

AGING HORIZONS BULLETIN

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Interview: Our Fear of Forgetting

As we clock up the years, moments of forgetfulness can trigger feelings of dread – dread of impending memory loss.

A new study by Stephen Katz (with Simon J. Williams and Paul Higgs) examines cognitive decline against the backdrop of an emerging neuroculture. It explores the shifting boundaries between standards of normality and abnormality, and practices of therapy and enhancement. It also sheds light on how modern science is recasting the older brain.

Dr. Stephen Katz is an award-winning scholar and leading thinker in the field of gerontology. He is a professor in the department of sociology at Trent University in Peterborough, Ontario.

Katz is author of the groundbreaking book Cultural Aging: Life Course, Lifestyle, and Senior Worlds (University of Toronto Press). His study appeared online in the journal Sociology of Health & Illness (June 20, 2011).

AHB reached Dr. Katz at Trent University in Peterborough.

Ruth Dempsey: Some experts are talking about “an epidemic of anxiety around memory loss”. What’s going on?

Stephen Katz: I think there are three factors to consider here. First, the population is aging and the longevity curve is stretching out, with both processes creating new health and social issues. So, memory loss and other normal cognitive changes associated with aging are becoming more familiar, but so is dementia.

Second, as chronological and traditional markers of aging lose their status, others are taking their place, cognitive decline in particular. In other words, one of the most poignant markers today of the slide from an active later life to dependent old age is cognitive decline. So, our fear of memory loss is understandable.

And, third, memory in our society has become a vital resource in itself. The computer is our central model of intelligence with its unfailing and increasingly larger storage capacities. Recall memory is also important to consumerism, the military and productivity. This is one reason why Stephen Post says we live in a hypercognitive society. So, again, memory loss creates legitimate anxiety.

RD: Older adults seek help for the kind of day-to-day forgetfulness that once was considered normal.

SK: This is an important point, where do we draw the line between memory loss as normal and as pathological?

Historically, senility was considered normal to old age; it was a non-medicalized and rather acceptable problem. There was no cure and no hope for it.

At the turn of the century, when Alois Alzheimer began working with young patients, who showed symptoms of severe memory loss and other conditions akin to senility, he rightly concluded that these were pathological because of the patient's age.

However, beginning in the 1970s, especially as Alzheimer's Disease as a medical category became the label for dementia for all age groups, senility began to be seen as an outmoded idea.

Over time, more aspects of memory loss were deemed to be pathological rather than normal, until today we have new categories such as Mild Cognitive Impairment as a medical problem.

Researchers, such as Anne Davis Basting and Peter J. Whitehouse, have raised concerns about the medicalization of memory loss and the impact on patient care. Whitehouse says, "We owe it to those who have aging brains not to reduce their humanity to one organ." A mantra to abide by.

RD: Around the globe, research centres and commercial companies are teaming up to nab a piece of the booming brain fitness market.

SK: This is true. More and more, we see cognitive health and exercise included with physical health and exercise.

Does anything really work to reverse cognitive decline? Probably not and certainly nothing so far. Yet, there are dozens of pharmaceutical companies with trials underway because any drug that even promises the vaguest hope of brain-protection would be highly profitable.

What is rarely understood, however, is that cognitive health is boosted through socializing and interacting with others. Many studies have demonstrated how social engagement is the way in which memories are established, enjoyed and embellished.

RD: Today, brain health is seen as an individual accomplishment – something to be worked at – but you argue cognitive well-being is a broader social issue. How so?

SK: Cognitive health, like any other kind of health, has a social foundation. For example, social inequalities have consequences for cognitive health in ways we are only just beginning to understand:

- poor working conditions;
- environmental degradation;
- industrialized food;
- trauma and violence;
- overexposure to electronic devices; and
- the long-term effects of certain medications.

Society also shapes our expectations and the way we prioritize certain kinds of cognitive skills over others. In large part, we tend either to misunderstand or simplify the complexity of real cognitive processes. For example, we assume that cognition can be artificially “enhanced”, but why? Where did we get this idea that cognition is “enhance-able”?

RD: The study paints a fragmented picture of old age. For instance, it says contemporary society distinguishes between active independent older adults and those who are frail and dependent. Why is that?

SK: There are many reasons. We could look at economic, moral, political and cultural reasons, for example.

