

Eldering: Aging with Resilience

By James H. Lee

As populations grow older in developed countries, societies are meeting the challenges of aging with newfound resilience. By tapping the maturity and improved vitality of their seniors, families may grow stronger, economies more sustainable, and nations more peaceful.



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Can you hear the ticking of a demographic time bomb? As the population ages, there will be fewer workers putting money into the system to cover the costs of government programs that pay out lifetime benefits, from pensions to Social Security and Medicare. Simply put, when there are more grandmothers than babies, the system is in trouble.

But in this time of crisis, communities and families are drawing on their resilience and resourcefulness in ways that are truly transformational. “Post-nuclear” families in the United States are reextending to embrace multiple generations. More than 6 million elder Americans now live with their children, a number that increased by more than 50% between 2000 and 2010, according to the Census Bureau.

While institutionalized care was once seen as inevitable, the number of people over the age of 75 in nursing homes has been dropping since

the mid-1980s. Part of this trend is accounted for by the increase in multigenerational households, but other factors are also involved. Improvements in longevity mean that many people are able to delay going to a nursing home. Also, more families have part-time help available to provide caregiving services for their parents.

Fewer adults over 65 are living alone; those who do live alone are more likely to report that they are not in good health, and that they are sad, depressed, or lonely, compared with their peers who are either living with a spouse or another family member, according to a Pew Research Center study.

Continued work is another source of resilience for an “eldering” population. A second career for many early retirees means personal retooling and rebranding. Some are going back to school and living on campus. More than 50 universities in the United States now offer “senior



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housing” either on the edge of campus or within short walking distance. The Village at Penn State University offers a continuum of care, including independent living, assisted living, and a skilled nursing facility. For those with the intellectual interest and the financial reserves, this may become an increasingly popular option.

Economic Impacts of the Elder Boom

With all of the gifts of longevity, we may find that an aging population is one that requires significant care and attention. While we can only hope that our elder population will be healthy and active, gains in longevity sometimes come with the cost of living with frailty. Living longer can sometimes mean living a more limited life—economically, mentally, and physically. Half of all people over the age of 65 have at least two chronic health conditions. Meanwhile, a study from the Centers for Disease Control suggests that only one-fifth of Americans over the age of 65 stay physically active on a regular basis.

We may soon see the first generation in history to spend more time caring for elderly parents than for

children, as Ted Fishman writes in *A Shock of Gray* (Scribner, 2010). There are multiple factors that support the trend toward greater longevity, he notes. The population shift toward urban centers and improvements in education, public health, access to medical care, and reliable treatments for infections are the “main ingredients for a potion that foils early death and gives us the joys and sorrows of longer lives.”

The same developments that enable a culture to become modernized will also change the demographic mixture of its population. Literacy gives women a choice between focusing on career or on family. The pursuit of higher levels of education may delay the start of childbearing for some. Moving a large segment of the population away from farms and into cities, where people can be more productive and enjoy higher access to health care, is another factor.

Eventually, this turns the demographic pyramid upside down, with a profusion of elders and a vastly diminished number of children. The countries that experienced early modernization will be among the first to experience the full effects of the “age wave.”

In the United States, the Institute on Aging reports that there are

17 million Americans between the ages of 75 and 85. That figure is expected to double by 2050. While centenarians are something of a rarity today, the population of Americans living beyond the age of 100 is expected to grow to 2.5 million during the same period.

Internationally, we see the same pattern, but in Japan and Europe the trends toward aging are even more pronounced. By 2050, Japan is expected to see a net population decline as a result of couples choosing to have fewer children and tight immigration policies, while the ranks of the elderly are expected to swell to close to 40% of total population.

Europe’s total population is expected to stabilize over the next few years, yet the proportion of its population over the age of 65 is anticipated to grow faster than any other age group. By that time, close to three in ten Europeans will be older than 65, one in six over 75, and one in ten over the age of 80.

Economics is the driving factor behind almost all social change, and this will be particularly evident with regard to care of the elderly. Just as the extended family disappeared during the boom decades of the twentieth century, it is quite likely that extended family structures will



return again during times of economic stress.

The costs are not insignificant.

A private room in a nursing home with skilled staff costs an average of \$77,000 per year. At the other end of the spectrum, licensed personal care assistants that help with basic errands such as cooking, shopping, and housekeeping cost an average of \$18 per hour, according to research by Genworth Financial. Home health aides who help with basic activities such as bathing, dressing, and mobility are in a similar cost range.

Many households cannot afford skilled nursing care for any sustained period of time. Given the choice of living in a nursing home or staying with family, most people would prefer to be under the care of their children. For families able to make the transition, the consolidation of households can greatly help cash flow by combining expenses such as rent and utilities under a single roof.

