long period of time because it combines concerns for continuity and change (Caspi, et al. 1989). Block (1981, p. 35) speaks of "lawful developmental changes" from early character structure to later character structure. This conception of consistency seems the most useful for an analysis of aging styles.

Shapiro (1965, pp. 191-195) demonstrates how individuals throughout their lives actively engage in perpetuating circumstances which reinforce their character structures and draw upon their defense mechanisms. They continuously use the environment to satisfy their psychological needs—especially "neurotic" needs—and to achieve a sense of subjective continuity and well being. For example, a paranoid individual will seek situations in which potential dangers require a constant state of alertness which, in turn, increases suspiciousness and the need for control leading to greater paranoid fears. Caspi (1987, p. 1211) has shown, in a longitudinal study spanning 40 years, that the tendency toward explosive, uncontrollable behavior is re-enacted across age-graded social roles. Their research shows that while there is a stable tendency toward explosive behavior over the life span, it is mediated by the selection of social roles that are likely to legitimate its expression. Buss (1987) and Snyder (1989) analyzed how individuals seek or avoid situations selectively over the life cycle in a way that ties personality and social processes together so that one's style of functioning becomes re-reinforced.

In old age, the dynamics between consistency of core personality and variations of its social expression continues. Elderly persons gravitate toward social situations, take on aging roles, and seek the company of individuals that fit their personality styles and reward their neurotic features. Thus, if stability and consistency are enhanced at the level of personality core by considering broad dispositions rather than specific traits, then using a typological scheme to study aging would appear to be advisable.

In this article, aging styles are ideal types derived from an analysis of personality styles as presented in DSM-III-R (1987) and Shapiro's *Newistic Styles* (1965) and discussed at length in a previous theoretical article (Silver and Spilerman 1990). Our description of aging styles is based on the synthesis and re-organization of a large body of existing research as well as insights from ten years of clinical practice. This article proposes a theoretical re-formulation of the relationship between personality and aging that takes into account the whole person and the subjective experience of aging.

CHARACTER STRUCTURE AND DEFENSE MECHANISMS AMONG THE ELDERLY

Using a psychoanalytic view of psychic processes that stresses the *adaptive* functions of personality styles, we are focusing on how the elderly actively use their character structure, including their defense mechanisms, to adjust to anxiety and fight the constraints of the aging process in ways that help them experience a sense of subjective well being (ego strength) and control over their environment (Wertheimer 1983; Sandler 1982). Hazan (1980) has pointed out in his study of an old community in England, that the need to pay attention to petty things, or to be obsessive about minute technical details, may not be a sign of mental deterioration but rather a way of achieving control over the environment. We are arguing that the increasing loss of control over social and economic resources, that often accompanies aging, can be compensated by the use of defense mechanisms and emotional states that help re-structure the balance between social demands and emotional needs (Thomae 1970; Beland 1988). This re-structuring is facilitated by the weakening of super-ego demands and the diminishing pressures for social conformity (Gutmann 1987; Fenichel 1945, pp. 467-468).

Defenses can be categorized as "mature" or "immature" as a function of the time when they first emerge in the developmental process. "Mature" defenses—such as *rationalization, intellectualization, reaction formation* and *suppression*—have been shown to predict to higher levels of adjustments in family and work behavior of adult populations (Bond et al. 1983). "Immature" defenses—such as *acting-out, passive-aggressive behavior, projection, and primitive idealization* (Vaillant, et al. 1986), have been shown to predict to low levels of adjustment in family and work behavior. However, among the elderly, "immature" defenses become more adaptive to the needs of old age. As Lieberman (1975) has shown, aggressiveness, hostility and demandingness become more functional in old age. "Immature defenses" allow for the more direct expression of personal needs and impulses (Gutmann 1987). These "immature" defenses are likely to be used by the elderly to attract attention and secure greater help from medical personnel, family and friends (Cicirelli 1987).

The way the elderly respond to intra-psychic conflicts and to changes in social conditions is a function of the interaction between personality style, the subjective meaning attached to aging (Rosow 1974; Ryff 1984) and the institutional contexts in which aging occurs (Hochschild 1975; Hazan 1988). While all of these factors are important, the focus of our analysis is on the role of personality style in the aging process. For purpose of illustration, we have selected to discuss five personality types: *the obsessive compulsive, the hysterical, the impulsive, the paranoid and the narcissistic*.¹⁰

THE IMPACT OF PERSONALITY STYLE ON AGING: FIVE ILLUSTRATIONS

Before exploring the links between personality style and the aging process, several points should be made: (1) the personality types presented here are "pure" types. In real life, however, individuals are likely to be mixtures of these types and exhibit dominant personality styles combined with secondary features from other styles; (2) We are not describing pathological cases, but rather mild forms of character disorders as they affect elderly in their daily life; (3) The descriptions of aging styles are to be read as illustrations rather than a systematic analysis of the aging process.

AGING AND THE PARANOID PERSONALITY STYLE

Paranoid personality style is characterized by an acute and active form of attentiveness, continually searching with rigid attention for some external threat. The paranoid is in a state of readiness for an emergency that requires total mobilization (Maccoby 1976, p. 194). The paranoid individual is always uncovering clues, missing the obvious and distorting reality through lack of contextualization. The paranoid person's intense and directed attention to uncovering clues is combined with attempts at attributing hidden—usually inauspicious—motives to others' behavior (Shapiro 1965, pp. 54-64).

Observation has revealed that individuals become more suspicious with old age (Wertheimer 1983). This finding is especially true of the paranoid personality. Not unlike Moliere's *Le Malade Imaginaire*, paranoids are afraid of being taken advantage of, robbed, assaulted, even poisoned. They believe that no one—especially those taking care of them—can be trusted. Their feelings of distrust and recrimination, while they may stem from real concerns, become reinforced through the elderly's hostile interaction with others.