But much of it comes down to gerontology itself: to concepts like “successful aging,” an accomplishment marked by what you list – active, healthy, self-reliant and independent. Which means that “unsuccessful aging” is the reverse: decline, dependency and decrepitude.

The problem is the social and political realities underlying these seemingly obvious distinctions are spawned by individualized lifestyles of aging. In other words, neoliberal society has placed such value on the individual to be independent, responsible, risk-managing and devoted to health and fitness, so that anything short of these looks like personal failure.

Yet, this same society is the one voting for increasingly conservative governments that cut supports and augment the social inequality and marginalization of older persons.

Our society also tends to hide the realities of aging, not only out of fear, but because they are contrary to the youth-based ethics of consumerism.

RD: So where does this leave frail old people in the future?

SK: There will be more frail old people in the future so their voice and conditions of life will become more visible and politically charged.

And the future is not fate. So, despite the warnings of the doom-and-gloom demographers, there are inventive ways of including and acknowledging the frail old. For one thing, we can urge our communities and governments to boost age-friendly and supportive environments because we see where this happens, care-giving becomes less isolated and more integrated into the social fabric of everyday life, where it belongs.

RD: Finally, the fear mongering about memory loss casts a shadow over old age. What can be done about it?

SK: We are already doing something about it – movies, books, new schools and programs, new forms of artistic expression.

And rethinking humanity itself in the “shadow of dementia”. We have a great deal to learn, all of us, about life itself by being in touch with those with cognitive loss, we not only learn to care but we learn about resilience, courage, imagination, compensation and small everyday triumphs.

What can be done about it, in other words, is to change the way we think and relate.

Editor’s note: Discover this author’s favourite image of aging. You might be surprised. See [AHB May/June 2007](#).

Studies: Grandparents are the Best

Perfect love sometimes does not come until the first grandchild. – *Welsh Proverb*

In both Canada and the United States, new studies show that grandparents are proving to be a haven of support for their children and grandchildren.

Grandma, can you spare me a grand?

As the United States struggles with the worst economic downturn since the Great Depression, a new study by MetLife Mature Market Institute produced in conjunction with demographer Peter Francese shows grandparents spending large sums of money on:

- infant food;
- children’s clothing and equipment;
- toys, games and tricycles;
- primary and secondary school tuition; and
- school supplies.

Other findings from *The MetLife Report on American Grandparents: New Insights for a New Generation of Grandparents*:

- today’s grandparents are more likely to be college graduates and employed than at any time in the past;
- consumer spending of households headed by those ages 55 or older has been rising at rates well above inflation and faster than any other age group;
- an estimated 4.5 million grandparent-headed households include one or more grandchildren; and
- by 2020, it is estimated there will be 80 million grandparents in the United States or one in three adults.

Strengthening bonds with adult grandchildren

How do grandparents keep in touch with their grandchildren after they leave home?

A new study by Canadian researchers has found that grandparents use family leisure activities to cement bonds with their adult grandchildren. Shannon Hebblethwaite and Joan Norris reported details of their study in the February 2011 issue of the journal *Family Relations*.

Both generations engaged in a wide variety of activities including:

- family vacations;
- holiday celebrations;
- cooking;
- shopping; and
- gardening.

Grandparents said they used time with their grandchildren to:

- share personal experiences and life lessons;
- pass on family stories and a sense of family history;
- model the importance of family cohesion;
- teach the “the value of a dollar”; and
- teach camping, sailing and gardening skills.

According to the study, these leisure activities promoted common interests and fostered a dynamic interplay between the generations with grandparents reporting they learned as much from their grandchildren as they taught.

Interview: Retirement: Recovering a Sense of Wonder

People retiring today are entering a new stage of life, which could last 20, 30 or more years.

“The challenge in retirement is to combine the fruits of maturity with the recovery of childhood wonder,” says George Vaillant, director of the Harvard Study of Adult Development.

This challenge, and what to do about it, is at the heart of Happily Retired: What Works . . . What Doesn't (Polygon Consulting) by Canadian authors Julie Chahal and Linda Lucas. The 150-page volume maps the psychological and social geography of the retirement years, and it shows there is more than one way to “do” retirement.

AHB reached co-author Julie Chahal in Ottawa, Ontario.

Ruth Dempsey: What inspired you to write about retirement?

