

# AGING HORIZONS BULLETIN

## May/June 2017

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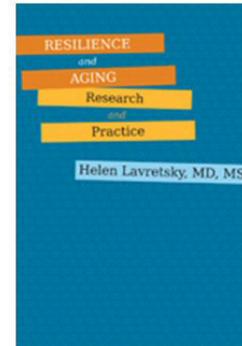
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## Interview: How Spirituality Benefits Older Adults

*Studies have shown that spirituality plays an important and adaptive role in aging. Some people find their spirituality in a holy book and the sound of a favourite hymn. Others find their spirits lifted in meditation or in communion with the natural world.*

*Dr. Helen Lavretsky summarizes the latest research in her book, **Resilience and Aging.***

*Dr. Lavretsky is a professor of psychiatry at the University of California, Los Angeles and director of the [Late-life Depression, Stress, and Wellness Program](#) at the Semel Institute for Neuroscience and Human Behavior.*



**AHB** reached her in Los Angeles.

**Ruth Dempsey:** In *Resilience and Aging*, you devote an entire chapter to spirituality. Why is spirituality important?

**Helen Lavretsky:** Spirituality is an integral part of our lives. It defines how we live, how we make choices and, especially, how we meet challenges of the end of life.

Spirituality is a source of coping in the face of severe stress, such as chronic illness or trauma. Clinicians who deal with older adults or dying patients of any age should be familiar with their patients' spiritual beliefs and preferences.

**RD:** In your book, you refer to the concept of gerotranscendence. Can you explain?

**HL:** The Swedish gerontologist Lars Tornstam developed the theory of gerotranscendence. "Gero" means "old age" in Greek. And in Latin, the word "transcendence" means "to climb over."

According to Tornstam, gerotranscendence is a developmental stage that occurs when individuals enter the final chapter of life and they shift their perspective from a materialistic and rational view of the world to a more cosmic and transcendent one. The shift is normally accompanied by an increase in satisfaction.

Research shows that gerotranscendent elders are less self-occupied and more altruistic. As they age, they often become more selective in their choice of activities, avoiding social interactions they judge unnecessary, for example.

They are less interested in material things, viewing too many possessions as burdensome. Many express a need for "alone time" for thought and meditation. This is referred to as positive solitude.

Gerotranscendent elders let go of their "masks" because they no longer feel the need to play their old roles. These individuals find themselves simply accepting the mysteries of life, acknowledging that they can't understand everything.

An elder may talk about experiencing feelings of being a child, a young person, an adult and an older person all in one moment. This view of time allows individuals to re-evaluate past events, gain new perspectives, and it provides opportunities to right old wrongs.

Finally, gerotranscendent individuals view death as a natural part of the life process. They appear to fear death less than those who are younger.

**RD: What are the physical benefits of spiritual and religious practices?**

**HL:** Most studies suggest that spirituality and religious engagement (e.g. church attendance), offer a buffer against physical and mental disease.

Sometimes it is attributed to protective beliefs in a "higher power" taking care of an individual, an after life or even increased social support from a religious community and increased social engagement. All of these factors may play a positive role in helping patients cope with stress and the aging process.

**RD: What about the impact of spirituality on mental health?**

**HL:** Religious affiliation and practices are associated with lower rates of suicidal behaviour in depressed individuals. And some studies have found that religious attendance buffers the effects of stress on mental health.

**RD: Is spirituality covered in medical school?**

**HL:** Systematic attention is rarely given in medical school to examining patients' spiritual beliefs and using them to enhance healing. But today, cultural competence and sensitivity is a required part of medical training. Physicians should receive training in assessing spiritual beliefs in medicine and end-of-life care.

**RD: As a physician, what has been your own experience? Have you found that a spiritual orientation plays a role in patient's lives. Can you give me an example?**

**HL:** I routinely assess a patient's spiritual beliefs and preferences at the beginning of the therapeutic relationship, so that I can understand how best to approach care. I invite patient's participation in decisions about their care. This allows me to establish a close collaboration with my patients and their families

For example, I ask about their family roots and upbringing. I ask what spiritual beliefs and practices they find soothing and helpful in coping with stress. If they are open to yoga, meditation or mindfulness training? Perhaps being in nature brings them peace?

Sometimes expressive arts like painting, music or dance allows them full expression of their soul's desires and that becomes an important aspect of healing.

Very frequently, I find it is my patients' relationship with their pets that keep them alive and provide solace in chronic pain.

Social support and relationships are important, so are lifestyle choices. These are heavily influenced by a person's spiritual beliefs. You see it all comes down to what we believe. Changing our beliefs or pursuing joy of life, under all circumstances, shapes the way we live and die.