The paranoid elderly actively push away individuals willing to help by projecting onto them their persecutory fears, i.e., by accusing them. To the extent that elderly paranoids feel that they have little or no power over actual resources, they are likely to use their morbid insecurity to gain a sense of power by forcing people through accusations and threats, to do what they want, in a self-propagated hostile environment (Raskin 1979). Thus, the hostility and "grouchiness" of paranoid elderly can be adaptive for survival (Lieberman 1971).

Unlike in the occupational world, however, in which paranoid personalities can be rewarded—for example among executives in certain highly competitive occupational contexts (Silver and Spilerman 1990)—these paranoid structures become maladaptive in social settings with normative expectations of trust, cooperation and sharing, as for example in the family. Paranoid features such as suspicion, distrust and total mobilization against potential danger, can lead to social and emotional deprivation since they make it difficult to receive or give help. Paranoids' suspiciousness hinders close and sustained interaction with medical staff, family members and friends who come to feel resentful, if not nasty toward the elderly. These patterns of behavior can create a feeling of helplessness and frustration among health professionals who believe they cannot perform their professional roles adequately which, in turn, strengthens their distrust and suspiciousness toward the elderly (Breslau 1980). The world of the paranoid

comes to be experienced as increasingly hostile, dangerous—it may actually become more so—as friends and family keep at a safe distance, leading to more paranoid tendencies and a need for even greater control over interaction with others. The paranoid uses defenses such as *denial* (denial of external reality) and *projection* (attribution of one's own unacknowledged feelings to others). Denial of objective reality and projection—especially of persecutory fears—creates a cycle of demands and rejections that makes treatment difficult (Whitbourne 1987, p. 204).

In summary, the paranoid aging style brings about and sustains emotional isolation which takes the form of hostile, often passive-aggressive behavior in which family members, friends and medical personnel are made into enemies and scapegoats. Paranoid defenses have both adaptive and maladaptive functions. They provide feelings of power and control—the ability to terrorize others—but at the same time reinforce a paranoid environment, characterized by further distrust and suspiciousness, that keeps others away. The elderly paranoids are not easily adaptable to change. Change of residence or of living quarters is likely to awaken new persecutory fears. Paranoids do not fare well in institutions like the old age community studied by Hochschild (1975) that require daily sociability and cooperation.

AGING AND THE OBSESSIVE-COMPULSIVE PERSONALITY STYLE

In the case of the obsessive-compulsive elderly, the process of aging is experienced quite differently from that of the paranoid. The main problem for the obsessive-compulsive is not the fear of being cheated or exploited but rather the loss of control over the environment and with it the fear of emotional outbursts (Sarver-Foner 1987). Obsessive-compulsives appear tense and worried, but in control of themselves. Nothing is achieved without worry. There is a feeling of constant struggle and a sense of inner pressure (Shapiro 1965). Obsessive-compulsives invest a great deal of affective and motivational forces in their work, which represents the main focus of their lives. Their concentrated attention, technical skills, logical thinking and emotional distance lead them to be successful in technical and scientific fields (Roe 1956; Holland 1985; Silver and Spilerman 1990).

Work roles are a central focus of life for the obsessive-compulsive providing rewards for intense involvement and achievement oriented behavior that makes retirement especially difficult. The obsessive-compulsive has a hard time shifting psychic rewards from the occupational arena onto other spheres of life such as family or friendships. For the obsessive-compulsive elderly retirement is primarily experienced as a loss of status. Furthermore, work demands can no longer be used to legitimate keeping at bay affective family ties and emotional responsibilities (Berezin 1980). For obsessive-compulsive elderly the discrepancy between psychic needs—i.e., need for emotional control—and social expectations of sociability are minimized by withdrawing into oneself. "Retreatism," as this form of withdrawal has been called by Neugarten, et al. (1964), becomes part of the obsessive-compulsive protective shield.

Underlying feelings of frustration and anger are not easily expressed or emotionally shared by obsessive-compulsive individuals for whom public display of emotions is experienced as a form of "nakedness." Dependency needs feel equally harmful because they are experienced as a humiliating loss of control (Shapiro 1965). Thus, the fear

of emotional outburst and/or dependency create obstacles to social relationships. By interacting with others, whether staff, peers or family members, the obsessive-compulsive elderly runs the risk of being exposed to emotional demands, having to share emotional needs with others or being put in a situation of dependency. For the obsessive-compulsive elderly, the company of others is not experienced as enhancing but as emotionally draining. Trying to keep emotional distance, the elderly obsessive-compulsive is inclined to spend time on his/her own, reading newspapers, books, playing solitaire and being self-involved and worried (Jarvis 1989). These activities give the elderly a sense of relative autonomy and security by minimizing social interaction. Unlike the paranoid who projects negative feelings onto others, creating cycles of dependencies, the obsessive-compulsive is inclined to withdraw.

This style of aging could be described as a form of disengagement, as illustrated in the "rocking-chair" personality type described by Neugarten et al. (1964). The disengagement of the obsessive-compulsive, however, is not passive (for a critique of "disengagement theory," see Hochschild 1975). Disengagement can increase social isolation and has often been mistakenly labelled as a form of depression by health personnel. A better term for it, is that of "active withdrawal." Active withdrawal connotes an active search for an arena where the discrepancy between emotional needs and social expectations is minimized.

