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Ruth Latta

Monday, April 25, 2011 A great book about old age

Throughout the Canadian federal election campaign we have been seeing all parties trying to get the seniors' vote. In my view, the promises we have heard have all been piecemeal, each idea good as far as it goes - which isn't far enough.

Last winter I read an excellent book on aging, entitled *Contesting Aging and Loss*, and reviewed it for *Forever Young* Magazine in my book report column. I thought of it a few days ago when musing about some medical adventures I have had recently. I admire the book for its spirit of respect for older adults. I entitled the review, "Not a Disease" and have posted it below. It should be compulsory reading for anyone in a health care related occupation and anyone running for public office.

NOT A DISEASE

by Ruth Latta

Is aging all about loss? No, say Janice Graham and Peter H. Stephenson. That's the wrong way to look at growing old. Graham, a bio-ethicist, and Stephenson, an anthropologist, are specialists in gerontology. The idea that growing old is like a disease should be contested, they say - thus the title of their book, *Contesting Aging and Loss*, University of Toronto Press, 2010, ISBN 978-1-44260-100 -0, utpbooks@utpress.utoronto.ca)

"A linear model of 'losses', leading eventually to the loss of life, that is so common to studies in biomedicine and some areas of gerontology, is soundly contested by the rich and varied experiences that people live through their life," writes Stephenson. Aging is highly variable, and depends on factors like nutrition and genetic heritage.

Because North American culture values the new over the old, older people are marginalized as irrelevant, or worse, "seen as a dangerous demographic surplus." Successful aging is defined in our culture as being outgoing rather than introspective, living independently and looking young. The authors consider wisdom to be the hallmark of successful and healthy aging, not retention of youthful characteristics.

Certainly there are losses associated with aging, but growing old also includes "fulfilments, gains" - such as wisdom - and ongoing efforts. "Growing old without being destroyed by the losses one

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may have had to endure is an achievement that many people may fail to recognize," the authors write.

One of the essays in Contesting Aging and Loss is a study of a group of Netherlanders, over eighty years old, who define successful aging as keeping up a social network of friends and relatives. Like many of their North American counterparts, these seniors practise "impression management"; that is, they made an effort not to complain about their situations, to keep up their own spirits and to be good company. The desire to enjoy their social contacts was their reason for keeping active physically and mentally.

But what of Alzheimers Disease? Isn't it the biggest loss of all? According to Janice Graham and Pia Kontos, who have written the chapters on this subject, the prevailing view that dementia leads to loss of self is a dangerous way of looking at the condition. "Assumptions about the diminishing humanness of individuals with Alzheimers Disease foster interactions that depersonalize the sufferer," writes Graham. One must remember that Alzheimers sufferers are not objects, but people.

In Chai Village, an Jewish long term-care facility located in Ontario, and the subject of Kontos's study, the emphasis is on what Alzheimers residents can do, not on what they can't. Efforts are made to enhance the residents' expressions of personality. They show their unique selves in their clothing choices, their food preferences, their greetings and responses to staff and fellow residents, their sudden surprising flashes of memory, and their acts of kindness to each other. During activities, staff members take the attitude: "You don't need to know how to do this, but we'd like you to try", and the results are often surprisingly good.

Christina Holmes and Peter Stephenson studied seniors' experiences in hospital. Their findings are troubling. Merely getting to and from hospital is fraught with difficulty and needs to be addressed. "While many seniors felt the need to stick up for themselves when hospitalized, they also did not want to be perceived as difficult patients and consequently they were silenced," the authors found. Psychological stress, the authors remind us, has a negative effect on healing.

The authors refer to the "aging industry" in which the old are targets of commerce and clients of a "vast system of health care practises." Policy makers, say the authors, should listen to older adults, not special interests engaged in marketing. Graham and Stephenson believe that the situation of the elderly would be improved by more and better basic health care and community social services, including more home care, and on training front-line caregiving staff to be empathetic. Most of all, Stephenson and Graham would like experts and the general public to quit thinking of aging as a malaise.

Contesting Aging and Loss is constructive yet disturbing. My only wish is that the authors had chosen a clearer, catchier title that would attract more readers.



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