Julie Chahal: I retired quite young. Too often, retirement is linked to the concept of aging, rather than the idea of freedom and a new life chapter. I learned the hard way, by stumbling into every retirement pitfall and working my way back out again. I could have

done with a close friend or a resource like *Happily Retired* to give me some direction. Other people have told me the same thing.

Co-author Linda Lucas knew there was an audience for the book. Linda noticed most retirement books focused on financial planning and retirement communities. She had already taken care of the basics. She was looking for advice on getting the most out of this stage of life. In other words, exploring the possibilities retirement had to offer.

The great gift of retirement is freedom. The challenge is to figure out what to do with that freedom.

RD: How does life change after retirement?

JC: Work takes up a lot of space in our lives. Also, in this society, our identity comes from the work we do. Work structures our day and provides a steady stream of challenges and learning opportunities. It offers opportunities for easy socializing with colleagues and provides a sense of relevance and achievement.

When it ends, we have to do all of this for ourselves. Many accomplished individuals actually *dread* retirement for this reason.

RD: So retirees are forced to create a new roadmap . . .

JC: That's right. In the book, we use Martin Seligman's "happiness formula" as a tool to get people thinking. Seligman is the founder of Positive Psychology. The formula consists of three ingredients: pleasure, engagement and meaning. We believe these same ingredients are essential to a vibrant retirement.

The formula gave us a natural structure for our ideas. In the book, we devote a chapter to each of the themes. For example, in *Finding Pleasure*, we explore how pleasure enhances our ability to experience the world and we introduce the "Fun-o-meter" exercise.

The chapter on engagement points to fresh options: new work settings, volunteering, nurturing friendships and pursuing hobbies.

And the chapter on meaning focuses on inward journeys and reaching out to the community.

RD: Retirement is unique for each person . . .

JC: This is an important point. For much of our lives, society and biology dictate a lot of our priorities, coaxing us into assembly line conformity. With retirement comes the freedom to explore our interests and discover what we are passionate about, perhaps for the first time.

Sculptors talk about their creations emerging from a block of marble or wood. They start with rough cuts and slowly remove extraneous material, often revealing a work of art that even surprises the sculptor.

Retirement is the stage of life for refining and polishing ourselves. The result is some very interesting people.

RD: You say some pruning may be in order.

JC: Yes, pruning is about cutting back and reshaping in order to foster new and healthier growth. Having left the workforce, you may feel the need to reflect on other aspects of your life. Indeed, now may be the time to discard old habits, tired beliefs, unwanted possessions and even relationships that deplete your energy but offer little in return.

Think of pruning as a tool to help you steer clear of common retirement traps, such as over-scheduling and busy work. These leave little time for spontaneity and risk taking.

Also, I think few of us acknowledge just how much we change as we grow older. The things that matter to us change. Our interests change. Unexpected opportunities arise.

Regular pruning removes the deadwood and makes room for new growth.

RD: Happily Retired is brimming with practical ideas. How does the “gratitude journal” work?

JC: Keeping a gratitude journal is a great way to boost your spirits. The process is simple. You just jot down five things for which you are grateful each day. Make sure not to miss a day. This simple practice can make an amazing difference to your outlook. In fact, researchers have confirmed that taking the time to consciously count your blessings can significantly increase overall life satisfaction.

RD: I like the way you end each chapter with reflections from the authors . . .

JC: Thank you. We share a common commitment to the ideas in the book, but we are at various stages of implementing them in our lives.

The reflections allowed us to keep our message real. We also thought drawing on examples from our personal stories might resonate with the reader and spark a similar moment of reflection.

RD: You write: “Traditionally, the elders of a society were valued for their wisdom.” Can you give me an example?

JC: I’ve worked as a volunteer on a number of projects with First Nation communities. With each exposure, I was struck by the profound respect accorded their elders and how the elders rise to the high expectations of them.

The Mi'kmaq have a special ceremony to induct a “traditional grandmother” to her place of honor and responsibility. In these communities, older adults recognize their lives continue to have meaning after they retire. I find this inspiring.

RD: Finally, what is one thing that works in retirement and one thing that doesn't?

JC: A spirit of adventure works. Willingness to be a beginner and play can lead to wonderful discoveries.

For example, I like to make lists of things I'm pretty sure I can't do, and then I check to see if I'm wrong. One of the items on my list was writing a book! Currently, I'm taking singing lessons. I'm embarrassingly bad, but improving enough to enjoy the music.