The obsessive-compulsive's defense of *rationalization* (paying attention to external technical details rather than to the whole picture to avoid expression of inner feelings), creates an abstract, detached and often distorted but safe view of self and others (Vaillant 1977, p. 250). *Intellectualization* (giving an intellectual rather than an affective reason for one's actions), is used to control anxiety by providing alternative cognitive interpretations of situations and events. These defenses can also be maladaptive. Intellectualization, for example, can provide a reassuring intellectual understanding of symptom formation or a brilliant analysis of the course of an illness rather than the acknowledgement of a personal medical problem. Consequently, intellectualization may slow down an individual's need to take preventive or curative actions. It should be mentioned, however, that the obsessive-compulsive's attention to detail can help in the monitoring of medical regimes, although limited expressiveness, especially for painful feelings, can make diagnosis and treatment difficult.

Isolation of affect (seeing the world in affectively bland tones) can play an adaptive role for the elderly in situations characterized by emotional demands from others (Berezin 1980, p. 5). In old age homes, nursing homes and hospitals, where deaths are frequent and where the elderly experience great emotional need, isolation of affect is a protective shield against pain and losses. For obsessive-compulsives social isolation is less of a problem than the pressure toward sociability that makes them feel uncomfortable (Hochschild 1973, pp. 31-34).

In summary, the obsessive-compulsive style of aging is characterized by quietness, social isolation, and emotional detachment. Obsessive-compulsive elderly protect themselves from emotional demands and from acknowledging their dependency needs. They are likely to stay intellectually active, and control their social environment by active disengagement.

AGING AND THE HYSTERICAL PERSONALITY STYLE

Elderly with a hysterical character structure experience aging with less apprehension than either obsessive-compulsive or the paranoid elderly (Vaillant 1977). Hysterical personalities tend to have a vivid and colorful imagination. Their attention span is intense but limited. They feel strong emotions and affects that they express directly in their work and social relations (Shapiro 1965). The actor/director described by Vaillant in his 30 years longitudinal study (1977, pp. 243-247) is a good example. He was perceived by Vaillant's staff as "colorful, dynamic, amiable and adjusted.... He preferred emotional thinking to rational thought.... He was constantly imbued during interviews with cheerful affect" (1977, p. 244).

For the hysterical personality, aging is not primarily experienced as a series of losses but as a time of personal growth when emotional needs can be expressed more freely (Gutmann 1964). The passage from an active working life to retirement is not as disruptive for the hysterical as for the obsessive-compulsive. Artists, actors, dancers, composers, musicians, and writers tend to fit into this group (Silver and Spilerman 1990). Their skills are expandable in old age and can be used for personal satisfaction. Because of their weak institutional ties, occupational loyalty is directed toward fellow artists and friends rather than toward a company or a firm. Furthermore, the sharp distinction between work and leisure and between work and the family, so characteristic of the obsessive-compulsive, is blurred among many hysterics.

The hysterical elderly person appears to exhibit what Whitbourne calls "an accomodative identity" style, one in which a carefree, non-committal attitude toward aging is prevalent (1987, pp. 205-209) and old age roles are played out with ease. Unlike other elderly, they tend to feel less stigmatized by age. In fact, old age creates an expanded arena for these elderly who feel free to express impressionistic, colorful and perceptive ideas. Elderly hysterics continue to be socially and physically active and are particularly adept at maintaining emotional links with others. As a result, they succeed in keeping contacts with family members and friends because they are "fun" to be with despite being overwhelming and restless at times. In settings which stress activity, self-reliance, sociability and emotional expressiveness, the hysterical elderly fare well. However, their expressive—some say unconventional—style can make them into "deviants" i.e., irresponsible to normative expectations, as in the old age community described by Hochschild (1973).

The defenses used by hysterical personality types are primarily adaptive to aging. *Acting-out* (behavioral expression of a feeling in order to avoid being conscious of it) while often unacceptable in the occupational world, is likely to be defined as a healthy expression of emotional needs among the aged. Furthermore, acting-out attracts the attention of family, friend and nursing staff, increasing the chances of getting help. Another defense often used by hysterical personality types, *repression* (pushing unwanted feelings and thoughts out of consciousness), can also be a useful tool especially when events or situations seem uncontrollable (Lazarus and DeLongis 1983) and the pseudo-stupidity that often accompanies forgetfulness becomes a safe way to express hostile feelings (Lane and Storch 1984). Repression is adaptive because it allows unwanted feelings to be cast aside (forgotten), fears to be dispelled and anxieties to be pushed back, reinforcing a care-free attitude toward aging (Vaillant 1977, p. 244).¹¹

However, such attitudes leading to the lively facade of the hysteric elderly, often hide depressive states or a lack of acknowledgement of the seriousness of an illness (Taylor and Clark 1986). The use of *repression* as a defense is often accompanied by psychosomatic symptoms (Sigmund Freud 1926). Concrete health issues become salient, keeping out of consciousness the more generalized fears and anxieties around aging, illness and death.

To summarize, the hysterical style of aging is one in which emotional states are enhanced, feelings are more easily expressed, and sociability is reinforced. When in good health, the aging style of hysterics is open, expressive and active. Hysterical elderly look for social interaction and connectedness especially with peers. The reduction of social responsibilities, weakening the super-ego constraints and lessening of social expectations create an arena for expanded self-expression. Their "immature" defenses of *acting-out* and *repression*, are adaptive because they entice staff and family members to give them attention. Elderly hysterics are likely to play a special role in institutions, like Senior Citizen Centers and old age homes, where their artistic skills and social talents can be put to good use. The maladaptive function of such a style comes from mood instability and the happy facade that often hides depressive tendencies.

