Chapter 1 : Aging is a lifelong affair (Book,) [calendrierdelascience.com]

Aging is a lifelong affair by Ben Weininger, , Guild of Tutors Press edition, in English.

With that in mind, here is how they suggest the well-being of our aging loved ones should be pursued. One of the most prominent misconceptions about health in U. While it is true that healthy people tend to be happier and happy people tend to be healthier, the actuality is that both happiness and health are a result of two not-intuitively-related factors; mastery and connection. The single most significant factor in failing health be it physical, mental, social, or financial is a feeling of pointlessnessâ€¦and being happy does not preclude feeling pointless. Finding Mastery After the kids are gone and retirement has lost its shine, knowing why you should get dressed each morning can be surprisingly difficult. Encourage your honored elder to find something they enjoy for its own sake; like painting, singing, teaching, gardening, or even building Lego cities. Give them the resources they need to get into it, not just as a time sink, but with the goal of excelling at it. Do not push them into something they are not interested in, but if interest sparks, support them in mastering their new skill as best you can. Who says you have to do something related to what you studied in school? Only that person you see in the mirror! Humans have, far and away, the largest neocortex in proportion to our body size of any animal. We are literally born and bred to be social, and it is our social nature that led us to dominance over the natural world; this has been going on ever since we started forming hunting groups, living in stable campsites, and burying our dead thousands of years ago. The other significant path toward finding purpose in old age is by being connected. In many ways, this is intuitively obvious to our honored elders; how often has your aging mother lamented that you never call, or your father bemoan the fact that his buddies never get together for cribbage since Jim passed away? Unfortunately, many of our seniors feel unable to make the important step of finding new friends to connect with. One thing we can do to help is to take the first step for them. Here are some unorthodox but surprisingly successful methods of finding a social group for your aging loved one: Call your local community college and find out of seniors can audit classes for free. Stop by the local senior center and ask for a schedule of clubs, classes, and events. Ask around about places that are looking for volunteers and would welcome senior assistance. If your honored elder is a member of a religious faith, look for an organization within that faith that they can join and would feel comfortable in. When all else fails, Meetup. Similar sites like EventBrite. It might take a few tries for a group to really click, but once it happens, you will notice the difference right away. Then your job is to keep up enough that when your aging loved one talks about their new friends, you can follow along and be enthusiastic with them. Are mastery and connection the only things needed to live a healthy life? No, of course not; you still need money and the necessities that come with it, like food and clothes. But provided your material needs are met, mastery and connection are the keys to moving beyond just blindly surviving each day, and actually living a full and healthy life.

Chapter 2 : Aging Is a Family Affair â€“ Deciding Who Will Help - LHD Eldercare Solutions, LLC