**RD: So, will spirituality become a more common component of resilience-building in the future?**

**HL:** In our diverse society, it is increasingly important to develop a respectful understanding of individuals' beliefs and wishes.

Human beings wish to have safe, fulfilling and happy lives. All mothers and fathers want their children to have a safe and healthy future, regardless of their spirituality. Building communities that welcome diversity will lead to greater individual and community resilience.

Historically, elders have passed on society's stories, sacred knowledge and rituals. They established an awareness of the culture's roots, encouraged the young and fostered a sense of community.

Interest in spirituality and aging has been on the increase since at least the 1990s. Overcoming barriers to proper assessment and understanding, as well as respecting an individual's spirituality, can help shape personalized medical care for older adults and improve health outcomes.

Mind-body approaches to stress-reduction — such as meditation, yoga, mindfulness and tai chi — show great promise for improving overall functioning and well-being in older people.

### **Study: Youth Find Mentors in Sheds**

More and more Men's Sheds are establishing mentoring programs to support boys at risk. It's a win-win for both groups, research has found.

Men's sheds have mushroomed in countries across the globe, including Ireland, New Zealand, Denmark, Sweden and [Canada](#). The grassroots movement originated in south Australia almost 20 years ago, fostering a sense of companionship and offering social spaces for guys to hang out.

Men's sheds come in all shapes and sizes. They are bottom-up and participant-driven. Typically, older men work on a range of individual and community projects based around woodwork, metalwork and other trade-type activities.

### **Mentoring youth**

Today, about 24 per cent of international sheds and 39 per cent of Australia's more than 1000 sheds offer some form of mentoring, often on an ad-hoc basis.

In a first-ever study, researchers from Curtin University (Perth, Australia) have examined the characteristics of formal intergenerational mentoring programs offered by Australian men's sheds.

Led by Reinie Cordier, the team wanted to learn:

- how programs are organized
- factors that contribute to program success, and
- the benefits of such programs.

The findings, based on data drawn from an online cross-sectional survey, appeared in the November 2016 issue of *Health and Social Care in the Community*.

### **Program**

The survey was completed by 40 sheds with formal mentoring programs. Across the 40 sheds, 240 men mentored several hundred young people. Programs are unfunded, and most facilitators are unpaid male volunteers.

Seventy-five per cent of the mentors were aged between 61 and 80.

The 40 programs served 387 mentees, mostly youth with social, emotional and learning difficulties. Some engaged in risk behaviours, such as substance abuse or self-harm.

The majority of mentees ranged in age from 12 to 17. Most were male, but 57 of the 387 mentees were female. There was also a small number of children as young as nine years of age.

The most common activity was making something together, such as a wooden park bench.

Many sheds screened mentors prior to the program with a range of screening activities including:

- police clearance

- working with children check
- teaching abilities, and
- trade/technical skills.

Half of the sheds in the study provided mentor training.

### **What makes programs successful?**

According to program facilitators, three factors contributed to program success:

- meaningful activities
- mentor's approach, and
- a safe environment.

On the other hand, the study found lack of resources was the main barrier to running a formal intergenerational mentoring program.

### **Benefits abound**

Previous studies have shown that male retirees are looking for activities that will stretch them and give them a sense of accomplishment.

According to Cordier and colleagues, their research highlights the potential of men's sheds to support vulnerable adolescents by helping them learn new skills and enhance their emotional well-being.

In turn, "shedders," derive a sense of satisfaction from sharing valued life experiences, knowledge and skills with the younger generation. Also, notably, mentoring ramps up men's visibility in the community and boosts their self-esteem.

### **Guest Column: A Widower Learns From Heart-breaking Loss**

*In this issue, Peter Lichtenberg reflects on being widowed twice before age 55. He has written movingly of his experience in **Grief and Healing: Against the Odds** and in the February 2017 issue of The Gerontologist.*

*Dr. Lichtenberg is professor of physical medicine and rehabilitation. He is also director of the Institute of Gerontology*



*and the Merrill Palmer Skillman Institute at Wayne State University in Detroit, Michigan, U.S.A.*

I was widowed first in November 1984, when I was 25 years old, and second in February 2014, when I was nearing 55.

It's not only that I lost both of these women to an early death, but also these relationships were once-in-a-lifetime love affairs. Becky and Susan were everything to me: friend, colleague, lover and confidante; the person I most wanted to have fun with and the one I wanted beside me in a crisis. These grief experiences were so different and yet similar. One informed by the other, yet each a whole new chapter in my life.