Choices will need to be made at all levels.

In the early 1960s, national defense was the U.S. government's largest expense. It comprised half of total spending. By 2011, the nation had reduced defense expenditures down to just 20% of the budget—even while

fighting wars in Iraq and Afghanistan. According to the Congressional Budget Office, Medicare and Medicaid combined are now 23% of total expenditures, while Social Security is closer to 20%. This means that just under half of total government expenditures are targeted toward older Americans. When translated to dollars, government support to the average American over the age of 65 has grown to about \$26,000 per year (\$14,000 through Social Security and \$12,000 through Medicare).

These are enormous expenses, which everyone is motivated to sustain for as long as possible. People who have spent a lifetime paying into the Social Security system deserve to have some sort of benefit. The difficulty arrives when these benefits become such a significant portion of government outlays that they can no longer be ignored.

Regardless, the rising costs of unlimited health care for seniors will be an extremely divisive political battleground by the end of this decade. Tough decisions will need to be made in order to keep the system going. Medicare benefits may go into effect at a later age. Social Security benefits may be reduced for those who have other sources of income.

Sometime toward the second half

of this decade, we may also see some type of health-care rationing. Eventually, this may limit health-care benefits for those who suffer severe cognitive disabilities or are under artificial life support. As a result, we may see considerable growth in palliative care as support grows for choosing a natural death.

The face of health care will be changed for decades, but we will also develop a new maturity toward our culture's acceptance of the inevitable transition from this life to the next.

A Wisdom Culture

The late Marty Knowlton, a co-founder of Elderhostel, had said, "In many ways, elders are the dominant force in society. We control 75 percent of the wealth, and because we typically vote in greater numbers than younger people, we wield enormous political clout. Elders have the potential of influencing the political, economic, and cultural agendas of the future."

In the best of all possible worlds, the inversion of the demographic pyramid could bring about a *wisdom culture*, marked by tolerance and maturity.

If we could imagine living with a strong generation of elders who

More Emerging Trends for an Eldering Society

• **Skype a Doctor.** Digital monitoring of all sorts is becoming increasingly commonplace. Several companies are offering GPS tracking devices to monitor movement of Alzheimer's patients. These devices can help locate wanderers or they can send out an alert if the wearer moves beyond a predefined distance from home.

ADT offers a companion service that enables the wearer to push a button and receive assistance through an individually selected response plan (such as calling an ambulance, next-door neighbor, or relative).

Over the course of the next decade, we are bound to see significant gains in telemedicine. The convergence of economic necessity, a shortage of doctors, and improvements in digital videoconferencing suggests that telemedicine may become mainstream within the next five to ten years.

"The technology has improved to the point where the experience of both the doctor and patient are close to the same as in-person visits, and in some cases better," says Kaveh Safavi, head of global health care for Cisco Systems.

Other startups, such as NuPhysicia, American Well, and Telehealthcare.com, are developing their own platforms to electronically connect patients with doctors.

Telemedicine encompasses a variety of emerging technologies, such as monitoring a patient's glu-

cose levels remotely, electronic data sharing between physicians, and sending patient reminders via cell phone.

• **Home Alone (with a robot).** Personalities, locations, and preferences suggest that not everyone will want to live in close contact with relatives. For many of these people, technological solutions may extend the frame for living independently.

Colin Angle, CEO of iRobot, feels that the opportunities for home health-care robotics are enormous. iRobot is currently known as the manufacturer of Roomba vacuum cleaners and military robotics. As a starting point, the company developed a telepresence robot, called AVA, which can follow older people around their home. Anxious caregivers can have a remote video feed of their relatives, or enable a two-way videoconference call if needed. If a nightly phone to your elderly mother is unanswered, the robot could navigate through the house to find her.

"A robot is never going to replace me" as a relative and caregiver of an aging parent, says Angle. "The part of robots is extending independent living." With the help of robotic monitoring and assistance, people can live at home for a longer period of time.

Robotics will find their way into hospitals, as well. Panasonic has introduced a new robotic system that includes a bed that folds into a

motorized wheelchair while carrying an adult. This could minimize the risks of injury during routine transfers. The company has also experimented with robot washstands that can wash a patient's hair from start to finish while 3-D scanners and 16 "fingers" gently massage the scalp. Panasonic has also developed an automated arm that can perform tasks in the kitchen.

In a world where there are more grownups than children, we can only hope that care and independence can be provided as long as possible. Automated care will eventually help to bridge the gap.

• **A Geriatric Peace.** There is at least one potential positive to the rising costs of health care. Mark Haas, a political scientist at Duquesne University, feels that the greater costs of pensions and services could offer the world a "geriatric peace," as industrialized countries will eventually choose between maintaining military budgets and caring for their elderly.