Getting stuck in a rut doesn't work. This can happen when we overwhelm ourselves with too much of one kind of activity. Frequent culprits include golf, bridge and travel. In the right measure, all of these activities can add magic to our lives, but too much of them may dampen our spirits.

Editor's note: The original interview appeared in AHB July/August 2009.

Report: *The Last Taboo*

Too often, older people with dementia in care homes find that their companionship and intimacy needs are frowned upon or ignored.

That's where a new 30-page guide sponsored by the U.K. Department of Health comes in. *The Last Taboo: A Guide to Dementia, Sexuality, Intimacy and Sexual Behaviour in Care Homes* provides care home workers and managers with information and practical advice on this sensitive and complex issue.

This accessible document was written by senior researcher Sally-Marie Bamford and published by the [International Longevity Centre U.K.](http://www.internationallongevitycentre.org.uk)

The guide uses a person-centred approach to dementia care, which stresses the dignity and individuality of each person. There are no hard and fast rules. Each case must be viewed on an individual basis.

Mapping the territory

The *Last Taboo* begins with a quick tour of the dementia landscape, mapping the types of dementia, identifying common symptoms and describing the progressive nature of the disease.

Supporting relationships

The opening section of the report focuses on how care homes can facilitate relationships for people with dementia. Residents may simply wish to express their sexuality through cuddling or kissing, or through all activities linked to an intimate relationship. The document offers guidance for both pre-existing and new relationships.

Pre-existing relationships

The guide:

- examines possible changes to a relationship when an individual has dementia;
- explores role of the care home in supporting relationships; and
- presents three best-practice case studies provided by care homes.

New relationships

Relationships that blossom in long term care residences can sometimes cause concern for the staff and often families and friends.

New relationships are assessed:

- on an individual basis;
- by the nature of the relationship;
- on whether the person with dementia is able to make decisions about their life;
- and, according to the Mental Capacity Act 2005, where one or both parties are deemed not to have the capacity to consent to sexual activity.

The guide:

- provides questions to help determine capacity and risk to the individual; and
- presents five best-practice case studies.

Individual sexual behaviour

According to the research, inappropriate sexual behaviour is not particularly common in people with dementia. Studies also indicate staff, residents and family often disagree on what is meant by appropriate or inappropriate behaviour.

This section of the report lays out the various types of sexual behaviour, and offers tips on how to deal with challenging situations.

Inappropriate sexual behaviours:

- **verbal behaviours** such as sexualized comments;
- **physical behaviour limited to self** such as masturbating or exposing genital areas;

- [physical behaviour linked to others](#) such as attempting intercourse or oral sex with a staff member.

The guide:

- offers strategies to deal with inappropriate behaviour;
- provides follow-up questions for reflection; and
- presents two best-practice case studies.

Older people from the LGBT community

The transition from living in their home to a residential care setting can be especially difficult for members of the Lesbian, Gay, Bisexual and Transgender (LGBT) community. For one thing, older members of the community may have kept this aspect of their life private. They may be uncertain or afraid of “coming out” either for the first time or yet again.

Research suggests the LGBT community is fearful of the attitudes and potential prejudice of staff, other residents and their family.

To help elevate these concerns, the guide suggests that care home managers:

- foster an open environment; and
- ensure inclusive policies.

And importantly, the report calls for all care home managers to receive equality training to familiarize themselves with the experiences and possible problems facing older adults from the LGBT community.

Safe sex

Older people who are embarking on a new relationship are at risk of contracting sexually transmitted diseases, and they need to practise safe sex.

The guide suggests care homes ensure:

- that safe sex information is available; and
- residents have access to health care professionals to discuss their concerns.

Policy

The closing section of the report offers practical tips for developing policy in key areas:

- the care home environment;
- support and training for workers; and
- policies and practice, particularly in relation to the Mental Capacity Act 2005.

The guide ends with a short quiz and a comprehensive list of resources.

Top-notch resource

The Last Taboo delivers high-calibre information in a respectful manner, and it challenges negative attitudes about older adults with dementia and their sexuality.

As Alistair Burns, professor of old age psychiatry (University of Manchester) and National Clinical Director for Dementia in England writes: “It is an immensely valuable document which deals with this most sensitive of issues in a clear and open way. It shines a light on this hitherto hidden aspect of dementia care, underscoring the needs of people with dementia in this most personal of areas.”