Becky, my first wife, made everyone feel at ease with her humour and good nature, and she was a friend to so many. She was a swimmer – a vibrant, healthy woman – and I loved her as I had loved no one else before. We married in Elkhart, Indiana, on June 19, 1982 – a beautiful, sunny day. Two years later, in the fall of 1984, we were busy planning our future. I woke early on November 14 and, though Becky was nowhere near me, I immediately recognized she was dead – and she was. She had died of an arrhythmia while jogging.

Twelve years later, I began dating Susan MacNeill. I felt as if Becky had handed me to Susan and given her blessing to our life together. My dream had truly resumed, with a life and home full of love and friendship. Susan and I played tennis, went running, watched movies, shared novels and reveled in the companionship and love that filled our every sense.

We also worked together, which drew us even closer. We were a great team. We published many articles and our research yielded findings about, and approaches to the assessment and treatment of older adults in medical rehabilitation settings.

We married on a sunny day in late September 1999. People rarely saw us when we weren't caught up in talking together.

In 2010, despite Susan's regular mammograms, metastatic breast cancer burst into our lives with a five-centimetre tumour in one breast and a three-centimetre tumour in the other – and almost no symptoms. Nearly half of all women have dense breast tissue, and the detection of cancer in dense breasts using routine mammography is only 27 to 30 per cent successful. Despite having tumours in both breasts, as well as her bones and liver, it took an ultrasound to find it.

I could share many things about living life while a stage 1V cancer takes its toll on a loved one. I am amazed at how much living we did over the next 44 months. How we kept getting closer mentally, physically and spiritually, and how little it mattered whether Susan had hair or breasts. All that mattered was the bond that grew stronger and more resilient as Susan's body weakened and began to let go.

Susan's death came quickly. Her heart stopped on Feb. 9, 2014, just hours after being hospitalized for breathing problems. On February 22, I stood at a pulpit before more than 300 people and delivered her eulogy.

## Coping with loss

In 1984, I found no description in the grief literature that described my profound loss. It wasn't until I read *Team of Rivals*, a highly acclaimed study of Lincoln and members of his cabinet by Doris Kearns Goodwin, that I found a description that I could relate to. She describes the devastating effect of losing one's spouse or love interest during the "entering adulthood" phase of life.

Salmon Chase, Lincoln's Secretary of State, lost his wife during childbirth when he was 23. He wrote to friends, "I feel loneliness the more dreadful, from the intimacy of the connection which has been severed." For months he would walk around his house muttering to himself, devastated by his loss.

A young man's loss often contains trauma as well as normal aspects of grief. My grief lasted a decade and I had to fight through depression and demoralization.

Over the years, colleagues working in developmental psychology reminded me that you can only understand development through longitudinal study. My grief at 25 and 55 were not only the discrete experiences of a young man and a middle-aged man. Rather, the grief I experienced at 55 was shaped in part by the grief I experienced at 25. From planning Susan's memorial service and given her eulogy, to having friends stay with me after her death, to seeking out a writing course to help my healing, to keeping Susan close to me throughout my grief, never letting go, my grief was much healthier at 55.

I did not become depressed, and although I was vulnerable, and a year after Susan's death found myself heading toward an unhealthy dating relationship, I ended it and healing continued. Although I wish I could have saved Susan – as I wish I could have saved Becky – I did not suffer the guilt or self-blame and anger that I did when Becky died.

## Grief lessons

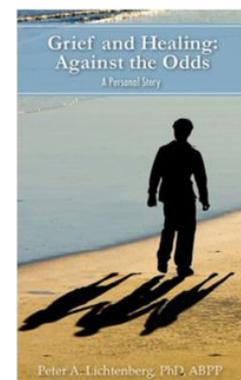
Healing from grief was different with Becky and Susan, due partly to my age and stage of life, as well as how they died, and the resources available to me. But the feeling of all-powerful grief was the same.

Although, I reject any idea of "knowing" what might be good for others suffering from loss, here are some strategies that helped me through my grief.

1. Don't underestimate the immediate, early power of loss. Have someone with you as your loved one's life ends or soon after.

2. Have the right person stay with you after the death. This will not happen automatically. You must ask for it. You might, as in my case, even discuss it ahead of time.

3. Plan and be prepared. Young, old, it does not matter . . . what do you and your loved one want at the end of life and after? How much have you planned for your family and your



financial future? Be clear and specific.