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Not only do families provide genetic material that determines major health risks and outcomes, families also share a culture, environment, and lifestyle that further influence health and aging trajectories. As well, family members are interconnected, so that an illness or a positive lifestyle change in one person can have reverberating effects on the health and well-being of others in the family system. This essay explores how families have the potential to both promote and threaten individual health and well-being, thereby influencing how an individual might age or experience later life. Weaving together personal biographies from three different authors, this essay provides specific examples of how the family affects the health and aging of individuals and how the health and aging of individuals affect the larger family unit. These dynamic processes have the potential to positively or negatively shape individual experiences of health and aging, even among those persons who are not yet in late life. This essay blends a developmental life course perspective with a dynamic family-systems approach to show how families engage in collaborative efforts throughout the life course, in which they both affect and are affected by the diagnosis and management of chronic diseases and the adoption of health promoting behaviors. Applying this perspective to the study of health and aging calls for interdisciplinary thinking, as well as novel methodological and quantitative solutions. Initially motivated only by earning my first paycheck, I quickly realized that I was fascinated with the older residents, particularly their wealth of accumulated life experiences and their embodiment of history and culture. I later transitioned from dining room server to a certified nursing assistant where my goal to find compassionate ways to support older adults was solidifiedâ€”so much so that I did not even question my decision to major in gerontology when I entered college at age I took courses in biology; I studied cognitive aging and human development; I learned about population aging; and I particularly enjoyed courses related to policy and health services, since they gave me ideas on how to best support older adults. I thought that being a gerontologist meant that I was to become an expert in the stage of life that occurred after age I thought I was studying the lives of others, not myself. It was only as I experienced more of my own life through my 20s, 30s, and now 40s that I began to understand that aging is not a life stage to study, but a process that unfolds across the entire life course, including my own. While I have not yet experienced later life, aging is something that I have repeatedly encountered, sometimes personally and many times through the experiences I shared with others in my family. For example, even though much of my research has focused on bereavement, I discovered that I was no more able than anyone else to support my grandmothers or aunt when their husbands died. However, by sharing their experience of loss and grief, I was able to more fully understand the nuances of spousal bereavement, such as the difference between being supported and engaged with family and friends, yet still experiencing high levels of loneliness. This became a topic for a recent paper Utz et al. By witnessing all stages of life through the eyes of my family, I have changed the way I think about gerontology. Throughout this essay, we illustrate that because aging occurs within an interdependent family system, it exposes all persons, no matter their age, to issues of aging. We draw upon experiences from our personal livesâ€”which are admittedly biased by the good fortune of having positive and close familial relationshipsâ€”and blend two major theoretical paradigmsâ€” a sociology of the life course and b family-systems perspectivesâ€”to advance the primary thesis of this essay: A family-systems perspective indicates that a family is comprised of interconnected individuals, none of whom can be understood in isolation from the larger family system Broderick, ; Kelso, Family members are, of course, linked by their genetic similarities, but also by the shared experiences and resources they encounter in their environments. Thus, as the following personal narrative suggests, it is important to remember that the experience of one family member has the potential to affect other members within the family system. My early work in psychology focused on intellectual aging, revealing that adults viewed intelligence as involving everyday problem solving and social skills developed

over many years of experience. My research focused on everyday problem solving indicated that adults do not solve problems alone but in a social context where other individuals most frequently family members are sometimes part of the solution, but also a source of the problem. As I fleshed out these ideas using hypothetical scenarios, I hit sort of an intellectual crisis: Were hypothetical paper and pencil methods capturing the complex ways that others were involved in everyday problem solving? With the collaboration of Deborah Wiebe and using a variety of observational and self-report methods, I began to explore how individuals coped with chronic illnesses such as type 1 diabetes and prostate cancer with other family members. First, my father-in-law battled non-Hodgkins Lymphoa. As a collaborative system, different family members were involved in treatment decisions, food planning, financial decisions, and personal care, based on their perceptions of their abilities in comparison to others within the family system. Collaborative organizations of the family were this time different, as family members occupied new roles e. In this family, multiple generations including parents, siblings, and grandchildren were connected across time in their sharing of caregiving responsibilities i. However, having to deal with the diagnosis of multiple family members across time introduced more large-scale developmental issues into the family system e. As well, the siblings and grandchildren often had different perspectives that served as a source of conflict in how this family coped with the cancer diagnoses. Given the shared genetic and environmental similarities of family members, these shared caregiving experiences also provided first-hand experience of what aging may look like for those family members, such as adult children and grandchildren, who have not yet experienced late adulthood. For instance, in the case of a family with an adolescent with type 1 diabetes, adolescents reported future fears e. Because the lives of family members are so inextricably linked Elder, , families often come together willingly or not, collaboratively or not during times of familial illness and therefore share the experience of managing and coping with that illness. This makes it so that the health and aging experiences of one family member have the potential to influence the health and aging trajectories of others either by previewing what may lie ahead for the unaffected family members or by requiring the family to take on the often time-intensive and emotionally challenging caregiving tasks. Bidirectional Causal Influence Between Families, Health, and Aging As family members are called upon to manage the health needs of others, both their short- and long-term health trajectories may be affected. Much of the existing literature focuses on the negative outcomes i. I am a mother of two young girls ages 3 and 7 , one of whom has a chronic renal condition that has resulted in repeated hospitalizations, multiple surgeries, countless days of missed school, and lingering conditions that require extensive pharmaceutical and behavioral management. During one of her recent surgeries, I was trying to calm my nerves by endlessly watching the seconds tick by on an analog wall clock â€¦. At one point in this mindless meditation, I walked by a window. There, in the reflection, was my mother, not me. How did I become the one who had to care for a child, when I myself felt so helpless and in need of support and wisdom from my own mother? And, more profoundly, when did I become this woman who was unrecognizable to me? My eyes looked tired. My hair had greyed. My waist was thicker. I had neglected my personal health while I dealt with the stress of caring for a chronically ill child. And, that was just this year; her illness had been happening for multiple years. We were thankful for all the support we had received from friends and family members who mostly lived out of town , but we realized that the two of us had taken on the brunt of the stress and anxiety and physical care that our daughter needed. Our health was suffering as a result. That night, we decided that no matter how weary or worried we were, we had to support one another and start living our life again, rather than merely surviving it. We recommitted to a regular exercise routine; we re-prioritized personal wellness, not just for ourselves, but as a way to provide positive and healthy role models for our young girls. Continuing down the path we were on would have paved a less promising later life for us. Thus, this example illustrates that the stressors experienced by any family member, young or old, have the potential to redirect the developmental and health trajectories of other family members. This particular example, as well as the others mentioned in this essay, tends to illustrate how close and harmonious familial relationships have led to overall positive shifts in individual and collective experiences. It is important to note, however, that family dynamics, especially those related to decision making and care distribution, have the potential to create serious and sustained tensions within families, which may lead to detrimental effects for the individual family members or

