A guide for professionals and carers

MANAGING DEPRESSION, GROWING OLDER

KERRIE EYERS, GORDON PARKER
& HENRY BRODATY

Managing Depression, Growing Older

Even when he's grey around the muzzle, the black dog of depression can still deliver a ferocious bite.

Depression can strike at any age, and it may appear for the first time as we get older, as a result of life circumstances or our genetic makeup. While older people face the same kinds of mental health issues as younger people, they can find it more difficult to deal with them owing to the stressors which accumulate with age. There is also a high incidence of undiagnosed depression in older age, presenting extra challenges for carers.

Managing Depression, Growing Older offers a systematic guide to identifying depression in older people, supporting them at home or in an aged care setting, and the importance of diet, exercise and attitude in recovery. It is essential reading for anyone who works with the elderly.

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Foreword

This book on depression and ageing is timely. The world is getting older. Life expectancy is increasing a year each decade, and baby girls born today in Western countries have a 50 per cent chance of reaching 100. Currently, centenarians are the fastest growing demographic group. The baby boomers born after 1945 are starting to turn 65, and are planning or already enjoying retirement. In countries such as Japan, Sweden and the United Kingdom, 20 per cent of the population are already aged over 65, and this percentage is expected to climb further (to 25–30 per cent) in the next 30 years. Other Western countries are less than a generation behind. China, India and many developing countries will achieve similar rates of ageing within one or two generations.

Age catches us by surprise. Something happens and we realise that we are not young. It may be a change in our physical ability, earning capacity or mental agility. It may be the realisation that the attractive young colleague whom we think of as an equal regards us as parental or, worse, does not even notice us. It may be the shop attendant who talks to our adult child or grandchild and overlooks the wise person (us) standing in front of them. Or it may be illness that makes us grasp all too concretely the fact of our mortality. Perhaps it is a growing feeling that we are a burden on others or that we are no longer making a contribution. Grief over losses and loneliness may add to the toll.

Depression is no stranger to old age. Surprisingly, perhaps, rates are said to be no higher in the elderly, except for particular groups. Older people afflicted by pain, a physical illness (especially heart disease), or any condition affecting the brain such as stroke,

Alzheimer's or Parkinson's disease have high rates of 'clinical' depression. Older people in residential care and carers of people with dementia are also prone to depression.

However, growing old is not a diagnosis and becoming depressed is not a normal accompaniment of ageing. When depression does affect an older person, it is more likely to be melancholic, which means that it is coloured by symptoms such as loss of appetite and weight, disturbed sleep, agitation, slowing of movements and thinking—or in severe cases, delusions of poverty, persecution or disease. Suicidal risk also climbs steeply with older age—especially in men—but signs of depression should be taken seriously at any age. Such a melancholic pattern may reflect reversible chemical changes and/or structural brain changes, as detailed later.

This book presents 'inside out' views from people with depression and those who care for them, and their strategies for dealing with it, gleaned from accounts sent to the annual Black Dog Institute writing competition. It also offers 'outside in' views from clinicians who are international experts in psychogeriatrics, sharing their experiences of helping people with depression. We aim to bring the 'invisible people'—that is, older people with depression—out of the shadows and give them and their carers a voice. We hope to reduce the double stigma of ageism—discrimination just for being old—and mental illness.

Older people themselves have strong prejudices against both psychiatry and seeking treatment for depression. After all, they grew up in an era when seeing a psychiatrist was equivalent to being crazy, when psychiatrists were called 'alienists' by their medical colleagues, when drugs for treatment of mental illness had not been developed and when admission to a psychiatric hospital—the 'lunatic asylum' or 'bin'—meant you might be committed there for years, or even for life. The current generation of older people have gone through life believing you do not talk about depression or ever admit to not coping.

The stories and case notes presented here (all identifying details have been changed) demonstrate the varied presentations of depression, and the many different approaches used to overcome it and to resume growing older with grace and contentment. Contributors to this book—comprising people with depression, their loved ones and specialist clinicians—have been honest and revealing. The clinicians discuss their successes and failures and the lessons they have learnt.