4. Arrange the funeral or memorial service the way you (and your loved one) want it, and let others help you with the final details.
5. If you have children, find a way to maintain their routine.
6. Communicate, communicate, communicate with children's teachers and principal, with neighbours, friends and family – especially during the first month.
7. Find a professional, skilled in dealing with death and dying, who can listen and accompany you on your journey. Deaths that happen not in the expected order (such as Becky's and Susan's) cause a lot of internal disturbance and questioning. This professional will become more central as time passes and others in your network move on from the loss.
8. Think about how you want to talk about your loved one and do so. I found it awkward to talk about Becky, but have continued to bring Susan into my conversations, and that feels a lot better.
9. Keep notes, letters, pictures, etc., that you can view, read and re-read. Affirmations from your loved one are a powerful force in healing.
10. Understand depression and how it can overlap or co-exist with grief. Depressive states, which can be experienced not only as sad, tearful or angry, but with self-recrimination and long-lasting feelings of hopelessness, need to be treated. I struggled with depression immediately after Becky's death, and six months later I quietly slipped into depression after what I (and others) thought had been a period of healing. I have had my moments, hours and even days of dark thinking since Susan's death, but I have been much smarter about combating these to experience real healing.

### **How grief changed me**

The course of my life changed when Becky died. Becky and I were going to work together; she as a physician and me in her office as a geropsychologist. I never dreamed of a research or administrative career. My career became so much more important to me than it would have otherwise.

I found an exceptional mentor and my career took off when I met Jeff Barth in March 1986. I had embarked on the next stage of my healing. I now had direction and a future. Jeff was the acting director of psychology at Western State Hospital in Staunton, Virginia, where they had an opening for a director of geriatric psychology. Within the first 10 minutes of my interview, I knew that I wanted to work with him and benefit from his wisdom and experience.

I moved to Virginia, and I threw myself into work. Jeff mentored me and, by his example, showed me what it took to become a professional and advance in the field. At first, Jeff believed in me much more than I did in myself. Then, he did what good

mentors do: he broke the task down so that I would know, on a tangible level, who I was and what I could accomplish.

I left Virginia in 1991 for a more challenging and rewarding job in Detroit. Once there, I found my desire to live a fuller life also emerged.

I met and worked with Susan MacNeill. We had such fun. Being together was so easy and laughter was such a part of our friendship. Right after we got engaged, Susan gave me a card that read: "Came for friendship, but stayed for love." Susan's blessing in my life set the stage for a series of wonderful personal and professional experiences and accomplishments. I embraced the idea of living as full a life as possible; not just for me and Susan, but for Becky, too.

More broadly, my experience of grief set the stage for my work with others — not just vulnerable older adults, but staff, faculty, students and the public. I endeavored to communicate openly and honestly with older adults but never take hope away, nor give up helping them pursue their own goals. Also, my experience of grief sensitized me as an administrator, heightening my awareness of how people can feel under-appreciated or even invisible.

### **Into the future**

By following a much healthier and normal path of grief after Susan's death, three years later, I was able to find love again. I am a very loyal person so it was hard to let go of Susan's prominent role in my day-to-day life – even after her death. I struggled with this for several months while Debbie patiently waited to see if I had room for her in my life. I want to live fully, and I could hear Susan and Becky urging me to step forward into the present and resume a full and satisfying life.

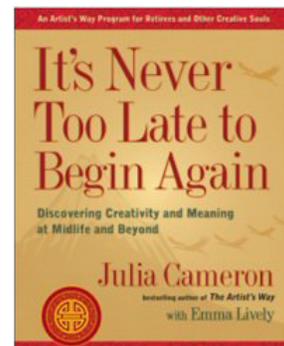
I finally took their advice and now cannot believe my good fortune to find someone as special to love and share life with as Debbie.

*Editor's note: You can order a copy of Grief and Healing [here](#).*

### **New Book: Creativity in Life's Second Half**

In 1992, Julia Cameron published her first book, *The Artist's Way*. She was disappointed with the early reviews. She didn't need to be. Never out of print, the book has sold more two million copies.

Now Cameron is back with a new book (written with Emma Lively) *It's Never Too Late to Begin Again: Discovering Creativity and Meaning at Midlife and Beyond*.



The foundations remain the same as those in *The Artist's Way*.

First, **Morning Pages** – the ritual of writing down your thoughts first thing in the

morning. These three pages are strictly stream-of-consciousness. They're meant to connect the reader to their inner creative self and provide focus for the day. Morning pages are written by hand and not for public consumption.

Second, **Artist Dates**: a weekly solo-expedition to explore something of interest. Artist dates are about self-nourishment. They are designed to delight, challenge and encourage spontaneity. Cameron dubs them "assigned play."