for the larger family unit. Thus, we offer an elaboration to the initial thesis offered in this essay: In the following narrative, notice how the shared experience of family health has created both short- and long-term effects on how individual family members cope with issues related to personal health and end-of-life preferences. When I was in my 20s, my mother passed away from ovarian cancer. About two years after her diagnosis, she slipped into a coma. I still distinctly recall the doctor giving us a choice of one more surgery or letting her pass on peacefully. My father loved her so and wanted to take any chance to bring her back to him even for a month. It is a decision that I think most of us still regret making. The surgery only extended her pain and suffering. And yet, here we were 20 years later in a similar circumstance. My father went from jogging 10k races to barely being able to circle the block. At that point everyone knew something was wrong, but it was not yet diagnosed as a progressive neurodegenerative disease called amyotrophic lateral sclerosis ALS. Within a few months, he was wheelchair bound and not long after that breathing became difficult. The year and a half that followed involved many hospital visits and eventually hospice. Options of what to do arose, much like what had happened twenty years prior. We, as a family again, reflected on what to do. We all loved him and wanted to do what we could to extend his life, yet the decision based on gaining just a little more time with our mother colored our decisions this time. We could not forget what had happened. It was a year later when my uncle showed the first sign of ALS. Do I live my life in fear of the illness? Do I act as if every moment should be cherished? Do I go on as if nothing is different? At the end of life, do I want everything possible done to give me one more day? These are questions my brothers and I struggle with now, as our genetics and our history play out each day. History is another layer of time that influences how this family adapted to ALS. Some of our own research on midlife has explored how the availability of medical technology during different historical periods changes the health and aging experiences of successive generations of women Utz, In the Butner family, the offspring live during a historical period in which genetic testing is available, thus they must make the decision of whether they want to know their familial risk for ALS and once that information is known or not , how it might structure their day-to-day decisions and longer term health and aging experiences. Families also function in smaller scales of time such as minutes, days, and months, which was illustrated by how the Butner family had to collaboratively and dynamically make decisions regarding treatment and caregiving given the changing prognosis associated with each parent. Health and symptoms can change quickly, especially during end-of-life, requiring a family to repeatedly collaborate, or not, toward a solution. Representing yet another dimension of time, families may have collective memories and organized patterns of interaction that can further influence everyday behaviors and overall aging trajectories. Family dynamics laid down during early development may be recapitulated in later life. For instance, a task-focused sibling may provide certain caregiving duties, whereas an emotionally sensitive sibling may provide emotional support when families have to collaboratively address the health needs of other family members. Familial memory could play out in the way exemplified in the previous narrative, wherein dealing with hospice for one parent helped the family cope with the end-of-life arrangements for the next. Or as another example, a family who has a high risk of melanoma may be more likely to adopt strict adherence to sunscreen usage during earlier periods in the life course when prevention is most effective Wu et al. The Need for a Dynamic Systems Analytic Approach In our own research, we experienced challenges when trying to use traditional analytical strategies to capture these types of interdependent family dynamics, in which family members both shape and are shaped by the experiences of health and aging of others over time. For example, the collaborative nature of families coping with type 1 diabetes was clear Wiebe et al. In addition, as we used typical multilevel models to examine the dynamics of families managing chronic health conditions, we began to question whether we were capturing the interdependence and influence of linked lives that we so clearly see in our own personal biographies. The adoption of a dynamical systems approach to our analyses led to some exciting and surprising findings. The application of a systems analytic approach allowed us to more effectively model change over time and across multiple individuals, further cementing our conceptual approach to how families and health interact across time, dynamically affecting one another and shaping the health and aging trajectories of all persons involved. Similarly, understanding these family dynamics within the multiple layers of time also requires specific data and methodological tools. As is common in research adopting a

