

Positive outlook enhances "Golden Years"

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Robert Butler, M.D., former Director, National Institute on Aging, National Institute of Health, has emphasized the problem of "ageism" in our society. This refers to prejudice against the elderly, based largely on our need to avoid thoughts that we, too, will become aged, that we will all have illness and die someday.

As a result, we try not to think about the elderly and/or we think of them as another species, in other words, dehumanize them. It is extremely important that we overcome this kind of denial, not only for the sake of those who are currently elderly, but because we ourselves will one day be their age.

Multiple positives

It will help to think about aging if we first consider the multiple positives. There are a number of studies which have indicated that as long as an older person has basic health, decent finances and some companionship, the years over 60 can be good ones. Gail Sheehy, in her book, *Pathfinders*, summarizes data indicating the most happy of all of our populations is that group 64 and over.

University of Vermont sociologists, Stephen Cutter and Nicholas Danigelis, have found in a study of four age groups that as people grow older their attitudes remain as flexible and progressive as the younger groups, even more so in some instances (*Wall Street Journal*, 1/3/89).

Improve like wine

Emotional, romantic and sexual interests and capacities can continue to improve in quality as does a good vintage wine as long as basic health remains intact (Robert Butler and Myra Lewis, *Love and Sex After Sixty*, Harper

and Row). Nell Charness, at the University of Waterloo, studied 34 chess players ranging in age from 16-64 and found that despite some age-related decline in processing and retrieval of information, older chess players matched the younger ones through improved problem-solving performance.

An article in the May 1989 issue of *Science* by Michael Hurd, Professor of Economics, State University of New York, contains data demonstrating that incomes of the elderly in the U.S. have grown more rapidly in recent decades than the income of other groups so that, on average, the elderly are at least as well off as the non-elderly. He does point out the particularly distressing situation of widows with high poverty rates and also the potential for deterioration of the situation in the future when much more of the population will be elderly.

Over-65 pleased

In a recent *Los Angeles Times* poll, nearly two-thirds of those over 65 indicated they are quite pleased with the way things are going in their personal lives contrasted with only half of the people between 18 and 49. The poll found that the older people are, the less troubled they are about money, loneliness, depression, disease or death. There are reports that retirement communities are having difficulties financially because their predictions of turnover were overestimated. It is thought that individuals in retirement communities are living longer because they have improved attitudes, companionship and good care.

This is all very important data for practicing psychiatrists who treat elderly patients. As

therapists we must acknowledge that in the long term they and we are in the same kind of boat, and we must also know that the later years of our lives can be good. (Robert Butler, "Psychiatry and the Elderly, An Overview," *American Journal of Psychiatry*; John Rowe and Robert Kahn, "Human Aging: Usual and Successful," *Science*.)

On the other hand, it is also terribly important to open our minds and hearts to the elderly because this can be an age of illness, isolation, poverty, elder abuse, diminution of the senses, and death. We must appreciate the resilience and courage involved in the cheerful outlook of most elderly individuals even though they have aches and pains from bodies that don't work like they used to.

Positive approach

Even with serious illness, we can often take a positive approach when treating elderly patients. For instance, we are now seeing more data that some patients with Alzheimer's Disease can be helped to live a better life through support, psychotropic medication and warmth. It is also becoming evident that some individuals with symptoms of senility do not deteriorate constantly but have long periods of stability, years during which they can continue to lead meaningful lives. (Alzheimer's is a disease, not simply a manifestation of aging in general, and it affects about 5 percent of people over 65.)

Remain active

As we grow older we must remain active. The elderly should be encouraged to exercise as much as is appropriate; for instance to walk, swim and practice yoga. Elderhostel is a marvelous organization for older travellers. Education should continue if there is interest. It is very important to be useful. Volunteers are desperately needed in hospitals, and there are increasing opportunities for full-time and part-time employment.

If there is distress about problems related to aging, psychotherapy or counseling can be indicated, just as with younger populations. Quality of life is just as important at 80 as at 8! Often "Alzheimer's" turns out to be mostly depression and responds to antidepressants. (Medication must be prescribed more carefully to older individuals!). Psychotherapy is often a turning point whereby an older patient can be helped to review his/her life in a more constructive way: Butler states, "Old age is a period

in which unique developmental work can be accomplished. Life review therapy and life-cycle are effective aids in this direction." (*Journal of American Geriatric Society*).

It is absolutely necessary to open avenues to those older individuals and their families who are running into serious difficulties, especially difficulties with health, poverty and aloneness. This requires educational programs and legislation. We need in our education programs, starting at an early age, encouragement of empathy for the elderly and an understanding that we will be there ourselves. Legislation efforts require active advocacy by elderly participants for improved living standards and medical coverage.