

Despair

The opposite pole of integrity is **despair**. It is much more likely that adults will resolve the crisis of integrity versus despair in the negative direction than that infants will resolve the crisis of trust versus mistrust in the negative direction. For infants to experience trust, they must depend on the benevolence of a responsible caregiver who will meet their essential needs. In most cases, this caregiver is present, and the infant learns to rely on others. In order to experience integrity, however, older adults must incorporate into their self-image a lifelong record of conflicts, failures, and disappointments, along with accomplishments. They must confront what is sometimes referred to as the “death of dreams”—a realization that some of their most cherished hopes for themselves or their children cannot be accomplished in their lifetime (Oates, 1997).

Older adults may also face some degree of **ageism**—devaluation and even hostility from the social community. The negative attitudes expressed by family members, colleagues, and younger people toward the perceived lack of competence, dependence, or old-fashioned ways of older people may lead many of them to feel discouraged about their self-worth. The gradual deterioration or loss of certain physical capacities—particularly hearing, vision, and motor agility—contribute to an older person’s frustration and discouragement. Older adults recognize that they cannot perform certain tasks as well as they did in the past or that their domains of independent functioning and mastery have diminished.

Furthermore, there is a general cultural sentiment that the death of an older person—in contrast, for example, with the death of a child or youth—though sad, is not a great loss to society, because that person had already contributed to society and lived a full life. Thus, older adults may perceive that society is already letting go of them, even before they are ready to let go of life (Jecker & Schneiderman, 1994).

All of these factors are likely to create a feeling of regret about one’s past and a continuous, haunting desire to be able to do things differently, or of bitterness over how one’s life has turned out. People who resolve the crisis of later adulthood in the direction of despair cannot resist speculating about how things might have been or what actions might have been taken if conditions had only been different. They are preoccupied with the if-only’s of their past, disrupting a calm acceptance of death. Despairing individuals either seek death as a way of ending a miserable existence or desperately fear death because it makes impossible any hope of compensating for past failures.

Depression

The theme of **depression** has been treated in several sections of this text. Given the close link between the concepts of depression and despair, it should come as no surprise that depression has been a topic of research in the study of adulthood and aging. Contrary to stereotypes, the population with depression is composed largely (61%) of younger

adults between 18 and 44 years old (National Academy on an Aging Society, 2000). About 5% of older adults living independently are experiencing depression at any one time; about 15% experience depression sometime in later life (Castleman, 2001).

Many of the same factors that are associated with depression in younger age groups are also associated with depression in older age groups: poverty, poor physical health, lack of social involvement, and being single, divorced, or widowed. The risk of depression in later life cannot be attributed to the aging process itself. The negative physiological changes associated with aging—such as high blood pressure, reduced breathing capacity, reduced muscle strength, slower reaction time, memory loss, and loss of visual or auditory acuity—are not associated with depression in and of themselves (Hinrichsen & Clougherty, 2006). However, among older adults, those who rate their own health as fair to poor and those who have a chronic condition are more likely to be depressed than those who say their health is good to excellent. Whether the illness contributes to the depression or the depression leads people to be more discouraged by their physical limitations is difficult to say. Thus, depression as a complex affective and cognitive syndrome does not automatically come with the territory of aging, but it occurs in a subset of older adults. It is especially likely among those who have experienced a decreased activity level; have reduced access to a significant, close, confiding relationship; and have accumulated physical health problems that limit their independence and dampen the sense of enthusiasm for pleasant activities (U.S. Department of Health and Human Services, 1999).

The Central Process: Introspection

In order to achieve a sense of integrity, the individual must engage in deliberate self-evaluation and private thought. The final achievement of a sense of integrity requires the ability to introspect about the gradual evolution of life events and to appreciate their significance in the formation of the adult personality (Walasky, Whitbourne, & Nehrke, 1983–1984). This state can be reached only through individual effort. It may even require temporary isolation, shutting out the influences of potentially competitive or resentful associates. One mode for engaging in self-evaluation is reminiscence.

Reminiscence has been defined as the recollection of “long-term memories of events in which the reminiscer is either a participant or an observer” (Ross, 1989, p. 341). This process of nostalgic remembering allows adults to recapture some of the memorable events in their life histories. Reminiscence may be a playful recalling of a life adventure or a painful review of some personal or family crisis. The process of simple reminiscence has been described as comprising four elements: the *selection* of an event or story to retell or review; *immersion* in the details of the story, including the strong emotions linked to the event; *withdrawal* from