A more mature population is also less likely to engage in acts of aggression or war. Life is fragile and grandchildren are precious. With a smaller proportion of the population of fighting age (roughly 18-25), there will be less interest in fighting wars abroad—at least for the United States, China, Japan, and most European countries.

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have seen decades of success and folly, how would it change our perspective? Would it help us to maintain a long-term view that can encompass several generations? Or would it cause us to become increasingly conservative and more risk-averse?

Most baby boomers are still in the retooling phase of life. Culturally, we still value the image of the "aerobic grandparent"—busy, engaged, active,

and involved. In many ways, this is simply an extension of middle age.

As more boomers become elders, they may gradually feel a desire to spend less time doing and more time *being*. Action moves inward. Life becomes more meditative and the world becomes a quieter, less hurried place.

If done consciously, daily activities can take on an almost Zen-like level of perfection. If we live long enough,

we can become experts at living. Reviewing the past enables us to understand the present. We can see some things more clearly with the benefit of hindsight. There is also wisdom to be gathered from seeing cycles and patterns over the course of many decades.

Some of these patterns involve personal pain and bodily decline. By tapping into these experiences, there is the potential to develop a great

deal of empathy and compassion for others. While personal suffering will seldom be sought after, it may become accepted as an important part of spiritual cultivation. Driven by necessity and freed from the responsibilities of mid-life, there is a newfound freedom to explore faith and one's own soul.

These values are passed on to family and community in the form of unconditional love and acceptance. Rabbi Zalman Schachter-Shalomi writes, "By example as well as by instruction (elders) can help family life become a training ground for contentment and inner satisfaction. They can model how to slow down our feverish pursuit of material possessions by embracing inner-directed values that stress unconditional love, self-acceptance, and service to others."

When combined with the growth of multigenerational families, there is an opportunity for elders to cultivate younger generations and imbue them with a deeper sense of self and family. In today's busy world, many couples lack the time, patience, and attention to fully immerse themselves in parenting. Elders have all of these qualities in abundance. This does not suggest that elders will have sole responsibility for taking care of children; they may not necessarily have the energy or endurance. It merely points to the possibility that raising children will become more of a shared experience.

The contributions of elders are significant, yet immeasurable, in many ways. "While productive aging propagates the image of elders as active, engaged, and vital, ultimately it presents a rather weak and incomplete vision of life," says gerontologist Harry Moody. "By insisting on the productivity of the old, we put the last stage of life on the same level as the other stages. This sets up a power struggle over who can be the most productive, a competition that the old are doomed to lose.

"By celebrating efficiency and productivity," Moody continues, "we abandon the moral and spiritual value of life's stage, stripping old age of meaning. What we need is a wider vision of late-life productivity that includes values such as altru-

ism, citizenship, stewardship, creativity, and the search for faith. In short, we need a spiritual vision that recognizes the value of elders' non-economic contributions to society."

These contributions to society may cultivate a more sustainable form of "social security," in which elders can enjoy a greater level of social acceptance and relevance, while their communities benefit from a higher level of social cohesion. It transcends transactions that are merely financial in exchange for a type of social currency. Eventually, we could redefine our concepts of aging successfully to include those that are able to move beyond material concerns in favor of leaving the world a better place.

From Living Well to Dying Well

My grandmother was a small woman of French and Dutch descent who lived in a suburb outside of New York City. When I remember her home, I always recall the scents of coffee, sugared ham, and anisette toast. She was always up-to-date on current events and unusually willing to share her opinions. Despite her tiny frame, my grandmother would best be described as "feisty" and "determined."

When she reached her late 70s, she was diagnosed with breast cancer. Later, a CAT scan indicated that the cancer had spread to the part of her brain that was necessary for breathing. Her doctor advised that she could have the tumor surgically removed, but also said that if her breathing stopped she could potentially enter a coma.

My grandmother decided that it was not worth the cost or the trouble. She stayed at home, and my mother moved in to take care of her. After a few months, she passed away in her sleep while my mom was preparing breakfast.

Before she died at the age of 82, Grandma said that she "could not have hoped for anything more" out

of life. Not everyone gets to have this kind of choice. Not everyone has such a clear view of their life's end. For my grandmother, it was clear that personal dignity and independence were every bit as important as recovery from illness. Living well meant dying well.

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For many, life is marked by struggle. Living takes effort; few things take greater effort than dealing with a terminal illness. We constantly refer to disease in terms of conflict, as in the "battle against heart disease" or

the "fight against cancer." Dying is usually spoken of in terms of defeat and loss—"she finally gave in after a three-month bout of pneumonia."

