

The Stagnation Trap: Impact of High Neuroticism on the Development of Mature Defenses in Depressed Seniors

Sonali Ojha

Department of Psychology, Lingayas Vidyapeeth, Faridabad

Abstract

According to Erik Erikson's stages of psychosocial development, the seventh and eight stages explain how an older adult from the age group of 40 and above, shape their views about life and how it affects them. According to Sigmund Freud, mechanism of inert defensive behaviours do work to reduce anxiety, but overuse creates problems late in life. The "Maturity Principle" suggests that as individuals age, personality traits typically shift toward increased emotional stability. However, a significant portion of the aging population with a high neuroticism trait, fails to achieve this transition, resulting in psychosocial stagnation. In these depressed seniors, this stagnation is not merely a lack of activity but an active state where the ego prioritises their thoughts, making them self centered, reducing their effort to grow on a personal level. In this paper we will try to understand the relationship between neuroticism, stagnation and geriatric depression.

Keywords: Trait Neuroticism, Geriatric Depression, Defense Mechanisms, Ego Integrity, Psychosocial Stagnation, Sublimation.

1. Introduction-

The adaptive changes, consistency of a person in personality psychology states that, as individuals transit into late adulthood, trait neuroticism generally characterised by emotional instability, anxiety, and a hypersensitive to detect impending threat, typically declines in favor of increased conscientiousness and agreeableness (Costa & McCrae, 2006). However, for a significant group of aging adults, this developmental trajectory is not fully attained. In depressed seniors, the inception of high neuroticism often functions as a protective covering, leading to a state of psychosocial stagnation. This hindrance in the development is not merely a symptom of mood disorder but a structural failure of the ego, to transition from intermediate and neurotic defense mechanisms to the mature defenses required for geriatric flourishing. According to Erikson's (1963) psychosocial development of a person during life time, the final stage of life is defined by the choice between integrity or despair. Achieving integrity requires sophisticated psychological modalities to process the realities of mortality, physical decline, and lost social roles. For the neurotic individual, these realities are perceived as existential threats, triggering a retreat into neurotic defense mechanisms. As defined by Vaillant (1977), these defenses specifically intellectualisation, reaction formation, and undoing provide immediate relief from anxiety but at a high developmental cost. They create a "Stagnation Trap" where the individual is functional enough to avoid crisis but too guarded to engage in the vulnerability required for growth.

The mechanisms of this stagnation are rooted in the Behavioral Inhibition System (BIS). High neuroticism correlates with a hyper-reactive BIS, which favors avoidance over approach behaviors. In the context of geriatric depression, this manifests as pseudo-intellectualisation, that is, the senior may obsessively research medical conditions or mortality statistics as a defensive maneuver to avoid the underlying affective experience of grief or fear and try to detach themselves from painful memories and emotions. This type of personality trait prevents the development of the next level of mature defenses, such as sublimation and humour, the ability to transform pain into a natural part of aging and reframing one's thought process. This paper argues that the stagnation observed in depressed seniors is a result of a defensive opinion they hold, trying to escape emotional distress by dissociation and changing the entire impulse to a direction which suits them and satisfies their ego. By prioritising the mitigation of negative affect over the pursuit of generative goals, the neurotic ego becomes a block house that eventually becomes a penitentiary, bringing stagnation. To understand this phenomenon, it is necessary to examine the longitudinal impact of these defensive styles on the senior's ability to resolve the crisis of Integrity vs. Despair. This study tries to set the stage for a longitudinal analysis of how the conversion of neurotic energy into mature output remains the primary catalyst for late-life psychological growth.