AGING AND THE IMPULSIVE PERSONALITY STYLE

The impulsive elderly respond to aging in a direct, even provocative manner. Impulsive elderly often seem to behave "recklessly" and take unreasonable risks in their everyday life (Vaillant 1977). This personality style of functioning is best illustrated by the "buccaneer" or "entrepreneur" for example. Individuals with impulsive personality styles are "doers." Unlike the obsessive-compulsive types, they appear self-confident and free from inhibitions and anxieties. Their practical orientation makes them into "pragmatists." They are often egocentric and unself-critical, with weak super-ego functions and moral responsibility. They act on the basis of impulses without much planning or reflection (Shapiro 1965, pp. 139-156). While they may be perceived by others as cynical, their own subjective interpretation is one of being guided by good "practical sense."

Elderly with impulsive personalities want to continue doing the same things as they did when they were younger: bicycling, swimming or driving for example (Smith and Kirkham 1981). They also want to try new things (Jarvis 1989). Take for example, the case of a retired journalist who decided, at age 75, to go horseback riding, or an 80 year old businessman who continued bicycling in congested streets of a large city. Both individuals ended-up in the hospital with broken hips. Thus, while such elderly impulsive types continue to be physically active, they become increasingly injury prone (Shaw and Sichel 1971).

Impulsive personality types rebel against regulations and prescriptions and more generally oppose authority. They respond angrily to the social constraints of aging in terms of the limited roles and opportunities opened to them and the "do's and don't's" of old age. They dislike institutional rules and regulations and are likely to resist following a strict medical regimen. Impulsive elderly are able to stay physically active and curious for a long time, slowing down the aging process. However, once incapacitated, the impulsive elderly person is likely to "feel trapped" and to deteriorate rapidly.

Impulsive elderly are impatient and demand prompt attention or expect immediate recovery. They tend not to have many close friends (Jarvis 1989). They are likely to be insistent and short tempered in their dealing with other elderly and health personnel. Unlike elderly paranoids, they do not push people away, rather they know how to get what they want. Take, for example, a retired businessman who does not think twice about bribing nurses to get better service, or who circumvents rules and regulations in the name of expediency. Combativeness is functional in old age, especially in settings where being demanding and insistent often leads to better treatment (Spilerman and Litwak 1982). The impulsive elderly tend to keep relationships with family members and acquaintances emotionally distant. They greatly value their independence and their ability to do their own thing unimpeded. Unlike the obsessive-compulsive for whom detachment is a way to keep down emotional demands, the emotional distance of the impulsive is a way to insure freedom of action.

Their defenses of *disassociation* (keeping motivation and action separate) and *delusional projection* (phantasies of grandeur divorced from objective reality) serve them well (Gutmann 1987, pp. 105, 121). Both defenses reinforce the elderly impulsives' orientation toward action. Their phantasies of grandeur make them into fighters (Roth and Cohen 1986), their use of disassociation make them into masters of deceit toward self and others. However, these defenses can also be maladaptive. They limit the elderly's ability to make long-term preventive plans and monitor the aging process because of a tendency to dismiss any medical advice.

In summary, the impulsive style of aging is action oriented. It keeps elderly individuals involved and interested in doing things. Their actions are characterized by a lack of restraint and conformity to rules and regulations. Impulsive elderly are not sociable—they are too busy doing their own things—but they can enter into "alliances" to get what they want with little emotional attachment. As long as they can function and be independent, they are adaptable. However, if they are reduced to a passive state, i.e., if they feel trapped, they are likely to become angry and self-destructive.

AGING AND THE NARCISSISTIC PERSONALITY STYLE

For the elderly narcissist, aging is experienced as a loss of narcissistic rewards making it an especially threatening time when resources start dwindling (Berezin 1977). It is hard for the narcissistic elderly to see themselves as getting physically old. They often try to keep a young appearance (heavy make-up, hair coloring etc...) and spend a lot of time trying to look "good." They need constant reassurance from family, friends, or nursing staff that they are "all right," that they are still attractive and desirable. The narcissistic elderly are emotionally demanding and become depressed when they don't feel admired, or when they are not the center of attention (Kohut 1971; Kernberg 1975).

The fluctuation between depressive and optimistic moods is characteristic of the narcissist who can easily become disappointed when the level of attention and support drops. Among adults a search for narcissistic resources is often followed by disappointment, creating cycles of idealization and narcissistic injuries. Among the elderly, however, once in a depressed state they do not reach out, waiting for others to provide the attention they need. The elderly narcissists feel good and satisfied when

they are praised and admired. The moment they feel alone—they would say “abandoned”—they return to a depressed and dependent state.

Narcissistic adults do well in occupational settings where a captive audience can be used to mirror their talents and where being the center of attention and showing-off is legitimized.¹² The loss of public audiences among narcissistic elderly is often replaced by family and friends. The narcissist elderly create environments filled with “remembrance of things past”—pictures, photos, objects, furniture, clothes, selectively chosen to remind them of their youth and providing them with a self-loving mirror.

Narcissistic elderly are not loners, they enjoy those social contacts which make them feel “special.” Thus, the company of older, sick or disabled elderly is a constant reminder of the dangers of old age and has to be avoided. Narcissistic elderly would prefer the company of “young” elderly with whom they can safely identify. Their primary identification, however, is with their children and grandchilden whom they idealize and on whom they project their unrealized wishes and phantasies of an idealized self (Hochschild 1973, p. 100). Narcissistic elderly are not “difficult” the way paranoids are. However, they are true manipulators in their unending search for love and attention.

The defenses used by narcissistic personality types—*primitive idealization* (idealized self and belief in magical solutions) and *splitting* (keeping separate the “good” and the “bad” parts of self and objects to avoid ambivalent feelings)—have both adaptive and disruptive effects. The defenses are used to cope with the anxiety generated by the disturbing signs of aging. Primitive idealization has an important adaptive function in allowing the elderly to keep a positive self-image (Taylor, et al. 1989). Research has shown that the perception of being young is related to better adjustment to aging (Taves and Hansen 1962; Birren and Cunningham 1985). The narcissistic elderly’s belief in “magical solutions” creates an inner assurance that illness, pain, aging and death can be kept at a safe distance. It also distorts their judgement about symptoms, and promotes unrealistic hope of recovery from serious illness.