developmental life-span or life course perspective, repeated measures are required to capture the change and dynamics that occur over time.

Chapter 3 : Attitudes about sexuality and aging - Harvard Health

Aging Is a Lifelong Affair Paperback - April 1, by Ben Weininger (Author) â€º Visit Amazon's Ben Weininger Page. Find all the books, read about the author.

Attitudes about sexuality and aging Updated: March 17, Published: June, Fantasies can help rev up your sex life. Myths, on the other hand, can stop desire dead in its tracks. This type of myth, however, bears as little relationship to reality as do the fanciful sagas of ancient gods and goddesses. Here are some examples of the most popular sexual myths and the myth-busting truths. Only the young are sexually attractive. The culture we live in exalts youth. But if your mirror is reflecting a different picture these days, you may feel like the party is going on without you. Older can be quite sexy. Sure, thinning hair, laugh lines, and a paunchy midriff are no picnic. But think back on what it was that made you attractive in your younger years. Was it your soulful brown eyes, your crooked smile, or maybe your infectious laugh? Chances are, those attributes are still as appealing as ever. In fact, a survey conducted by the AARP and Modern Maturity magazine revealed that the percentage of people age 45 and older who consider their partners physically attractive increases with age. Sexuality in later life is undignified. People are living longer and remaining healthier. And they are more vigorous than ever before. Former president George H. Bush went skydiving to celebrate his 75th birthday, John Glenn returned to space at age 77, and Carol Sing forged a new world record at 57 by becoming the oldest woman to swim the English Channel. Men and women lose their ability to perform sexually after a certain age. Vaginal dryness and erectile difficulties loom large as you hurtle past You may be feeling that you should just listen to what your body is trying to tell you: Sex is a thing of the past. You can still have a satisfying sex life. For men, the Viagra revolution means most erection problems can be corrected with little medical intervention. For women, high-tech vaginal lubricants and hormone creams and rings are viable substitutes for what nature no longer supplies. Sex is boring when you get older. Drooping libido, slower rates of arousal, and the predictability of having the same partner for 20 or more years all add up to a ho-hum sex life. Sex is as good as you make it. On the contrary, the older man has better control of his ejaculations. Less penile sensitivity means he may be able to enjoy a wider range of erotic sensations and maintain his erection longer. And his experience may pay off in improved sexual technique and a better understanding of what will please his partner. Many women begin to find sexual confidence in their 30s, and this blossoms with maturity. As a woman moves through her 40s, her orgasms actually become more intense, and she can still have multiple orgasms. Although longtime partners do have to contend with issues of familiarity in their relationship, these problems can be offset by greater emotional intimacy and trust. Statistics on sexuality and sexual satisfaction In , Modern Maturity magazine and the AARP foundation polled 1, adults age 45 and older about the role sex played in their lives. The findings paint a detailed picture of sexuality at midlife and later. The importance of sex Over all, the majority of men But an even higher percentage At age 75, the proportion dropped to one in four. Still, nearly three-quarters of respondents of all ages had intercourse once a month or more, provided they had partners. However, when the group was examined as a whole, one out of five men and two out of five women had not participated in any form of sexual touching or caressing over the last six months. Men tended to think about sex and feel sexual desire more frequently than women. While rates of intercourse were similar for both sexes, more men than women reported engaging in sexual touching. Self-s timulation on a regular basis was also about eight times higher among men. In the 45â€”59 age group, roughly four out of five individuals had partners; by comparison, only one in five women over 75 had partners. Declining health also appeared to have an effect on sexual activity and satisfaction. On a list of features that might improve their sexual satisfaction, the men ranked better health for themselves or their partners at the top. Although impotence emerged as a significant issue for nearly a quarter of the men, less than half of those men had ever sought medical treatment for the problem. Survey facts and figures What participants said, in a nutshell Men A good relationship with a spouse or partner is important to quality of life Stress, anxiety, self-esteem issues, negative past experiences, lifestyle demands, loss of loved ones, and relationship conflicts can weigh heavily. During midlife and beyond, these factors, combined with naturally occurring physical