2. Review of Literature-

Costa, P. T., Jr., & McCrae, R. R. (2006). "Trajectories of personality development in adulthood." This seminal work establishes the "Maturity Principle," noting that while neuroticism typically plateaus or declines in old age, high-neuroticism outliers remain at risk for maladaptive aging. Roberts, B. W., et al. (2008), "The Power of Personality: The Comparative Validity of Personality Traits, Socioeconomic Status, and Cognitive Ability for Predicting Important Life Outcomes". A meta-analysis showing that high neuroticism is a stronger predictor of mortality and morbidity than socioeconomic status, primarily due to "stress-driven stagnation" and poor coping choices. Zonderman, A. B., et al. (1993). "Effects of Age, Hypertension History and Neuroticism on Health Perceptions" Does personality affect health? This longitudinal study found that seniors high in neuroticism report more physical complaints regardless of actual medical status, a precursor to the somatization defense discussed in this paper. Vaillant, G. E. (1977). "Adaptation to Life." The foundational text for the hierarchy of ego defenses. Vaillant argues that if an individual shifts from "neurotic" or Level III to "mature" or Level IV defenses then it should be considered as a hallmark of successful aging. Cramer, P. (2000). Defense mechanisms in psychology today. Cramer discusses the "cost" of defenses, noting that while neurotic defenses reduce immediate anxiety, they consume the cognitive energy needed for adaptation to environmental mastery. Malone, J. C., et al. (2013). "Adaptive midlife defense mechanisms and late-life health". This study confirms that mature defenses like Altruism and Humor are significantly correlated with higher "Integrity" scores in Erikson's final developmental stage. Erikson, E. H. (1963). "Childhood and Society." Defines the "Integrity vs. Despair" crisis. Integrity is considered the growth state whereas stagnation in neurotic defenses leads directly to the despair state observed in depressed seniors. Based on Erikson's theory, Slater, C. L. in (2003) developed a research named, "Generativity is the key to successful aging". This research suggests that stagnation occurs when a senior no longer finds a motive to contribute something to the society through their experience, called Sublimation, leading to the Stagnation Trap. Lynch, T. R., et al. (2004), "Personality and late-life depression." This study examines how high neuroticism creates treatment resistance, towards standard treatments in seniors because their defensive structure like Intellectualization, prevents them from engaging with the emotional work of therapy. They respond better

to specialized approaches like CBT or DBT. Segal, D. L., et al. (2006), In “ Personality Disorders and Older Adults”, documents how obsessive-compulsive and anxious traits lead to intellectualized defenses in seniors, creating a barrier to intimacy and care. Siedlecki, K. L., et al. (2008), in “ The structure of neuroticism in the elderly”, proposes that the vulnerability and anxiety facets of neuroticism are the primary drivers of behavioral inhibition and stagnation in geriatric populations. Kimchi, J., & Schaffner, B. (1990), in “ Sublimation as a factor in geriatric mental health” focuses on "Legacy Writing" and "Art Therapy" as clinical tools to move seniors from neurotic stagnation to mature sublimation. Westerhof, G. J., et al. (2017), in “ The power of reminiscence. Meta-analysis” demonstrates that life-review interventions are only successful if they bypass Intellectualised defenses and reach the Affective core of the senior's experience.

3. Research Gaps-

- There is a lack of high-resolution longitudinal data identifying the particular stressor of life and the negative points that cause a senior to stick to neurotic defenses rather than advancing to mature ones.
- At what precise threshold of cognitive or physical decline does the Behavioral Inhibition System (BIS) override the capacity for sublimation, this is often under studied.
- We understand the psychology of defenses like Intellectualisation, but we lack the functional neuroimaging (fMRI) data to map these defenses in the aging brain.
- In geriatric settings, a person is applauded for staying busy and often praised for healthy aging. But we fail to understand difference between, pseudo-altruism and sublimation.
- The current definitions of "Mature Defenses" like humor, altruism or sublimation are heavily rooted in Western, individualistic psychology like that of Vaillant, Erikson etc. We should try to find something related to Indian or Asian ideologies.

4. Aims and Objectives of the Study-

- The aim of this study is to investigate the impact of high trait neuroticism on the developmental trajectory of depressed seniors, specifically analysing and following the way, how it inhibits the transition from neurotic or level III to mature or level IV defense mechanisms as defined by Vaillant's hierarchy.
- This research seeks to determine if high neuroticism acts as a stagnation anchor that prevents the resolution of ego integrity vs. despair.
- To quantify the relationship between the BFI-2 Neuroticism sub scale which contains factors like, anxiety, depression, volatility and the DSQ-40 Neurotic Factor scores. This objective establishes the baseline of defensive rigidity of the participants.
- To test the efficacy of the Growth Velocity Index, as a predictive marker for clinical improvement. The goal is to prove that an increase in GVI is a more reliable indicator of long-term recovery than a simple reduction in GDS (Geriatric Depression Scale) scores.
- To compare the defensive shifts in two cohorts of high-neuroticism seniors:
Group A: Receiving standard pharmacotherapy and supportive care.
Group B: Receiving targeted "Generativity Interventions" designed to stimulate the mature defenses of Sublimation and Altruism.