ROUNDUP

THE BEST GRAN IN THE LAND: A 71-year-old Cork woman, who used to make up stories to encourage her granddaughter to eat her porridge, was crowned Ireland’s Grandparent of the Year in Dublin on Sept. 25, 2011.

Pauline O’Regan was nominated for the prize by her 10-year-old granddaughter Emelia Deane, who described her as “the best gran in the world.”

Emelia said she felt close to her grandmother despite the gap in years between them and the fact that they lived far apart. “She’s very kind and thoughtful and she used to make up lots of stories about a girl called Mary Ellen so that I’d eat all the food I don’t like.”

O’Regan said, “It was a shock but also a lovely surprise to find out that my granddaughter thought so highly of me as to enter my name for the competition.”

Source: irishtimes.com

SEND IN THE FLUTE AND YAYLI TANBUR: The patient who has undergone vascular surgery relaxes as the anaesthetist plays a popular Turkish song on the yayli tanbur. His colleague pulls out the flute.

The physician monitors the patient’s pulse and blood pressure on the screen.

Dr. Erol Can, chief anaesthetist in the intensive care unit at [Memorial](#) Hospital in Istanbul, first discovered music therapy when he worked in a Sofia hospital in his native Bulgaria.

When he emigrated to Turkey in 1996, he began to replace the recorded music with live instruments.

“I learned to play the ney flute in order to play the kind of music that was used in traditional music therapy hundreds of years ago, making use of the psychological and physiological effects of the makam.”

The makam is a musical mode unique to classic Arabic and Turkish music. Its use as a form of medical treatment is not new. In fact, playing ancient Arabesque scales and patterns is a form of traditional Islamic medicine that is almost 1,000 years old. There is a different makam for every illness and every health problem.

But the doctors stress music is no substitute for conventional medical treatment. “It’s complementary treatment,” says Dr. Bingur Sönmez. “Without having to prescribe additional drugs, five to 10 minutes of a certain musical piece lowers the heart rate and blood pressure.”

Can says, “We have been using makams for five years in our department.” They are convinced the traditional musical cures are producing results.

Source: *guardian.co.uk*

TEENS HELP OLDER ADULTS MOVE ONLINE: Doreen Burton, 75, arranges the photographs of her late husband on the table. Some of them date as far back as the 1950s. In one, he is posing with his football team, and another shows him wearing the uniform of the Royal Signals when he did his national service. It is a record of the family’s history that she wants to pass along to her children and grandchildren.

She gathers the photographs together and heads for the activities room at South Lodge care home in Leicester, England. There, with the help of two 16-year-old boys from St. Paul’s Catholic school, she scans in the pictures; types out the memories that accompany them and uploads them to a social network for older adults.

The weekly sessions are part of [Adopt a Care Home](#). The program is the brainchild of Lilla Harris, a former nurse and care home manager. Harris, with her partner Howard Bashford, founded the award-winning website [Finerday](#). The free network is designed to encourage older people to share experiences, pictures and memories with family and friends online.

So far, almost 40 schools have signed up for Adopt a Care Home. They are expecting another 100 to join by the end of the school year.

Source: *guardian.co.uk*

NEVER THINK THINGS ARE OVER: Jan Slepian still can’t believe it.

When Slepian moved to a retirement community in Maplewood, NJ, a decade ago, the former children’s book writer began to pen pieces about aging for the Winchester Garden’s community newsletter.

In 2009, Slepian pulled 20 of her short essays together in a book entitled: *Astonishment: Life in the Slow Lane*. The slim self-published volume hit a nerve and the author has been doing the retirement home circuit ever since.

Last January, the Dreamcatcher Repertory Theater adapted her book for the stage. *Astonishment* is a staged reading with simple backdrops painted by illustrator Laura Schreiber. The show's debut coincided with Slepian's 90th birthday. And attracted sold out crowds at the Dreamcatcher's theater in South Orange and at Union County College.

"My strong feeling is that, who would have dreamed that at my age I would have a successful book and theatrical production?" Slepian said.

"One should never think things are over," she added. "If you think that the excitement and the newness of something coming along are long gone, then I want you to listen and be heartened by this."

Source: nytimes.com