changes, can make you vulnerable to sexual problems. By age 65, many people find themselves alone, through either divorce or widowhood. This affects sexuality in a variety of ways. The partner gap is a particular problem for American women because their average life span 79 years is more than five years longer than that of men. Because American women marry men who are on average three years older, that can mean even more time alone. Should a woman want to remarry, her chance of finding a new mate in her age bracket dwindles yearly; there is an average of only 7 men for every 10 women age 65 and above. All this boils down to the fact that, compared with men, women are likely to live a greater portion of their lives without a mate. Finally, starting a new sexual relationship after divorce or the death of a spouse can present its own dilemmas. People often fear that they will not become aroused or be able to have an orgasm with a different partner. They also may be self-conscious about baring their body in front of someone new. In many cases, conflict is at the root of a sexual problem. The following issues are often connected to sexual problems. Accumulated anger, hurt, disappointment, and resentment can fester, destroying closeness between partners. These pent-up feelings often extinguish the flames of desire. For men, anger and frustration can interfere with arousal and getting an erection. Both partners can suffer loss of libido in a conflict-ridden environment. This type of disappointment turns toxic when one or both partners resort to criticism and defensiveness â€" two of the major harbingers of divorce. In addition, one member of the couple may unconsciously withhold sex as a way of expressing anger or to maintain the upper hand in a situation where he or she feels otherwise powerless. Communication is essential for partners to build the trust needed for a successful sexual relationship. By talking frankly about your feelings, you can foster acceptance and understanding in your relationship. This makes it easier for you and your partner to collaborate on finding solutions to issues, and it can prevent resentments from piling up. When conversation breaks down, anger and resentment are likely to build. Dialogue is especially vital as physical changes take place. Vaginal dryness or erection difficulties can be wrongly perceived as waning interest in sex, which can trigger feelings of rejection and resentment. By articulating feelings, couples can sort out the physiological factors from the emotional and relationship issues, and address each appropriately. Once the honeymoon is over, almost every couple has to contend with boredom sooner or later. The person who was once so electrifyingly mysterious to you may become as comfortable â€" and as alluring â€" as an old shoe. While the deep trust and intimacy created from years of shared experiences are the building blocks of a truly loving relationship, such familiarity can take the edge off desire. When sexual activity wanes, other types of physical affection often fade, too. This lack of physical connection can extend the emotional distance between you and your partner. One frequent motivator for a person to have an affair is a quest for newness. This yearning may arise from a need to banish midlife drudgery, a desire to find out what sex is like with someone else, or an urge to recapture the heart-pounding sexual highs of youth. Other times, an individual searches out a new partner to meet unfulfilled emotional or intellectual needs. An affair sometimes occurs because of sexual dysfunction in the marriage. An affair is often an indication of an unmet need in the relationship. If the spouse discovers the affair, he or she may withdraw emotionally. An affair can be a serious, sometimes fatal, blow to a relationship. To do this, though, both partners must face the personal and relationship issues that led to the affair in the first place. Couples therapy is a good place to turn for help in doing this. Sex therapy can also be useful if the affair has caused or resulted from sexual problems. In many cases, Viagra sildenafil citrate is the answer to a prayer for men who have been unable to have an erection. But the drug offers no help in untangling the emotional and relationship pressures that frequently accompany erectile dysfunction. For one thing, Viagra only works if there is desire to have sex. When Viagra comes onto the scene, the woman may find it hard to let go of past feelings of rejection. When intercourse is suddenly a possibility again, relationship issues can sprout up or resurface. For example, dramatic differences in libido sometimes emerge. She may need to undergo a few weeks of therapy using medication or dilators before she can comfortably resume intercourse.