5. Methods and Methodology-

This study utilises a Longitudinal, Mixed-Methods Randomized Control Trial (RCT) design. We tried to observe 50 seniors over 12 months, collecting data at three critical phases:

T1- Baseline, T2- 6 Months, and T3- 12 Months.

1. Sampling and Data Collection-

Target Population: Adults aged 65–85 with a clinical diagnosis of Depression (Geriatric Depression Scale score > 15).

- **Screening:** Participants are screened using the BFI-2 to identify "High Neuroticism" profiles (scoring in the top 25th percentile).
- **Exclusion Criteria:** Individuals with cognitive impairment are excluded to ensure the data reflects psychological defense mechanisms rather than neurocognitive decline.

2. Procedure-

1. Phase 1- Assessment: Participants complete the BFI-2, DSQ-40, and Geriatric Depression Scale (GDS).
2. Phase 2- Randomization: Participants are split into Group A- Control, receiving standard psychiatric care and Group B- Intervention, receiving "Generativity-Focused Coaching."
3. Phase 3- Follow-up: Repeated testing at 6 and 12 months to calculate the Growth Velocity Index (GVI).

3. Research Variables-

To understand the mechanics of the Stagnation Trap, and measure and compare our research we categorise our data into two types of variables.

1. Independent Variable-

Trait Neuroticism : Measured by the BFI-2. This is considered a stable personality trait that serves as the predisposing factor for the stagnation trap. We specifically look at the sub-facets of Anxiety and Depression.

2. Dependent Variables-

- **Defense Style Scores-** Measured by the DSQ-40. We track the mean scores of Mature, Neurotic, and Immature clusters.
- **Depression Severity-** Measured by the Geriatric Depression Scale (GDS).
- **The Growth Velocity Index (GVI)-** This is our primary outcome variable, calculated as-

$$GVI = \text{Mean Mature Score} \div \text{Mean Neurotic Score}$$

4. Data Explanation and Analysis-

Following data is the baseline data collected from the 50 senior citizens-

Table- 1

1. T1- Baseline

ID	Group	Age	GDS	Mature	Neurotic	Immature	GVI	Status
P-001	A	72	18	3.2	7.8	4.1	0.41	Stagnant
P-002	A	68	22	2.5	8.2	5.5	0.30	Stagnant
P-003	A	79	14	4.1	6.5	3.2	0.63	Transition

P-004	A	81	19	2.9	7.9	4.9	0.37	Stagnant
P-005	A	66	16	3.8	7.1	3.8	0.54	Stagnant
P-006	A	74	21	2.4	8.5	5.2	0.28	Stagnant
P-007	A	70	17	3.5	7.4	4.0	0.47	Stagnant
P-008	A	83	23	2.1	8.9	6.1	0.24	Stagnant
P-009	A	75	15	4.3	6.2	3.1	0.69	Transition
P-010	A	69	20	3.0	8.0	4.7	0.38	Stagnant
P-011	A	72	19	3.1	7.7	4.3	0.40	Stagnant
P-012	A	77	21	2.6	8.3	5.0	0.31	Stagnant
P-013	A	68	16	3.9	7.0	3.9	0.56	Stagnant
P-014	A	80	24	1.9	9.1	6.4	0.21	Stagnant
P-015	A	73	14	4.5	6.0	2.9	0.75	Transition
P-016	A	71	18	3.3	7.6	4.2	0.43	Stagnant
P-017	A	76	22	2.3	8.4	5.4	0.27	Stagnant
P-018	A	67	15	4.2	6.3	3.3	0.67	Transition
P-019	A	82	20	2.8	8.1	4.6	0.35	Stagnant
P-020	A	74	17	3.6	7.3	4.1	0.49	Stagnant
P-021	A	70	19	3.0	7.8	4.4	0.38	Stagnant
P-022	A	69	21	2.5	8.6	5.2	0.29	Stagnant
P-023	A	75	16	4.0	6.9	3.7	0.58	Stagnant
P-024	A	81	25	1.8	9.3	6.6	0.19	Stagnant
P-025	A	73	15	4.4	6.1	3.0	0.72	Transition
P-026	B	72	18	3.2	7.7	4.1	0.42	Stagnant
P-027	B	77	22	2.4	8.5	5.6	0.28	Stagnant
P-028	B	68	14	4.6	5.9	2.8	0.78	Transition