The U.S. medical system treats death as a failure and not as an inevitability. We all die. The awareness of this helps us to appreciate and become aware of every moment. Living with the fact that life is both temporary and fragile teaches us to express our gratitude without delay or hesitation. There is no need to wait for the perfect time to share ourselves with someone, because each moment is perfect. This spontaneity of sharing is such an important part of helping us to reconcile our past with our future.

My wife, Stephanie, is a doctor at a nearby hospital and treats many people as they experience the end of their lives. She is an amazingly empathetic person and spends almost as much time caring for families as she does attending to patients.

Stephanie is trained as an infectious disease specialist, but many of her conversations serve as a sort of therapy for families as they are coming to terms with the impending passage of a loved one. It is a complicated mix of emotions that can range from love to grief, guilt to generosity, fatigue to relief. In working with families, she has noted that the family members who push the hardest for artificial medical support and intervention at the end of a patient's life tend to be the most distant—either physically or emotionally.

Recommended Resources

Online:

AARP: American Association of Retired People, www.aarp.org
Agis: AssistGuide Information Services. Eldercare and planning resources, www.agis.com
Compassion and Choices: Supports, educates, and advocates for choice of care at the end of life, www.compassionandchoices.org

Books:

Coming Home: A Practical and Compassionate Guide to Caring for a Dying Loved One (revised and updated fourth edition) by Deborah Duda (Synergy Books, 2010)
From Ageing to Sageing: A Profound New Vision of Growing Older by Zalman Schachter-Shalomi (Warner Books, 1995)

They seek a delay of death not because the patient isn't ready, but because they are not ready.

We can keep people alive in a mechanical sense, through oxygen pumps, catheters, and intravenous infusions of nutrients. However, unless there is the hope of wellness or ability to communicate and recognize others, the potential for adequate emotional closure is minimal.

In many instances, it appears that we are attempting to use medical technologies to heal relationships. Dying well means living well.

One of the signs of maturity is the acceptance of the inevitability of dying. When we do so, death becomes somewhat less accidental, less a failure of the body and more of a soulful act. Transitioning is the process of preparation for a life passage that starts decades before the moment of death.

Starting the Transition

Transitioning can involve many small steps. These are all taken to provide a degree of closure and comfort to the surviving family and to prepare for the final transition.

On the administrative side, transitioning can start early by meeting with a legal advisor to draft the appropriate documents. At the most basic level, everyone should have a *simple will* to direct where their as-

sets will go when they are gone. More people are choosing *advance health-care directives* to express their wishes regarding life-prolonging medical treatments in the event of their incapacitation. They may also specify whether or not they wish to donate tissue or organs for others in need.

Finally, a *durable power of attorney* is a document that gives another person the ability to act on one's behalf regarding financial matters, such as paying bills or filing tax returns.

For all but the most basic documents, it is worthwhile consulting an attorney in your state of residence.

There also are other aspects of transitioning. On a purely physical level, transitioning sometimes resembles an act of simplifying things. This is a matter of going through "stuff" and separating the valuable and the sentimental from the clutter. As part of the transitioning process, some elders may choose to gift beloved heirlooms while still able to share the stories that belong to them. In telling family history and in sharing everything that needs to be said, it is possible for elders to leave legacies that are more memorable to younger generations.

One of the most overlooked aspects of the transitioning process is the importance of healing emotions and relationships. We all have a certain win-

dow of time to say the things that need to be said to the people that we care about the most. There is an opportunity to change how we will be remembered by others.

Finally, an important aspect of dying well is that of mentoring. This involves passing on skills and knowledge to others, so that they may also gain the wisdom of elders. This too, may involve sharing stories and history, to pass onward a sense of perspective that would otherwise be lost.

Dying is a truly personal process. The ideal outcome is to create a sense of closure not only for oneself, but for one's family as well. Everyone approaches transition differently. For some, the stages of dying may be more of a conscious process than for others.

My grandmother had a unique aspect to her own process of transitioning. As teenagers, my sisters and I were always somewhat mystified by our grandmother's ever-growing collection of paper bags. She must have had several hundred of them—grocery store bags, gift bags, and shopping bags. All of these were used once or twice, then tucked and folded away. She was the wife of a successful banker and always well dressed, yet something of a "bag lady" in her own home.

She had convinced Mom that she needed all of those bags for some future event. She never gave any indication of what that might be. This, too, was a mystery. After she passed away, my parents spent a few months traveling back and forth to her house to settle the estate. Everything was packed away and passed on to relatives or given to charity. When the house was finally emptied, her last stack of books went into the final remaining paper bag.

As always, she was prepared and thinking ahead. □



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