We hope this book contributes to the better understanding of aspects of growing older and increases compassion and wisdom in dealing with the 'black dog', depression.

We warmly thank the authors who have generously given their time and shared their experiences.

The Editors,
Kerrie Eyers, Gordon Parker and Henry Brodaty
(average age 67)

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And now we are 65

> Why are our days numbered and not, say, lettered?
>
> Woody Allen

This book is intended for professionals and carers involved with those who are growing older. There are perspectives from both sides of the clinician's desk: stories from those growing older and from the people involved in their support. We wish to present ageing in a positive context, tackling some of the myths, fears and prejudice that surround this phase of our life, and consider some solutions to age-related difficulties.

We ask your indulgence for the span of the material. It ranges in complexity from the everyday experience of people with depression and what they have found helpful, carers and their perspective, and more complicated material from specialist clinicians. Where terminology becomes technical, equivalent words are provided in brackets to assist the lay reader's better understanding.

We also explore the differences in the causes, presentations and management of depression that may arise as people grow older, and the influence of age, biology and psychological and social factors on mental health. Increased understanding and empathy help destigmatise mood disorders and may encourage those affected to more readily seek diagnosis and treatment.

The material presented here is about ageing and related issues in Western industrialised countries. It affirms and emphasises that clinical depression is not a 'normal' response to ageing, and attempts to trace a path through the maze, from diagnosis through to weighing up the factors that contribute to the onset and maintenance of a depressive episode and to its successful reversal. We emphasise that, when the black dog comes sniffing at the door, there are effective treatments and strategies to enable older people to banish or master depression and to re-engage with their life.

THE EMERGING CLAIMS OF AGE

> I don't do alcohol anymore—I get the same effect just standing up fast.
>
> Anon

With advancing age, we are called upon to shape our lives in a way that has not been expected of us before. The freedoms and disengagements of older age bring a more diffuse range of options than we may be used to. Previous stages—our younger lives—were shaped and codified, with clear roles: from birth to teens, the structure was provided by family and educational institutions; then 40 years of workplace obligations; the 'mating game', the search for a partner, a suitable match, maybe forming a family; the intensity of the child-rearing years; and then perhaps (sometimes to tide over a mid-life crisis) a final run up the career ladder and/or the start of a new intimate relationship.

By the age of 65, some of this involvement has waned and we have time to contemplate with pleasure, apprehension or a mixture of both what we can see is the shortening time remaining and our plans for what to do with it.

Many on the verge of leaving the accustomed routine of the middle years don't really have strategies, other than financial, for this disengagement. We presume that we'll be glad to be 'free' and to have more time to ourselves, perhaps take up golf, bridge, bowls, a foreign language, a community involvement—pursuits we've never had the time for previously. It is wise (but not usual) for us to anticipate such a change and to weigh up our options when younger in order to better understand our preferences and possibilities for this next stage of life.

EXTERNAL CIRCUMSTANCES INTERVENE

> Inside every older person is a younger person wondering what happened.
>
> Jennifer Yane

Many of us assume that as we grow older we will be able to continue much as before, but with engagement in the paid or voluntary workforce more on our own terms—'dying in the saddle', as it were. Instead, we may be faced with more limited choices than we had envisaged. While those who transition from the workforce into part-time, self-employed or temporary employment often remain healthier and more engaged,[1] older workers are seen as lacking the energy, speed and technological know-how that internationally competitive organisations require. Despite rhetoric to the contrary, analyses of companies' recruitment behaviour and workforce composition demonstrate the reason that many senior would-be workers have given up seeking employment: organisations are just not interested in employing an older person.

The following account from 'Alex', a 73-year-old man formerly working in top executive roles, illustrates how unprepared we are for stepping away from the workplace where many of us, for four decades, have spent more than a third of our waking hours. In a reversal of Lord Kitchener's British World War I recruitment poster 'Your Country Needs YOU', Alex has been shown that he is inessential.