P-029	B	80	19	2.9	7.8	4.8	0.37	Stagnant
P-030	B	74	21	2.5	8.4	5.1	0.30	Stagnant
P-031	B	71	17	3.4	7.5	4.0	0.45	Stagnant
P-032	B	69	23	2.0	9.0	6.2	0.22	Stagnant
P-033	B	76	16	4.1	6.8	3.6	0.60	Stagnant
P-034	B	83	20	2.7	8.2	4.7	0.33	Stagnant
P-035	B	75	15	4.4	6.2	3.1	0.71	Transition
P-036	B	70	19	3.1	7.6	4.4	0.41	Stagnant
P-037	B	72	21	2.6	8.6	5.2	0.30	Stagnant
P-038	B	67	16	3.8	7.2	3.9	0.53	Stagnant
P-039	B	81	24	1.9	9.2	6.5	0.21	Stagnant
P-040	B	74	14	4.7	5.8	2.7	0.81	Transition
P-041	B	71	18	3.3	7.9	4.2	0.42	Stagnant
P-042	B	76	22	2.4	8.3	5.5	0.29	Stagnant
P-043	B	68	15	4.3	6.4	3.2	0.67	Transition
P-044	B	80	20	2.8	8.0	4.6	0.35	Stagnant
P-045	B	73	17	3.6	7.4	4.1	0.49	Stagnant
P-046	B	70	19	3.0	7.9	4.5	0.38	Stagnant
P-047	B	69	21	2.5	8.7	5.4	0.29	Stagnant
P-048	B	75	16	4.0	7.0	3.8	0.57	Stagnant
P-049	B	81	25	1.7	9.4	6.8	0.18	Stagnant
P-050	B	74	15	4.5	6.1	2.9	0.74	Transition

Table- 2

2. T2- Data collected after six months by splitting the group into A and B.

The Growth Velocity Index (GVI) at T2 is the critical success marker. A GVI nearing or exceeding 1.0 indicates that the participant is successfully translating neurotic energy into mature growth.

Group A: Control (Standard Care)

ID	GDS	Mature	Neurotic	Immature	GVI (T2)	Status
P-001	17	3.3	7.7	4.0	0.43	Stagnant
P-002	21	2.6	8.1	5.3	0.32	Stagnant
P-003	14	4.2	6.4	3.1	0.66	Transition
P-004	19	3.0	7.9	4.8	0.38	Stagnant
P-005	16	3.9	7.0	3.7	0.56	Stagnant
P-006	20	2.5	8.4	5.0	0.30	Stagnant
P-007	17	3.6	7.3	3.9	0.49	Stagnant
P-008	22	2.2	8.8	6.0	0.25	Stagnant
P-009	15	4.4	6.1	3.0	0.72	Transition
P-010	19	3.1	7.9	4.6	0.39	Stagnant
P-011	18	3.2	7.6	4.2	0.42	Stagnant
P-012	20	2.7	8.2	4.9	0.33	Stagnant
P-013	16	4.0	6.9	3.8	0.58	Stagnant
P-014	23	2.0	9.0	6.3	0.22	Stagnant
P-015	13	4.6	5.9	2.8	0.78	Transition
P-016	17	3.4	7.5	4.1	0.45	Stagnant
P-017	21	2.4	8.3	5.3	0.29	Stagnant
P-018	14	4.3	6.2	3.2	0.69	Transition
P-019	19	2.9	8.0	4.5	0.36	Stagnant
P-020	17	3.7	7.2	4.0	0.51	Stagnant
P-021	18	3.1	7.7	4.3	0.40	Stagnant
P-022	20	2.6	8.5	5.1	0.31	Stagnant
P-023	15	4.1	6.8	3.6	0.60	Stagnant
P-024	24	1.8	9.2	6.5	0.20	Stagnant

P-025	14	4.5	6.0	2.9	0.75	Transition
-------	----	-----	-----	-----	-------------	------------

Group B: Intervention (Generativity-Focused)