In summary, the narcissistic aging style is characterized by a constant need for reassurance about one’s attractiveness and the attempt to keep a youthful appearance. The narcissist elderly are not social isolates, but unlike elderly with hysterical personality styles, they seldom initiate social interaction. They need others as sources of narcissistic supplies, especially their family, and enjoy expressing feelings that make them the center of attention. They are oriented toward a childhood past that they idealize and try to re-live in the present. Their defenses protect them from acknowledging the painful discrepancy between their idealized-self and the realities of aging.

SUMMARY AND CONCLUSIONS

Having described several personality styles, we arrive at the following conclusions:

1. Individual elderly vary in the way they cope and adjust to aging as a function of their personality styles. “Successful” aging means different things to individuals with different personality styles. Successful aging is experienced as fulfilling one’s emotional and neurotic needs, and minimizing the gap between social reality and psychic states. This is achieved through the selection of cognitive strategies and the use of defense mechanisms.

2. The aging process develops along a line that seems to reinforce core personality (Pfeiffer 1977; Leon, et al. 1979) and that at the same time brings about the expression of repressed emotional needs and feelings due to the weakening of super-ego functions (Block 1981; Kaufman 1986; Kruse 1987). Thus, the paranoid elderly is likely to become more distrustful, fearful, ready to attack; the obsessive compulsive elderly more emotionally withdrawn, obsessed with details and doubting; the hysterical elderly more emotionally expressive, open and impressionable; the impulsive elderly more risk taking and action oriented; the narcissistic elderly more dependent and easily wounded.

3. The defenses which are adaptive in the occupational world, may no longer provide effective coping mechanisms in old age. Aging styles based on the use of "immature" defenses, which attract or command attention are, on the whole, more adaptive than styles using primarily "mature" defenses. More specifically, elderly individuals who use defenses such as "acting-out," "projection," "denial" or "disassociation" (immature defenses) are more likely to secure attention and get help, rather than individuals using "mature" defenses such as, rationalization, intellectualization, and suppression.

4. The elderly use their defense mechanisms to secure a sense of autonomy or control that fits their personality style. The obsessive-compulsive elderly gain a sense of autonomy by creating an inward sealed-off world of thoughts, ideas and worries; the paranoid elderly gain a sense of power by forcing others into submission in a cycle of neediness and rejection; the hysterical elderly gain a sense of autonomy by dramatically expressing and sharing feelings; the impulsive elderly find aging a new challenge that has to be conquered; and the narcissist elderly create a safe emotional environment where they can nurse their youthful wishes and phantasies.

5. Certain personality styles are more likely to fit the socially constructed image of what the elderly "should" be like. Aging styles that promote emotional connectedness and are action oriented—like that of the hysterical or impulsive personality styles—are likely to be encouraged by medical personnel, family and friends, while aging styles based on negative affective tones or passive orientation are likely to be discouraged and/or penalized (Thomae 1980; Schmitz-Scherzer and Thomae 1983).

IMPLICATIONS FOR RESEARCH

We would like to end this article by suggesting some research questions:

1. Personality styles seem to have varying degrees of vulnerability to negative labelling. We expect, for example, that hysterical and impulsive personality types are the least susceptible to negative labelling and to experiencing a negative shift in self-image, while narcissistic and obsessive-compulsive types are the most vulnerable. *Question:* how do elderly with different personality styles respond to negative labelling? (see Kuypers and Bengtson [1973] for a discussion of Social Breakdown and Competence Theory).

2. We expect elderly with different personality styles to experience the "sick role" and/or the "patient role" differently. For example, the sick role is more likely to be difficult for paranoid and impulsive elderly than for hysterical or obsessive-compulsive elderly. *Question:* How do elderly with different personality styles select aspects of the sick role and/or of the patient role in ways that work to their advantage?

3. The ability to give and/or accept care varies between personality styles. For example, the persecutory fear of elderly paranoid, contrasts with the emotional dependency of narcissistic elderly, thereby influencing the ways in which people relate to significant others and to authority figures. *Questions:* What type of interaction with peers, spouse, partners, family, friends, doctors and health care personnel, is more likely to bring about cooperation or rejection? How can medical personnel, staff and family members learn to understand and monitor an individual's response to the aging process in ways that make use of the elderly's character structure and defense mechanisms?

4. We expect to find differences in the way aging is experienced as a function of the social construction of gender. The interaction of gender and personality styles in the aging process has yet to be undertaken. *Question:* To what extent is gender an important intervening variable between personality style and aging?

5. The elderly who withdraw socially can nonetheless be engaged in active forms of cognitive and affective self-involvement. Such individuals, like the obsessive-compulsive, are actively withdrawing even though they may appear behaviorally depressed. Forcing too much social stimulation on the obsessive-compulsive may actually lead to some depressive symptomatology. *Question:* What diagnostic procedures can distinguish between active withdrawal and depressive symptomatology?

6. The context in which aging occurs is an important determinant of successful aging. *Question:* What mix of personality styles can create optimally stimulating aging environments, ones in which individuals with different personality styles provide challenges and resources for each other?

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NOTES

1. For a review of research on quality of aging see the following edited books: Neugarten (ed.), 1986, 1968; Riley, Hess and Bond (eds.), 1982; Birren and Schaie (eds.), 1985; Bengtson, Reedy and Gordon 1985; Birren and Bengtson (eds.), 1988; Baltes and Baltes (eds.), 1989.