The author introduces a couple of new ideas. She emphasizes the importance of **walking**, urging readers to set aside 20 minutes twice a week to walk alone and without a phone. She describes walking as an exercise in receptivity that quiets anxiety and allows creativity to bubble to the surface.

The **Memoir** is a weekly-tool designed to help readers uncover dimensions of their story they may have forgotten or put on hold. As Cameron writes, "Along the way, you will find dreams you wish to return to, ideas you're ready to discard, wounds you are ready to heal and, most of all, an appreciation for the life you have led."

Like *The Artist's Way*, the book's 12 chapters are organized into a 12-week program. In this book, the author focuses on finding meaning in the second half of life. She invites readers to embrace more expansive lives through mustering their creative resources.

Specifically, she encourages readers nearing retirement to nourish their creative selves through a series of themes, including wonder, connection, resilience, adventure and faith. Each chapter focuses on a specific theme and highlights stories of individuals pursuing, new classes, new projects and new adventures.

Readers, who have not read *The Artist's Way*, will find this new book brimming with riches. Fans, who have, will find Cameron, as always, a caring, insightful companion, encouraging them to take risks and to be a bit more open, patient and kinder to themselves.

[\*The Vintage Years\*](#) is an ideal reading companion to *It's Never Too Late to Begin Again*, offering portraits of 20 individuals who mustered their creative resources to become artists in their later years.

## Roundup

**THE TEA LADIES OF SUDAN**: Thousands of women sell cinnamon-laced tea on the sidewalks of Sudan's capital, Khartoum. Mostly from conflict-hit regions, they face social stigma and harassment. Local police confiscate their equipment.

For two decades, Awadeya Mahmoud served tea under the searing sun in Khartoum to support her family.

A trailblazing entrepreneur, Awadeya started a movement of tea ladies to demand their rights. They opened a cooperative. It soon grew into three with more than 7,000 women.

In 2016, she received a Woman of Courage Award from the former U.S. Secretary of State John Kerry. He hailed her "steadfast efforts to promote legal reform and to advance economic empowerment for women in Sudan."

Now in her 50s, Awadeya traveled to Washington to receive her award. She said she plans to use the publicity to develop a network of cooperatives across Sudan.

Source: *AARP International: The Journal* 2017

**ARTIST STILL PAINTING AT 93:** Pioneering avant-garde artist Françoise Sullivan paints every day and lives in, as her curator Louise Déry calls it, "the yet to come."

Born in Montreal, Sullivan has been many things. A painter, dancer, choreographer, sculptor and teacher. And painter again.

Each morning, she drives to her studio to paint often late into the evening.

Tacked on the wall in her studio are the words of Samuel Beckett, writing about his friend, Bram Van Velde:

Destined to paint  
Not knowing what to paint  
Not knowing how to paint  
Not wanting to paint.  
But painting anyway.

"It's so true," she told Alisa Siegel of CBC's *The Sunday Edition* (Feb.12, 2017), for her documentary *The Yet to Come*.

"I feel good painting here," she said. "These are moments in my life. They feel real, they feel necessary."

The award-winning artist's recent abstracts are on display at the [Museum of Contemporary Art](#) in Baie-St-Paul, Quebec, until June 4, 2017.

**NEW GRANTS FOR U.K. VOLUNTEERS OVER 50:** The Second Half Fund grants up to £250,000 (about \$400,000 Cdn) to support innovations that mobilize people in the second half of their lives to help others.

The project is funded half by [Nesta](#), a U.K. foundation focused on "new ideas to tackle the big challenges of our time" and half by the government's Office for Civil Society.

The focus is on initiatives that support:

- children and young people
- parents and families
- older people to age well, and
- creating resilient neighbourhoods.

The winners of the inaugural grants will be announced soon.

**GOOD NEWS:** Last May, the World Health Organization reported that life expectancy worldwide has increased by five years in less than two decades. The continuing increase in life expectancy represents a remarkable achievement of humankind.

The biggest increase in life expectancy has come in Africa. Two-thirds of the world's older persons live in developing regions and their numbers are growing faster there than in developed regions.

#### **Aging story by the numbers:**

- Two people every second celebrate their 60th birthday.
- By 2050, the global population of those aged 60 and older will reach 2.1 billion.
- The fastest growing age cohort is those 80 and older.
- Today, a 10-year-old born in Canada, Italy, France or the United States has a 50 per cent chance of living to at least 104 years.
- Between 2000 and 2015, the number of people aged 60 and older increased by 68 per cent in urban areas, compared to a 25 per cent increase in rural areas.
- In the United States alone, \$7.6 trillion in annual economic activity is generated by people over the age of 50.

Source: *AARP International: The Journal* 2017