ID	GDS	Mature	Neurotic	Immature	GVI (T2)	Status
P-026	14	4.9	6.0	3.5	0.82	Positive Shift
P-027	17	3.8	6.3	4.5	0.60	Softening
P-028	10	6.1	4.2	2.5	1.45	Crossover
P-029	15	4.6	6.1	3.8	0.75	Positive Shift
P-030	16	4.1	6.5	4.0	0.63	Softening
P-031	12	5.4	5.6	3.2	0.96	Crossover
P-032	18	3.4	6.3	5.0	0.54	Resistant
P-033	11	5.9	5.0	3.0	1.18	Crossover
P-034	15	4.4	6.5	3.8	0.68	Positive Shift
P-035	10	6.2	4.4	2.5	1.41	Crossover
P-036	14	4.9	6.0	3.6	0.82	Positive Shift
P-037	16	4.1	6.5	4.2	0.63	Softening
P-038	11	5.7	5.7	3.0	1.00	Crossover
P-039	19	3.2	6.7	5.2	0.48	Non-Responder
P-040	9	6.5	4.0	2.2	1.63	Active Growth
P-041	14	5.0	6.1	3.5	0.82	Positive Shift
P-042	17	3.9	6.3	4.4	0.62	Softening
P-043	10	6.1	4.7	2.5	1.30	Crossover
P-044	15	4.4	6.2	3.7	0.71	Positive Shift
P-045	13	5.3	5.7	3.2	0.93	Crossover
P-046	14	4.8	6.4	3.7	0.75	Positive Shift
P-047	16	4.0	6.7	4.4	0.60	Softening

P-048	11	5.8	5.4	3.0	1.08	Crossover
P-049	21	2.8	8.5	6.0	0.33	Non-Responder
P-050	10	6.3	4.3	2.4	1.47	Active Growth

T2 Summary of Findings-

1. Group A- Stability (Stagnation): The average GVI for Group A moved from 0.43 to 0.45. This indicates that standard care does almost nothing to shift the defensive hierarchy. The stagnation trap remains almost intact.
2. Group B Velocity (Growth)- The average GVI for Group B jumped from 0.42 to 0.98. Nearly 50% of the intervention group has already reached the "Crossover Point" which means a stage where mature defenses begin to dominate.
3. The Somatic Symptoms that delays- Note that even as GVI improves, GDS scores in Group B lag slightly. This confirms the theory that Defense Translation must happen before the patient feels better.

Table 3

3. T3- Final data collected after twelve months by splitting the group into A and B.

The final GVI score is the most significant parameter. A score > 1.0 at T3 indicates that the mature defenses like sublimation, humor and altruism, have become the participant’s primary mode of operating and they are slowly moving away from the stagnation trap.

Group A: Control (Standard Care)

ID	GDS	Mature	Neurotic	Immature	Final GVI	Outcome
P-001	18	3.1	7.9	4.2	0.39	Stagnant
P-002	23	2.4	8.3	5.8	0.29	Stagnant
P-003	15	4.4	6.2	3.3	0.71	Chronic Transition
P-004	19	2.8	8.0	5.0	0.35	Stagnant
P-005	17	3.7	7.2	3.9	0.51	Stagnant
P-006	21	2.3	8.6	5.3	0.27	Stagnant
P-007	18	3.4	7.5	4.1	0.45	Stagnant
P-008	23	2.1	8.9	6.2	0.24	Stagnant
P-009	16	4.3	6.3	3.2	0.68	Chronic Transition
P-010	20	2.9	8.1	4.8	0.36	Stagnant
P-011	19	3.0	7.8	4.4	0.38	Stagnant

P-012	21	2.5	8.4	5.1	0.30	Stagnant
P-013	17	3.8	7.1	4.0	0.54	Stagnant
P-014	24	1.8	9.2	6.5	0.20	Stagnant
P-015	14	4.8	5.8	2.9	0.82	At-Risk Recovery
P-016	18	3.2	7.7	4.3	0.42	Stagnant
P-017	22	2.2	8.5	5.5	0.26	Stagnant
P-018	15	4.1	6.4	3.4	0.64	Chronic Transition
P-019	20	2.7	8.2	4.7	0.33	Stagnant
P-020	18	3.5	7.4	4.2	0.47	Stagnant
P-021	19	2.9	7.9	4.5	0.37	Stagnant
P-022	21	2.4	8.7	5.3	0.28	Stagnant
P-023	16	3.9	7.0	3.8	0.56	Stagnant
P-024	25	1.8	9.4	6.7	0.19	Severe Stagnation
P-025	15	4.4	6.1	3.1	0.72	Chronic Transition

Group B: Intervention (Generativity-Focused)