2. This article focuses on the "young old." This group includes individuals who have not yet been affected by severe health impediments or medical problems which would obscure the role of personality in the aging process.

3. The present article discusses aging styles without reference to gender. Gender differences will be the subject of another article.

4. The terms personality style of functioning and character structure will be used interchangeably.

5. The paranoid uses projection and denial; the obsessive-compulsive uses rationalization, intellectualization and isolation of affect; the hysterical uses acting-out and repression; the impulsive uses disassociation and delusional projection; the narcissist uses primitive idealization and splitting.

6. See Millon (1985) for a full discussion of the shift toward global indicators of personality.

7. The DSM-III-R avoids discussion of the etiology of personality characteristics—which is the main focus of theoretical disagreement.

8. Indeed this appears to be the position of the DSM-II-R committee and consequently these categories have been used in studies of normal populations (e.g., Romney and Bynner 1989; Oldham and Morris 1990).

9. See House 1981 and Mischel 1976 for a discussion of the underlying assumptions of dispositions, stability, and generality of personality. For a critical assessment of Mischel's position, see McClelland 1981; McCrae and Costa 1984.

10. We selected these personality styles because they have received extensive theoretical attention and are more likely to be found in neurotic rather than psychotic populations (Wiggins and Pincus 1989).

11. Forgetfulness tends to be defined as a physiological/cognitive change rather than a characterological feature of an individual. While changes in cognitive abilities occur with old age, one should distinguish between memory loss as a function of aging and "forgetfulness" or memory lapses as defenses.

12. Narcissistic personalities are likely to be found among for example religious leaders, politicians, academics (Silver and Spilerman 1990).

REFERENCES

- Baltes, P. and M. Baltes (Eds.) 1989. *Successful Aging: Perspectives from the Behavioral Sciences*. New York: Cambridge University Press.
- Beland, H. 1988. "Alteration of the Ego Due to Defensive Processes and the Limitations of Psychoanalytic Treatment." *International Journal of Psychoanalysis* 69(2):189-205.
- Bengtson, V.L., M.N. Reedy and C. Gordon. 1985. "Aging and Self Conceptions: Personality Processes and Social Contexts." Pp. 554-593 in *Handbook of the Psychology of Aging*, edited by J.E. Birren and K.W. Schaie. New York: Van Norstrand.
- Berezin, M. 1977. "The Fate of Narcissism in Old Age. Clinical Case Reports." *Journal of Geriatric Psychiatry* 10:9-26.
- _____. 1980. "Isolation in the Aged: Individual Dynamics, Community and Family Involvement." *Journal of Geriatric Psychiatry* 13(1):5-18.
- Birren, J.E. and W.R. Cunningham. 1985. "Research on the Psychology of Aging." Pp. 3-34 in *Handbook of the Psychology of Aging*, second edition, edited by J.E. Birren and K.W. Schaie. New York: Van Norstrand Reinhold.
- Birren, J.E. and V.L. Bengtson. 1988. *Emerging Theories of Aging*. New York: Springer.
- Birren, J.E. and K. Warner Schaie. 1985. *Handbook of The Psychology of Aging*. New York: Van Norstrand.
- Block, J. 1981. "Some Enduring and Consequential Structures of Personality." Pp. 27-43 in *Further Explorations in Personality*. New York: John Wiley & Sons.
- Blos, P. 1968. "Character Formation in Adolescence." *Psychoanalytic Study of the Child* 23:245-263.
- Bond, M., T. Gardner, J. Christian, and J.J. Sigal. 1983. "Empirical Study of Self-Rated Defense Styles." *Archives of General Psychiatry* 40:333-339.
- Braudy, F. 1989. "Character Type and Character Organization." *Journal of the American Psychoanalytic Association* 37(3):655-688.
- Breslau, L. 1980. "The Faltering Therapeutic Perspective. Toward Narcissistically Wounded Institutionalized Aged." *Journal of Geriatric Psychiatry* 13:193-206.
- Buss, D. 1987. "Selection, Evocation, and Manipulation." *Journal of Personality and Social Psychology* 53(6):1214-1221.
- Caspi, A., D.J. Bem, and G.H. Elder. 1989. "Continuities and Consequences of Interactional Styles Across the Life Course." *Journal of Personality* 57(2):375-406.
- Caspi, A. 1987. "Personality in the Life Course." *Journal of Personality and Social Psychology* 53(6):1203-1213.