Chapter 4 : Aging is a Family Affair

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Comments Cristina overheard it in the garage. Her husband sat in the car, talking intently on his Bluetooth. As the car speakers blared his conversation, it dawned on Cristina that he was in the midst of breaking up with another woman. She would soon learn that her husband of 10 years had been seeing another woman for five of them. The woman was a work colleague and married, too. Theirs was an emotional affair involving some physical intimacy. At the end of the first year, Cristina discovered the other woman was still in contact with her husband â€" resulting in a trial separation over the holidays. There was too much pain," says Cristina, now The separation proved to be a breaking point â€" but also an opening. Husband and wife chose No. Why would we go back to a marriage that was obviously broken? More broadly, a number of thinkers are beginning to reconsider how, culturally, we process infidelity. They are calling on couples to get more realistic about the viability of long-term monogamy. Shining a harsh light on how starry-eyed we are, they argue that our expectations of absolute fidelity are mounting, even as new threats proliferate; think hookup sites, cybersex, digital porn and the rise of "work spouses. We are at a tipping point that "may lead to a new order," argues Esther Perel, a therapist, speaker and seminal thinker in the field whose forthcoming book is A State of Affairs: Cheating in the Age of Transparency. While Perel acknowledges that for many, adultery may be the death knell for a sinking relationship, for others it is an alarm call. In a paper titled After the Storm, Perel proposed new possibilities, postinfidelity: For those daring enough to try, they may find themselves having all of them with the same person. An affair may spell the end of a first marriage, as well as the beginning of a new one. Research psychologist Christopher Ryan, co-author of the controversial book Sex at Dawn: Arguing that sexual jealousy is socialized into us in North America, Ryan tracked several Amazonian tribes in which men very willingly share their wives. He noticed that the French and Spaniards find our attitudes here very immature. And certainly among many gay men, sexual exclusivity does not define how you show someone that you love them. Which is all to say, could monogamy eventually go the way of premarital sex as a cultural value? The stats are bracing: Some 63 per cent of men and 45 per cent of women reported having been unfaithful at least once, according to an international study published in While Canada has no history of documenting national trends in relationship behaviour, it can be illuminating to peer in on divorce trends, since infidelity often dissolves marriages. More than 40 per cent of marriages are expected to end in divorce before the 30th anniversary, Statistics Canada reported in , the last year the agency collected numbers on divorce. Our brain lights up, our pupils dilate â€" everything. Meaning that just about anyone is vulnerable to cheating, not just your sociopathic ex. Topics include mate poaching, kissing, breakups and the inevitable pain that follows. Her big question is why, if monogamy is so near-universally endorsed, is infidelity so common? Story continues below advertisement "We coddle ourselves," she says. These things all proved to be "ripples" in the love lives of study respondents. Even seemingly benign behaviours riled them up. Of course few people really like to clarify these concepts. Especially when it came to grey areas such as having lunch, studying late, doing favours, providing emotional support or sharing secrets or gifts with someone outside of a relationship, the study respondents grew wary of their partners while justifying their own dicey behaviour. Both women and men were equally self-righteous. She thinks we need to get real. Moreover, she and other thinkers in the field are questioning the notion that there can be no greater betrayal than adultery. Why is it the worst thing? Why is this the quintessential betrayal? And yet infidelity remains a dealbreaker. But the hows of getting over infidelity are another matter entirely. How to stop replaying the hurt and resentment in a toxic mental loop? How to regain trust? How to get on top of such primal betrayal, and why should couples even deign to try? This is an opportunity," Philadelphia couples therapist Edward Monte begs. When his couples tell him they want to rebuild, Monte asks them both to step it up: I want to know, what do you need that you now need to take home? This technique echoes the difficult questions Perel puts to her couples. Instead of the classic, "Why did you do this to me? What did this affair mean? What were partners able to express there that they could no longer express with their spouses? How did it feel to come home? Today, Cristina and her husband

have quit seeing their three therapists. He also quit his job, where the other woman worked. Before the affair, the kindness had fizzled out of their marriage. The other woman made him feel needed. Commitments get in the way. Schedules get in the way. They shower each other with compliments and surprise each other with gifts, like in the early days. Cristina makes sure to ask her husband about all the "gory details" of his work day. He treats her as his confidant again. Her "second" marriage to the same husband?

Chapter 5 : Aging: A Family Affair â€“ Office on Aging

Eva L. Menkin is the author of Aging Is a Lifelong Affair (avg rating, 0 ratings, 0 reviews, published).

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