Introduction to the Psychology of Ageing

for Non-Specialists

Ian Stuart-Hamilton

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Preface

This book is derived from a much larger work of mine called *The Psychology of Ageing: An Introduction*. The first edition of the book was released on an unsuspecting world in 1991 and was gratifyingly successful. I would not presume to claim it was a best seller amongst the general public. I once calculated that J.K. Rowling sold more copies of *Harry Potter and the Deadly Hallows* in the first thousandth of a second it was on sale than I have sold in a lifetime.[1] However, within its field it sold well enough and has been sufficiently well regarded to be translated into 18 or more languages and go through five editions. A few years ago, the British Medical Association named it as one of their books of the year, *and* it has topped Amazon's gerontological nursing bestsellers list.[2] This is all very agreeable and the critics have been uniformly nice about the book.[3]

However, there was a rich man's problem with the book as it went into later editions. When I wrote the first edition, I obviously had to do preparatory reading, and I was recommended to try the then new-fangled method of performing an electronic database search. Incredible as it now seems, this involved making an appointment with a specialist librarian, who performed the task for me (I supplied

1 But equally, try finding anything meaningful on the disuse hypothesis of ageing and intelligence in any of J.K.R.'s work. Whilst on the subject, given the impressive sales of *Cuckoo's Calling* once the true authorship was revealed, if anyone wants to spread the rumour that Ian Stuart-Hamilton is another of her pen names, I wouldn't object.

2 Another thing that J.K. Rowling hasn't done. I doubt she loses much sleep over it.

3 Apart from the anonymous letter writer who said that reading it had made his testicles fall off. Given the content of the rest of his letter I feel he had a number of issues.

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the keywords). The resulting print-out (on tractor feed paper, a term that will have anyone under 40 scratching their heads) ran to under 100 pages. Today, a computer search of PsycINFO or Medline[4] will produce a larger print-out for just a single specialist topic within the psychology of ageing. The subject has mushroomed in size, and in order for the book to reflect the full diversity of the research literature, it has likewise increased in size in each successive edition. To give one illustration – the fifth edition's references section alone has a word count that is not far off the whole of the first edition. This increased coverage is fine and dandy if the reader wants coverage of not only the key topics, but also the side arguments, the discussions of research methodology, etc. And given sales and critical reception, clearly a lot of people do.

However, there are many potential readers who have been alienated by all this added detail. In writing this book, I had three groups particularly in mind:

1. social workers and care workers
2. nursing and medical workers
3. non-specialists with an interest in their own ageing or the ageing of a relative or clients.

People in these groups might want to know about key aspects of psychological ageing, such as changes in intelligence, memory, personality, etc., and are likely to have an especial interest in changing lifestyles and mental illness of older adults. What they do *not* want or need is lengthy discussion of the minutiae of differences in test methodologies or in-depth discussions of relatively esoteric psychological processes. The latter are very important (indeed, essential) if you are taking geropsychology as a specialisation, but they are unnecessary for readers in many cognate fields. The present book has therefore taken the fifth edition of *The Psychology of Ageing: An Introduction* and trimmed it down. Drastically.

For starters, three chapters have been removed. Two of these are concerned with research methodologies. If you find you need these,

4 Two of the key computer databases containing records of hundreds of thousands of research papers and books on Psychology and Medicine respectively.

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then you probably should be reading the fifth edition and not this.[5] The other chapter is on death and dying, which is not strictly speaking part of the study of ageing anyway.[6] The remaining chapters have been shorn of detailed discussions of methodological issues and laboratory studies that are largely or solely of theoretical interest to psychologists. All the chapters have then been rewritten to some extent. In part this is to cope with the removed text, but I have also tried to make the text more practically meaningful, rather than demonstrating that a particular finding is a useful test of a particular theory, for example. Chapters 1 and 2 have been particularly heavily revised. The end result of these changes is a book that is about a quarter of the size of the fifth edition. However, this book is not a 'simplified' text. What remains has, I hope, the same gravitas as the book it is derived from. The important distinction is that in this book, the reader gets the plain story without the additional information that is unlikely to be of great use to them.

This book should have been published a year ago. Unfortunately, in late 2011 my mother developed very florid vascular dementia along with delirium.[7] My father had died earlier in the year, and as the only child, I had the experience alas all too many people have had of trying to keep a job and look after my mother and spend time with my own family. Eventually my mother's condition deteriorated so much that she spent her final year alternating between hospital and nursing home, before finally dying in November 2012. I am not writing any of this to elicit sympathy, but rather to make a confession. If you have to experience caring for someone with dementia yourself, you suddenly get a radical new view of what are important psychological questions in dementia research. Being woken repeatedly at 4.00 a.m. to be asked 'Is it morning or night?' or being called in to the residential home because Mum had punched one of the carers were two of many unwelcome new experiences for me. Thus, I began to wonder if studies that addressed such burning topics as whether demented participants

5 Unless you are reading this as a primer and have the fifth edition as well, which is fine by me. I have two children's university fees to pay and the royalties are welcome.

6 On a worldwide scale, death is likely to be before a person reaches old age, as you will see in Chapter 1.

7 The terms are explained in Chapter 6.

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could remember lists of nonsense syllables were really addressing what was needed. Therefore, I have tried as far as possible to restrict mention of any of the more theoretical research to where it underpins more applied concerns. However, there are limits – thus, I have not discussed issues such as where to get help for caring for relatives, the ins and outs of patients' rights, etc. These are very important topics, but they are not within Psychology's ambit.

I would like to thank Jessica Kingsley and her staff and my wife and children for being incredibly supportive and putting up with even more of my lunacy than usual whilst I wrote this book.

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