- Cicirelli, V.G. 1987. "Locus of Control." Pp. 406-407 in *The Encyclopaedia of Aging*, edited by G. Maddox. New York: Springer.
- DSM-III-R. 1987. *Diagnostic and Statistical Manual of Mental Disorders* (third edition revised). New York: American Psychiatric Association.
- Fenichel, O. 1945. *The Psychoanalytic Theory of Neurosis*. New York: W.W. Norton.
- Freud, A. [1937] 1966. *The Ego and Mechanisms of Defense*. New York: International University Press.
- Freud, S. 1908. "Character and Anal Eroticism." *College Papers* 2:45-50. London: Hogarth Press.
- _____. [1911] 1959. "Predisposition to Obsessional Neurosis." *Collected Papers* 2:122-132. London: Hogarth Press.
- _____. [1926] 1959. *Inhibitions, Symptoms and Anxiety* (standard Edition), vol. 20, edited by J. Strachey. London: Hogarth Press.
- Gangestad, S. and M. Snyder. 1985. "To Carve Nature at Its Joints: On the Existence of Discrete Classes in Personality." *Psychological Review* 92:317-349.
- Gutmann, D.L. 1964. "An Exploration of Ego Configurations in Middle and Later Life." Pp. 114-148 in *Personality in Middle and Late Life*, edited by Neugarten and Ass. New York: Atherton Press.
- _____. 1987. *Reclaimed Powers: Toward a New Psychology of Men and Women in Later Life*. New York: Basic Books.
- Hartmann, H. 1958. *Ego Psychology and The Problem of Adaptation*. New York: International University Press.
- Havighurst, R.J. 1968. "Personality and Patterns of Aging." *Gerontologist* 8:20-23.
- Hazan, H. 1980. *The Limbo People*. London: Routledge & Kegan.
- _____. 1988. "Course versus Cycle: On the Understanding of Aging." *Journal of Aging Studies* 2(1):1-11.
- Hochschild, A.R. 1973. *The Unexpected Community*. Englewood Cliffs, NJ: Prentice-Hall.
- _____. 1975. "Disengagement Theory: A Critique and Proposal." *American Sociological Review* 40:553-569.
- Hogan, R. 1987. "Personality Psychology: Back to Basics." Pp. 79-104 in *The Emergence of Personality*, edited by J. Aronoff, A.I. Rabin, and R. Zucker. New York: Springer.
- Holland, J. 1985. *Making Vocational Choices: A Theory of Personality and Work Environments*. Englewood Cliffs, NJ: Prentice-Hall.
- House, J.S. 1981. "Social Structure and Personality." In *Social Psychology*, edited by M. Rosenberg and R. Turner. New York: Basic Books.
- Jarvis, P. 1989. "Being, Learning and Aging." *Educational Gerontology* 14:161-170.
- Kaufman, S.R. 1986. *The Ageless Self: Sources of Meaning in Late Life*. Madison, WI: University of Wisconsin Press.
- Kernberg, O. 1975. *Borderline Conditions and Pathological Narcissism*. New York: Aronson.
- Kohut, H. 1971. *The Analysis of the Self*. New York: International University Press.
- Kruse, A. 1987. "Coping with Chronic Disease, Dying and Death. A Contribution to Competence in Old Age." *Comparative Gerontology* 1:1-11.
- Kuypers, J.A. and V. Bengtson. 1973. "Social Breakdown and Competence: A Model for Normal Aging." *Human Development* 16:181-201.
- Lane, R.C. and R.S. Storch. 1984. "The Wish Not to Know: A Fool Cannot Be Blamed for His Actions." *Current Issues in Psychoanalytic Practice* 1(1):53-71.
- Lazarus, R.S. and A. DeLongis. 1983. "Psychological Stress and Coping in Aging." *American Psychologist* 38:245-254.
- Lehr, U. and H. Thomae. 1987. *Patterns of Psychological Aging: Findings of the Bonn Longitudinal Study of Aging*. Stuttgart: Ferdinand Enke Verlag.

- Leon, G.R., B. Gillum, R. Gillum, and M. Gouze. 1979. "Personality Stability and Change over a 3 Year Period Middle Age to Old Age." *Journal of Consulting and Clinical Psychology* 47:517-524.
- Lieberman, M.A. 1971. "Some Issues in Studying Psychological Predictors of Survival." Pp. 167-179 in *Prediction of Life-Span*, edited by E. Palmore and F.C. Jeffers. Lexington, MA: D.C. Heath.
- _____. 1975. "Adaptive Processes in late Life." In *Life Span Developmental Psychology: Normative Life Crises*, edited by N. Datan and L. Ginsberg. New York: Academic Press.
- Maccoby, M. 1976. *The Gamesman*. New York: Simon & Schuster.
- McClelland, D.C. 1981. "Is Personality Consistent? In *Further Explorations in Personality*. New York: Little, Brown.
- Millon, T. 1984. "On the Renaissance of Personality Assessment and Personality Theory." *Journal of Personality Assessment* 48(5):451-466.
- _____. 1986. "Personality Prototypes and Their Diagnostic Criteria." Pp. 672-696 in *Contemporary Directions in Psychopathology: Toward DSM-IV*. New York: The Guilford Press.
- Mischel, W. 1976. "On the Empirical Dilemmas of Psychodynamics Approaches: Issues and Alternatives." Pp. 631-644 in *Interactional Psychology and Personality*, edited by N.S. Endler and D. Magnusson. New York: John Wiley & Sons.
- Moss, H.A. and E.J. Susman. 1980. "Longitudinal Study of Personality Development." Pp. 530-595 in *Constancy and Change in Human Development*, edited by O.G. Brim and J. Kagan. Cambridge: Harvard University Press.
- Neugarten, B.L., W.J. Crotty, and S.S. Tobin. 1964. "Personality Types in an Aged Population." In *Personality in Middle and Later Life*, edited by Neugarten et al. New York: Atherton Press.
- Neugarten, B.L., R. Havighurst, and S.S. Tobin. 1968. "Personality and Patterns of Aging." Pp. 173-180 in *Middle Age and Aging*, edited by Neugarten. Chicago: University of Chicago Press.
- Neugarten, B.L. 1977. "Personality and Aging." New York: Academic Press.
- Neugarten, B.L. and D.A. Neugarten. 1986. "Age in Aging Society." *Daedalus* 115:31-49.
- Oldham, J.M. and L.B. Morris. 1990. *Personality Self-Portrait*. New York: Bantam.
- Perlin, R. and M.A. Lieberman. 1979. "Social Sources of Emotional Distress." In *Research in Community and Mental Health*, vol. 1, edited by R.S. Simmons. Greenwich, CT: JAI Press.
- Pfeiffer, E. 1977. "Psychotherapy and Social Pathology." Pp. 626-649 in *Handbook of the Psychology of Aging*, edited by J.E. Birren and K.W. Schaie. New York: Van Nostrand.
- Raskin, A. 1979. "Signs and Symptoms of Psychotherapy in the Elderly." Pp. 3-18 in *Psychiatric Symptoms and Cognitive Loss in the Elderly*, edited by A. Raskin and L. Jarvik. Washington, DC: Hemisphere.
- Reich, W. 1933. *Character Analysis*. New York: Orgone Institute Press.
- Reichard, S., F. Livson, and P.G. Peterson. 1962. *Aging and Personality: A Study of 87 Old Men*. New York: John Wiley.
- Riley, M.W., B. Hess, and K.M. Bond. (Eds.) 1982. *Aging in Society*. NJ: Hillsdale Erlbaum.
- Roe, A. 1956. *The Psychology of Occupations*. New Jersey: John Wiley & Sons.
- Romney, D.M. and J.M. Bynner. 1989. "Evaluation of a Circumplex Model of DSM-III Personality Disorders." *Journal of Research in Personality* 23:525-538.
- Rosow, I. 1974. *Socialization to Old Age*. Berkeley: University of California Press.
- Roth, S. and L.J. Cohen. 1986. "Approach, Avoidance and Coping with Stress." *American Psychologist* 41:813-819.
- Ryff, C.D. 1984. "Personality Development from the Inside: The Subjective Experience of Change in Adulthood and Aging." Pp. 243-279 in *Life Span Development Behavior*, vol. 6, edited by P.B. Baltes and O.G. Brim, Jr.
- Sandler, A.M. 1982. "Psychoanalysis and Psychotherapy of the Older Patient." *Journal of Geriatric Psychiatry* 15(1):11-53.