ID	GDS	Mature	Neurotic	Immature	Final GVI	Outcome
P-026	9	6.2	4.6	2.8	1.35	Ego Integrity
P-027	11	5.5	4.9	3.2	1.12	Ego Integrity
P-028	8	6.8	3.5	2.0	1.94	High Integrity
P-029	10	6.2	5.1	2.8	1.21	Ego Integrity
P-030	12	5.7	5.4	3.1	1.05	Ego Integrity
P-031	9	6.4	4.3	2.6	1.48	High Integrity
P-032	15	4.6	5.2	3.8	0.88	Sustained Improvement
P-033	9	6.4	4.2	2.5	1.52	High Integrity
P-034	12	5.6	5.5	3.2	1.01	Ego Integrity

P-035	8	6.6	3.5	2.1	1.88	High Integrity
P-036	9	6.3	4.7	2.7	1.34	Ego Integrity
P-037	11	5.9	5.1	3.0	1.15	Ego Integrity
P-038	10	6.1	4.3	2.6	1.42	High Integrity
P-039	17	3.9	5.1	4.5	0.76	Vulnerable Responder
P-040	7	7.2	3.2	1.8	2.25	Mastery
P-041	10	6.2	4.8	2.8	1.29	Ego Integrity
P-042	12	5.8	5.4	3.1	1.07	Ego Integrity
P-043	9	6.6	3.6	2.1	1.84	High Integrity
P-044	11	5.9	4.9	2.9	1.20	Ego Integrity
P-045	10	6.3	4.6	2.6	1.37	Ego Integrity
P-046	11	6.1	5.0	2.9	1.22	Ego Integrity
P-047	13	5.6	5.4	3.3	1.04	Ego Integrity
P-048	9	6.4	4.2	2.5	1.51	High Integrity
P-049	20	3.3	7.6	5.2	0.43	Persistent Trap
P-050	9	6.9	3.5	2.0	1.99	High Integrity

Table-4

4. Comprehensive Data Analysis-

The following table summarises the transformation of the intervention group compared to the stagnation of the control group.

Phase	Group	Avg. (Depression)	GDS	Avg. (Growth)	GVI	Dominant Defense Style
T1 (Baseline)	A & B	18.3		0.42		Neurotic (Intellectualization)
T2 (6-Month)	A	17.9		0.45		Neurotic (Reaction Formation)
T2 (6-Month)	B	12.4		1.02		Crossover Point
T3 (12-Month)	A	18.4		0.40		Neurotic (Stagnation)

T3 Month)	(12- B	9.4	1.48	Mature (Sublimation)
----------------------	-------------------	------------	-------------	-----------------------------

6. Findings of the Study-

- High neuroticism as measured by the BFI-2, correlates strongly with the use of Neurotic Defenses (DSQ-40).
- In the control group, these defenses acted as a safeguard tool they reduced immediate panic but prevented the senior from making sense of their life, leading to the "Stagnation Trap."
- Group B's success was driven by the activation of mature defenses. By the end of 12- month mark, these participants had largely abandoned "Pseudo-altruism" and "Pseudo-intellectualisation" in favor of-
- Sublimation- directing anxiety into creative or generative projects, Humor- gaining a mature perspective about one's life and Anticipation- planning for the end of life with clarity rather than dreadfulness.
- By this time they recognise the trait neuroticism in them and learn to deal with its high impact.
- The remarkable increase in Growth Velocity Index in Group B represents a successful resolution of Erikson's final developmental stage.
- Participants who reached a GVI > 1.2 exhibited the hallmark of Ego Integrity which means the ability to accept one's life as a meaningful whole.

7. Conclusions and Discussions-

- Primary Outcomes should be shifted, moving from measuring symptom reduction to defensive growth. Use the Growth Velocity Index as a primary measuring index for geriatric mental health.
- Encourage work activities like mentorship, writing, consultancies, community engagement as a core therapeutic requirement for high-neuroticism seniors.
- Recognizing that seniors with a highly sensitive Behavioral Inhibition System require longer intervention period, will also help to reduce the stagnation trap.
- Aging with high neuroticism does not have to result in despair. While the "Stagnation Trap" is a formidable clinical challenge, it is susceptible to interventions that leverage the human drive for generativity.
- By facilitating a shift in how seniors cope, we allow them to move from a state of brittle defense to a state of resilient integrity.

The Stagnation Trap represents a critical intersection between fixed personality traits and developmental outcomes in late-life depression. This research demonstrates that while high trait neuroticism acts as a powerful anchor for psychological despair, it does not mandate a stagnant outcome. By shifting the clinical focus from symptom suppression to defensive translation, we try to revoke the capacity of the seniors to convert chronic anxiety into meaningful legacy. The transition from a Growth Velocity Index (GVI) of despair to one of Ego Integrity is more than a statistical improvement; it is the psychological reclamation of a life's worth. As geriatric care evolves, we must embrace the reality that the final stage is not merely a period of maintenance, but a profound opportunity for sublimation and structural growth.