My depression emerged suddenly

> My depression emerged suddenly, upon retirement, and I fear black moods will stay with me for the rest of my life . . .
>
> I'm not sure how high I rate on the 'depression scale', as it has never been assessed professionally. Identifying the

severity of one's depression is elusive. Obviously, there are few outward symptoms: nothing showing on your body, no ache or pain or anything indicated by x-ray. How much of my problem is just 'old age' is hard to evaluate, but it is pretty clear that these depressive cycles are debilitating and have changed my character.

My confidence in dealing with other people has reduced. I am often asocial and dread leaving the house. I don't want to meet new people. I stress over minor issues and irritations—hiring a tradesman for house repairs or having the car serviced can be very disturbing. I spend most of my days at home alone. When I make the bed, it's hard to stop myself getting back into it. My daily shower has become less than that and I have let my hair grow rather long.

After three score and ten years of life (plus a couple more), I fear being consumed by my own anxiety and anger. I worry about the appalling performance of parliamentarians; teenage girls' binge drinking; obesity; climate change; 'shock jocks' inciting racial hatred on the radio; young lads with massive bank balances from sport not knowing how to avoid trouble. Somehow, I feel responsible that things are not better.

My previous high-profile working life was successful by most standards. There were disappointments, but none seemed to drive me down. I held senior positions in both the public and the corporate sectors, rubbing shoulders with politicians and leading businessmen. Large numbers of people reported to me. I made decisions that impacted on people's lives and I mentored the young and inexperienced. In the 1990s, I was the CEO at a retirement village and hostel. It is to my deep regret that I never initiated any programs to handle depression. In retrospect I realise that many residents would have been suffering from it, usually in silence.

The onset of retirement and the removal from regular interaction with others seems to be one shortcut to depression. For

some of us elderly, that depression will become a constant. Irrelevance and invisibility take over. The phone hardly ever rings, extended families have too much on their plates to worry about you. Even ex-workmates, some still employed, are often too busy to meet for a drink. You are 'yesterday's man', somewhat alone and certainly forgotten. It is likely you will spend a lot of time in a chair, staring into space and wondering what happens now. You are not valued anymore. Years of experience, survival of hard times, wars, tragedy and success don't count.

In older age, you had expected to be revered; sought after to scatter pearls of wisdom and dispense sage advice; have the satisfaction of a grandchild on your knee attentively absorbing your knowledge and adventures. Such dreams are nothing but fantasy. The only reality is that you are being sucked into a vortex of introspection, loneliness, even despair. Previously, you had never felt irrelevant in your life. Now, it's there every day.

That irrelevance and invisibility brings on intolerance and impatience. (Everything seems to start with 'I'.) You show intolerance in many ways. You become angry with people who express a contrary point of view. You cancel the newspapers because the writers get it wrong. If you ask for something, you seem to be low down on the priority list. Your blood boils while you wait. But nobody notices. After all, you are invisible.

So what to do? Perhaps seek professional medical advice. What if you tell your doctor that nobody seems to be listening anymore and your stressed-out GP doesn't have time to listen either? Anyway, most men will only visit the doctor for an obvious problem or to get a script renewed! For my age (they say), my health is good. I don't feel inclined to share moods of anger, loneliness and despair. I don't want to be prescribed medication to be taken for the rest of what is left of my life.

The catastrophic results of people giving up these medications or forgetting to take them are well documented—not a danger that an older person needs.

I sleep pretty well, although the dreams are often quite horrendous and almost always relate to past events and people. I go to bed as late as possible. I have no debt, and a working wife, so money is not an issue. We've had the overseas trips, holidays and cruises. When the holidays end, I am usually back into moods of despondency almost before the unpacking is completed. My only regular activities are a commitment to crosswords to activate the brain, and a weekly class to exercise the body. There has been some urging that I should take on volunteer work. Frankly, I fear being useless should my mood turn sullen, and the depressing fact that you are probably dealing with people whose needs are real and greater than yours. I have never felt suicidal—at my age, death is a companion who doesn't need any help.

So, where to from here?

That I recognise where I am now is obviously a good thing. Writing this has been somewhat therapeutic. But the reality is that only by finding something bright and inspiring will I be sure of being able to fight the times of darkness. Religion can be uplifting, but having lived as an atheist I expect to die as one. People often ask somebody they've just met: 'And what do you do?' Retirement translates as 'Nothing' and they are inclined to move on. You are often judged by what you do rather than what you are.

