

Short Notes

Anthropological Aspects of Non-Pathological Senile Decline

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Abstract

Birth, growth, involution and death are the four seasons of human existence. One knows plenty about the miracle of birth and the calvary of growth, as well as about the gateway to the grave. Oddly enough, we know less about life's autumn, be it normal or pathological. The paper approaches the subject of this existence's autumn season anthropologically.

Keywords

- Pathological ageing
- First signs of ageing
- Non-pathological ageing
- Variants of ageing

INTRODUCTION

'He was an old man who fished alone in a skiff in the Gulf Stream' [1]. Try asking anyone what old age is and they will dismiss the question as silly. But if you demand a definition, most respondents will hesitate, regardless their expertise. And this is not the most difficult question regarding old age. The question 'when does old age begin?' is much more difficult. Cioran used to say that 'there was a time when time did not exist' [2], which translates that up to a moment in a person's life there is only a present and a future and then, all of a sudden, a past occurs. It is important to know when the past occurs, as it starts silently, timidly and softly and then, with the 'defeating victory of death' [3], approaching, it becomes more and more demanding and raucous; still, before death we may experience the defeating victory of the void of dementia. This is the question of maximum anthropological generality, which, in turn, generates other questions. When does psychological ageing begin? Which is the limit between normal and pathological ageing? The onset of biological ageing is easier to approach and is generally described in verifiable terms [4]. But the human being has four levels (not just the biological) - i.e. the biological level, the psychological onto-genetic one (of individual psychology), the socio-relational level (referring to membership in groups, to a peer's belonging) and the mental spiritual one (referring to the beliefs and spiritual paradigms that an individual holds true). The four levels are well distinguished, yet totally interdependent, given the unity of the human being.

The practical consequence of the reality of these four levels, of their interdependence and of the human being's unity is the fact that no level can be approached without considering the other three; yet, many therapists overlook this complex aspect.

The author defines ageing as the phenomenon of a human being's loss of performing potential, be it globally or restricted to a certain function. If we consider the elementary, biological level, a quick revision of ageing options will reveal the fact that we have two types of ageing: general ageing and ageing in sectors. Thus we see people who die prematurely because their cardio-vascular

system wore out while all the other systems and functions performed perfectly. We also see people whose digestive system becomes dysfunctional and insufficient at a young adult age. This is a sign of ageing in sectors. We also see people whose cells and organs are worn out concomitantly by exposure to ultrasounds. Similarly, general diseases such as diabetes mellitus, hypothyroidism etc., go through a functional decline prior to the lesion stage. Naturally, there are cases of pathological ageing. Alcohol, drugs, prostitution accelerate ageing in various familiar ways. But, if ageing can be accelerated, it can also be slowed down. And the factors are controllable. One can consider a relation similar to that between progeria and historical average lifespan. Progeria - a pathological state in which the body decline at 12 years of age resemble that of a healthy individual's at 70 - is a genetic condition and is so far an uncontrollable phenomenon. Historically speaking, cave men were considered old around the age of 25-30 years, while currently we consider someone to be officially old around the age of 65. In hygienic and rich countries ageing is a slower process than in poor, non-hygienic, laboring countries. The official statistical age of senescence onset is a mobile average, both historically and on categories of human activities (with specific performances).

Therefore, in prosperous countries there are more and more people who claim that the retirement age of 65 is premature, as their remaining potential is compatible with the job requirements. On the other hand, there are differences between the types of performances required for different human activities. In all types of army activities, the age of 55 seems to be a limit beyond which performance slacks considerably. For hard physical labour (mining for instance) the statistical reasonable retirement age seems to be 60, while other activities can be pushed on to the age of 70. Even more, there are activities in which there is no performance decline age.

Official old age is related to cultural old age, which is when one is considered to be too old to perform certain roles: too old to start an activity, too old to have children (who must be raised!) etc. Is this old age a limit of existential legitimacies, which are

culturally imposed? The exceptions do not change the scheme. The cultural content of the existential framework determine what we call psychological old age, which has to do with the age at which existential deterrence and loss of optimism occur, leading to attitudinal disinvestment. Consequently, there will be an informational isolation with effects on the neuron mass. Alternatively, there are cultures in which 'a 70-year-old is considered fit for marriage while in others a 40-year-old is fit for retirement'. These are direct consequences of the cultural background and have a major impact on optimism, which cascades its effect on motivational determination, on hormonal levels, reaching even metabolic levels.

It is worth mentioning the idea according to which psychological old age starts with the hypotrophy of imagination and, its loss is, in the author's opinion, the clear limit of psychological old age, since imagination and collectivity represent the supreme mental functions. This aspect is of utmost importance since 'the function creates (and maintains) the organ'.

CONCLUSION

In conclusion, we have a control mechanism. Salt house and Denise C. Park [5], consider that the first signs of psychological

ageing are the decrease of sensory accuracy and slow information processing. Also, the signal for psychological ageing is given by the work memory decline, especially the difficulty of inhibiting work memory with irrelevant, minor information, which leads to losing the ability to rank values significantly and to contextualize events mentally. Considering all of the above, it is important to be aware of the possibility of slowing the ageing processes (prophylaxis) by acting on controllable factors; such measures prove useful in pathological ageing as well.

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