8. Limitations of the study-

- Although sample size of 50 is sufficient for a pilot study and initial longitudinal analysis, it limits the generalizability of the results to the broader geriatric population.
- The study was primarily done in the urban clinical settings. This may exclude seniors from rural or lower-socioeconomic backgrounds whose access to generativity projects might be limited by physical or financial barriers.
- Both the DSQ-40 and the BFI-2 are self-report inventories. In high-neuroticism individuals, the defense of intellectualization itself can lead to socially desirable responding, where participants may subconsciously inflate their mature scores to appear more resilient than they feel.
- While the GDS is a validated tool, its scores can be influenced by transient physical health issues common in the 65 plus demographic, potentially masking or mimicking psychological distress.
- This study did not account for early-life trauma or chronic personality disorders like Borderline or Obsessive-Compulsive traits, which may create a structural rigidity that a 12-month generativity intervention cannot penetrate.

References

1. Costa, P. T., Jr., & McCrae, R. R. "Trajectories of personality development in adulthood." National Institute of Health, (2006)
2. Roberts, B. W., et al. "The Power of Personality: The Comparative Validity of Personality Traits, Socioeconomic Status, and Cognitive Ability for Predicting Important Life Outcomes" Research Gate, (2008)
3. Angelina R Sutin, et al. "Personality Traits and Chronic Disease: Implications for Adult Personality Development". National Library of Medicine, (2013), (cited by 207).
4. Zonderman, A. B., et al. (1993). "Effects of Age, Hypertension History and Neuroticism on Health Perceptions" Experimental Gerontology, (1993), (cited by 50)
5. Vaillant, G. E. "Adaptation to Life." The foundational text for the hierarchy of ego defenses. Research Gate, (1977).
6. P J Worth, "Localised Creativity: A Life Span Perspective", The Open University, (2000),
7. (cited by 15).
8. Johanna C. Malone, et al, "Adaptive Midlife Defense Mechanism and late- life health",
9. Science Direct, (July 2013), (cited by 144).
10. N Syed, "Impact of Defense Mechanisms on the Psychological Well- Being and Resilience of Non-Disabled Populations and Populations with Physical Disabilities". Journal of Muslim Mental Health, (2025)
11. Emma N. Richardson, et al, "Offensive defenses: The mind beneath the mask of the dark triad traits". Science Direct, (April 2016), (cited by 92).
12. S S Parchment, "Analysing Stress Appraisals, Coping Strategies and Defense Mechanism of Adults in Jamaica and in the United States: A Cross- Cultural Study". Harvard University,
13. (2023)
14. Kristen Jacobsen, "Understanding Neurotic Defense Mechanism and Their Impact on Your Mental Health". Kristen Jacobsen, LCPC, (13th March 2024).
15. R Bailey, et al, "Defense Mechanism", National Library of Medicine, (May 22, 2023)
16. Kendra Cherry, "20 Defense Mechanism We Use to Protect Oueselves", Verywell Mind, (Feb 13,

2026)

17. J Q Morse, et al, “ A preliminary investigation of self-reported personality disorders in late life: prevalence, predictors of depressive severity, and clinical correlates”, National Library of Medicine, (2004, July) (cited by 84)
18. Thomas R Lynch, et al, “ Treatment of older adults with co-morbid personality disorder and depression: a dialectical behaviour therapy approach” International Journal of Geriatric Psychiatry, Texas Tech University, (2007)
19. Bas Steunenbergh, et al, “ Personality and the onset of depression in late life”, National Institute of health, (June 2006)
20. Ayesha Bangash, “ Personality disorders in later life: epidemiology, presentation and management”, Cambridge University Press, (March 30, 2020) (cited by 21)
21. Gregory A. Hinrichsen, et al, “ Interpersonal Factors and Late-Life Depression”, Wiley Online Library, (May 11, 2006)
22. Kimchi, J., & Schaffner, B. “ Sublimation as a factor in geriatric mental health” , Research Gate, (2003)
23. Gerben J Westerhof, et al, “ Reminiscence and mental health : A review of recent progress in theory, research and interventions”, Research Gate, (May, 2010), (citations 376)