But I firmly believe my problems, depression and anguish, would diminish with any sort of a job, just something I could talk about to strangers and be proud about. Not often does a 73-year-old get a second chance, but what a great antidote to depression if you can pull it off.

Dream on? Alex

This scenario—though stingingly fresh to Alex—is commonplace and sanctioned. Those growing older move (or are moved) aside to make room for the energy and innovation of the young. The remedy for people so displaced is less obvious, however, and requires some 'bespoke' tailoring of capacities to opportunities.

What should Alex do, how does he regroup, where does he invest his energy and sense of self now? Because of the contrast with his previous effectiveness, does one judge that his present dark outlook is 'depression', or is it the shock of a role change that's not yet absorbed? Is he describing 'clinical depression', or is this normal sadness?

Assessment might weigh the following concerns. Are his current feelings impairing him substantially? Enough to warrant some sort of intervention? Does Alex seem likely to self-regulate, and eventually bounce back and adjust to his circumstances and find new opportunities for re-engagement? In his present mood, his negativity and feelings of hopelessness are eroding his capacity to function effectively. Intervention that addresses factors involved in his present 'dis-ease' might usefully act as a circuit-breaker.

We have become increasingly 'psychologically minded' in the last decades. Depression is more readily diagnosed and treated—some would say too readily—but consulting an astute mental health professional during a transition of this kind can help address risk factors and foster a more positive resolution.

PERSONAL CIRCUMSTANCES INTERVENE

A further account of leaving the workplace—in this case a 'forced' retirement of a different sort—comes from the daughter of a man who had to step away from his work when vulnerabilities from his earlier life suddenly assailed him.

This Is Your Life

I warmly welcomed over thirty people into my home to host my dad's recent birthday party. Mum had spent the previous days preparing a wonderful selection of foods. My husband and children had excelled and had the house spotless. The day was full of laughs and funny stories as we celebrated Dad's achievements with a special presentation of 'This Is Your Life'.

Dad's sense of humour and 'gift of the gab' have been with him for as long as I remember. This milestone celebration helped us show him how very much loved he is by all who were present. His hearty laugh rang out often during the afternoon and it always made me smile broadly—it was such a pleasure to hear.

Dad was brought up with a strong work ethic and an even stronger commitment to his wife and children. As a child I remember the physically demanding work he put into the farming industry. He was also a superb craftsman and everything in his workshop was in order. I most admire the beauty of his cursive writing, a reflection of that inner peace that is evident in his warm and ready smile when we need it the most.

Dad was employed as a counsellor at an emergency shelter—a tough job. For eight years he had been working with displaced and disadvantaged people. No two days were the same, as he managed clients with varying degrees and types of problems, from substance abuse, domestic violence and the financially destitute to the many varieties of mental illness. His job had always been extremely demanding but he still managed that smile, even in his weariest hours.

Then one day the smile disappeared. There was a phone call from Mum telling me Dad had suffered a 'breakdown'

and that he was now on 'stress leave' from work. I couldn't comprehend the picture—my dad! Never had I seen a hint of weakness. He was always the backbone of the family, he expressed love and acceptance to all those around him, and now Mum was telling me he couldn't even accept himself.

How, why, did this happen? What could we do to make this go away?

The following days overflowed with confusion, denial, apprehension and a huge feeling of loss. If these were our feelings, how much worse were Dad's feelings, or did he even know what he was feeling? I think not. Mum was the splint for his broken spirit. This was not something that was ever anticipated.

Were there warning signs? Dad had no history of depression, so had we missed something? What had triggered this breakdown? I had to accept the situation as fact and not dwell on the 'whys' that were wasting my emotional energy—there might never be answers to these questions. We were in unknown territory and required all the strength and energy we could muster.

Dad's recovery was dictated by him. For one so experienced in counselling, he was often stubborn and difficult when it came to suggestions. He chose to avoid medications for depression. The stigma attached to a medical record showing that you have been treated for depression was still something that was not socially accepted at the time.