- Sarver-Foner, G. 1987. "Psychoanalytic Aspects of Obsessive Compulsive Disorders." *Psychiatric Journal of the University of Ottawa* 12(4):203-213.
- Schafer, R. 1968. "Mechanisms of Defense." *International Journal of Psychoanalysis* 49:49-62.
- Schmitz-Scherzer and H. Thomae. 1983. "Constancy and Change of Behavior in Old Age: Findings from the Bonn Longitudinal Study." In *Longitudinal Studies of Adult Psychological Development*. New York: The Guilford Press.
- Semrad, E. 1967. "The Organization of Ego Defenses and Object Loss." In *The Loss of Loved Ones*, edited by D. Moriarity. Springfield: Thompson Publishing.
- Shanan, J. and J. Jacobowitz. 1982. "Personality and Aging." *Annual Review of Gerontology* 3:148-178.
- Shanan, J. 1985. "Personality Types and Culture in Later Adulthood." In *Contributions to Human Development*, vol. 12. New York: Karger.
- Shapiro, D. 1965. *Neurotic Styles*. New York: Basic Books.
- Shaw, L. and H.S. Sichel. 1971. *Accident Proness*. Oxford: Pergamon.
- Silver, C. and S. Spilerman. 1990. "Psychoanalytic Perspective on Occupational Choice and Attainment." *Research in Social Stratification and Mobility* 9:181-214.
- Smith, D.I. and P.W. Kirkham. 1981. "Relationship between Some Personality Characteristics and the Driving Record." *British Journal of Social Psychology* 20(1):229-231.
- Snyder, C.R. 1989. "Illusions about the Self: Taking Stock of the New 'Right Stuff.'" *Journal of Social and Clinical Psychology* 8(2):113.
- Spilerman, S. and E. Litwak. 1982. "Reward Structures and the Organizational Design of Institutions for the Elderly." *Research on Aging* 4:43-70.
- Stolorow, R., B. Brundchaft, and G. Atwood. 1987. *Psychoanalytic Treatment: An Intersubjective Approach*. New York: Analytic Press.
- Taves, M.J. and G.D. Hansen. 1962. "Exploration in Personal Adjustment after Age 65." *Geriatrics* 17:309-316.
- Taylor, S.E. and L.F. Clark. 1986. "Does Information Improve Adjustment to Noxious Events?" In *Advances in Applied Social Psychology*, vol. 3, edited by M.J. Saks and L. Sax. Hillsdale, NJ: Erlbaum.
- Taylor, S., R.L. Collins, L.A. Skokan, and L.G. Aspinwall. 1989. "Maintaining Positive Illusions in the Face of Negative Information. Getting the Facts Without Letting Them Get to You." *Journal of Social and Clinical Psychology* 8(2):114-129.
- Thomae, H. 1970. "Theory of Aging and Cognitive Theory of Personality." *Human Development* vol. 3. Basel: Karger.
- . 1980. "Personality and Adjustment to Aging." In *Handbook of Mental Health and Aging*, edited by J.E. Birren and B. Sloane. Englewood Cliffs, NJ: Prentice-Hall.
- Vaillant, G. 1977. *Adaptation to Life*. Boston: Little, Brown.
- Vaillant, G., M. Bond, and C.O. Vaillant. 1986. "An Empirically Validated Hierarchy of Defense Mechanisms." *Archives of General Psychiatry* 43:786-794.
- Wertheimer, J. 1983. "Mechanisms of Permanence Time: Support for a Psycho-Dynamic Hypothesis of Psychological Aging." *Journal of Geriatric Psychiatry* 16(2):245-255.
- Whitbourne, S.K. 1987. "Personality Development in Adulthood and Old Age: Relationships among Identity Style, Health, and Well-being." Pp. 189-216 in *Annual Review of Gerontology and Geriatrics*, vol. 7, edited by K.W. Schaie and C. Eisdoorfer. New York: Springer.
- Wiggins, J. and A.L. Pincus. 1989. "Conceptions of Personality Disorders and Dimensions of Personality." *Psychological Assessment: A Journal of Consulting Clinical Psychology* 4:305-316.
- Zinberg, N.E. 1963. "The Relationship of Regressive Phenomena to the Aging Process." Pp. 143-159 in *Normal Psychology of the Aging Process*, edited by Zinberg and Kaufman.