He'd agreed to see a therapist, though she often felt like the 'patient' herself, as Dad put the questioning back onto her! She assessed him as suffering a 'situational depression' that had been aggravated by working in the environment at the emergency shelter. I imagine feelings of failure were strong for Dad at this time, but he made the right choice to resign. His lifelong ability to isolate his inward emotions

to protect himself had come from a traumatic childhood. This shut-down mechanism kicked in with a force that put him into a total protective state, making it extremely hard for those closest to care for him, and he still struggled to make sense of daily life.

Mum was magnificent. She saw and dealt with more hardship than we will ever know. After nearly forty years of marriage she had to give herself permission to take over the decision-making for everything. She took charge of a man who had always been the head of the house. Depression had taken away Dad's independence and his ability to make the easiest of decisions. This was a vital time for Mum to use the support from family and friends to enable her to voice her feelings and share her grief. Choosing who to share with was crucial, because many people who haven't experienced depression first hand as a carer or sufferer simply don't understand the condition. 'Can't he just snap out of it?' or 'He should find a less stressful job' was unhelpful and sapped our energy.

At first, I was frightened to visit Dad. He was at home. What would I say? How would he react to me being there? Would we just pretend that nothing had happened? How tolerant would he be of the children, his grandkids whom he loves very much? But, like Mum, I had to put my insecurities aside and remind myself that Dad needed me to visit and not to stay away.

It hurt to see my dad in the grip of depression, but grieving can be done in private and appearing strong and supportive in his presence was an important part of his healing. I didn't need him to feel guilty that he was causing such heartache for his own family. I began to know that I would see him smile again.

Dad is himself again now. His journey with depression and his recovery have added to his life experiences. Never could we have imagined that at his birthday we would add 'surviving depression' to his list of achievements.

> Dad's smile is back and we have all 'survived'. We are all much more aware of this illness and it has strengthened us. We speak openly about it when the subject comes up and I admire Dad for this, as I expect others who have journeyed through depression would struggle with such a conversation. We cannot change what has happened in our lives but we can acknowledge it and know that there is exceptional support available. We all need a willingness to accept our vulnerabilities and reach out for help.
>
> Congratulations Dad, 'This Is Your Life'—and we are proud to celebrate it! Alisha

Alisha's story about her father illustrates how, as we age, personal vulnerabilities can become more insistent, more difficult to keep at bay, and how they can interact with stressors to crack open psychological 'fault lines' that are often outside our awareness. However, also demonstrated is that with family and professional support, such rifts can be healed—not just cemented over—and that an individual can use this new awareness to learn and employ fresh and effective ways of managing stressors and emotional pain.

Scaling down work or leaving the workforce entirely represents just one consequence of becoming older. Many other aspects and challenges will be examined in the following chapters, in which we also list strategies people employ to help them age with grace. Such individuals have anticipated the changes and have planned in advance—as mentioned, a key strategy for success.

DEPRESSION IS NOT A NORMAL PART OF AGEING—SEEK HELP

For those encountering a depressive illness—either a recurrence of the illness from earlier in life, or newly occurring—early recognition and intervention are paramount. This leads, for most, to successful recovery and a return to capacity and enjoyment.

One danger, illustrated in many of the stories that follow, lies in the perverse nature of depressive illness. Though 'clinical' depression—depression that is present every day, hasn't lifted after a fortnight, and is severe and impairing—is a physical disorder, it has a psychological manifestation. Depression 'talks'. Its effect is evident in the individual's profoundly negative attitudes about self-worth and purpose, and pervading feelings of hopelessness and helplessness. Those in its grip have difficulty understanding that these are 'abnormal' feelings. The condition can also rob a person of the will to seek help—and, at its most serious, of the desire to continue living.

Compounding this as people grow older is the expectation that the ageing process itself is inherently depressing—and so the ageing individual, and his or her family and health care professionals too, may come to think that it is 'normal' to be depressed in the face of encroaching age. But it is essential to reiterate that depression is not a 'normal' aspect of ageing.

NOTEWORTHY

A more optimistic outlook on ageing

> In spite of illness, in spite even of the arch enemy sorrow, one can remain alive long past the usual date of disintegration if one is unafraid of change, insatiable in intellectual curiosity, interested in big things, and happy in a small way.
>
> Edith Wharton

Positive psychology—focusing on strengths, not deficits

'Positive psychology' focuses on the individual's strengths, encouraging affirmative characteristics and aiming to increase resilience. One technique is to practise mental exercises that help a person mimic happiness until a more positive frame of

mind becomes ingrained. While some of our natural psychological setting is genetic, there is increasing optimism that even neural 'hard wiring' responds to such repeated training and discipline.

What makes people 'flourishers' or 'languishers'?
Flourishers are naturally positive, vibrant and curious and 'seize the day'.

Languishers are cautious, negative, hesitant, see the glass as 'half-empty' and fail to grasp opportunities.

(A general overview of this area is provided by Wikipedia.[2])

The Character Strengths and Virtues (CSV) test provides a measure of positive human qualities that consistently emerge as effective across history and culture. These include:

- wisdom (embodied in creativity, curiosity, open-mindedness, love of learning, positive perspective on life)
- courage (including persistence and integrity)
- humanity (characterised as love, kindness and social intelligence)
- justice (citizenship, fairness and leadership)
- temperance (modesty, prudence and self-regulation)
- transcendence (appreciation of beauty, excellence, gratitude, hope, humour and spirituality).[3]

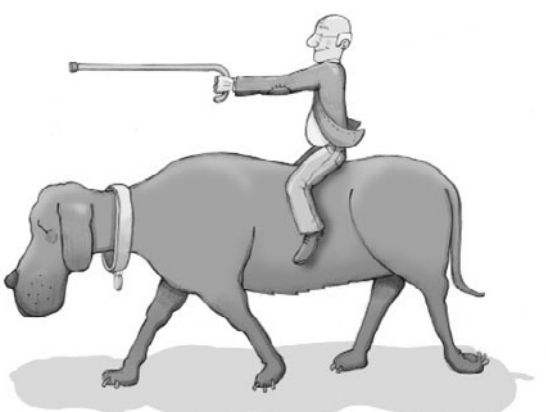
Neurogenesis—the rejuvenating brain
There is now credible evidence that the adult human brain can create new neurons (brain cells), many of which integrate themselves into the working brain. In contrast to earlier belief, the mature brain continues to develop with experience—and especially with practice—well into older age.

Some facts about neurogenesis

- Neurogenesis still occurs in the later decades of life.
- The most active area for the production of new neurons is the hippocampus, a region involved in learning and memory.
- To become incorporated into the working brain, a new neuron needs connections with other neurons, or it withers and dies.
- Animal studies have shown a correlation between learning and the survival of new neurons in the hippocampus; the more the animal learnt, the better the neurons survived.
- Coupled with new learning, physical exercise improved the new neurons' survival rates further.
- Studies have suggested that antidepressant therapy may stimulate the production of new neurons in adult animals, while excess stress seems to work against the production of new cells.

These findings suggest new avenues for research into ways of healing the brain after traumatic injury, diseases like dementia, and age-related cognitive decline.

2
On growing older



> I don't feel old. I don't feel anything till noon. That's when it's time for my nap.
>
> Bob Hope

When does 'older age' begin? There is fortunately no universal indicator of senescence—biology vies with demography, employment is not an indicator, and labels of 'young' and 'old' are influenced by life expectancy and culture. Individuals age at different rates. For administrative purposes and statistical analyses, however, older age is usually defined as starting around our 65th year.

Ageing is not a disease, and over the last century life expectancy has increased and health has improved. So age itself is not a prescription for lurching decline, even for those less blessed in the genetic lottery of longevity—though increasing age is a risk factor for many diseases. Research, however, indicates how large a role both self-efficacy levels and good management play in the ability to continue effective engagement with family, friends and community, and in finding meaning in life as the years slip by.

STAGES OF MATURITY

> Wisdom doesn't necessarily come with age. Sometimes age just shows up all by itself.
>
> Tom Wilson

Psychologist Erik Erikson framed our lives as a sequence of eight stages of development.

The first, during infancy, is when a baby learns whether or not people are dependable and able to satisfy its basic needs, thereby nurturing trust and hope. As the toddler develops will and confidence—the second stage—he/she benefits from carers who can strike a balance between support and autonomy. Next, during the preschool years, the child becomes more able to exercise initiative and judgement.

Ages seven to twelve see a growing sense of individuality and self-confidence, a quest to learn and eagerness to complete tasks. Next, the transition from childhood to adulthood (around ages thirteen to nineteen) involves the adolescent bringing his/her inner and outer identity into alignment and establishing boundaries.

In young adulthood—say, years 20–34—the individual shifts from wanting to 'merge' with friends and peer group to a desire for intimacy and commitment to another. During 'middle age', years 35–65, the maturing individual hopefully experiences a sense of mastery and pride derived from his/her contribution in a number of areas—family, work, society.

The eighth stage of development, 65 years and onwards, sees the individual assessing whether life goals have been achieved—with the attendant feelings of accomplishment and contentment, or discontent. Ideally, this is a stage where the elder is able to provide wisdom and support to the broader 'tribe' of family and community.

As the individual reaches later years—Erikson later added a ninth stage that encompasses extreme older age—a sense of accomplishment may offer a steady compass for reaching a calm harbour; alternatively, a lingering feeling that there is 'unfinished business' may lead to renewed efforts to rectify what's missing—with varying degrees of success.[1]

THE CHANGING PROFILE OF OLDER AGE

> I'm not 70, I'm eighteen with 52 years' experience.
>
> Anon

The recent and rapid 'greying' of the population, the burgeoning cost of health care and increasing pressure on the shrinking family unit have tended to cast a shadow over growing older—a process that in previous decades was a rather short time at the end of a person's working life. Now, on average, life expectancy at 65 years

has increased from ten more years (1950) to eighteen more years of life (2003).[2]

Over the same decades in Western countries, fewer births and increased life years have meant that 'support ratios' have diminished significantly—that is, the number of persons of working age per person aged 65 and older has decreased from six in the 1950s to around four in the year 2000.[3]

This changing demographic pattern has seen the emergence of the 'sandwiched' generation—it is common for both partners to be engaged in the workforce (often facing increased work demands), while also juggling the needs of their children and those of their ageing parents.

In the following account, an adult son observes these pressures.

Life cycles

From nappies to knickers, from kindy to uni, from sandals to stilettos—these are some of the many transitions human beings make as we mature.

Early on we build our core beliefs, thoughts, experiences, feelings and character, and during this time our parents put their lives on hold, work hard and make sacrifices to ensure that we children have the best education, the best set of morals and values, the best occupation. And the list goes on. Over the years, mostly, the children grow into happy and healthy young adults, study hard, reach their goals and enter the workforce to become successful professionals.

Well, so it is thought . . .

Seven a.m. starts, twelve-hour work days, increased responsibility. We enter the rat race.

In this increasingly fast-paced world, our ageing parents and relatives can often feel like a burden on their families and all who care for them. The varying amounts of support they

need and the inclusion in their grown families' activities, they feel, has become a 'duty' for those younger. Their sons and daughters may feel like there are simply not enough hours in the day.

Dad telephones. Not being able to comfortably talk in an intense workplace, I whisper, 'What's wrong?' He tells me he just wanted to see how I was going. I say I'll phone him back in a minute for a quick chat.

Ten hours later I return the call but Mum says Dad's fast asleep. Etan

LONGER LIFE SPAN, NEW EXPECTATIONS

> You can't turn back the clock. But you can wind it up again.
>
> Bonnie Prudden

Along with increased years of life and better health come increasing expectations. Now as we grow older we are seeking new ways to engage with our families, the community and the workplace.

Though there are the predictable challenges that occur with age—changing roles, feelings of irrelevance, loneliness, health and financial problems—self-awareness and the support of others helps to chart a course through these shoals. Unless restricted by disease or poverty, most older people have more choices than did any previous generation.

Active people aged 65 years or older are no longer as enticed by the notion of 'retirement'. When given the option, many decide to continue at work, take up part-time work or start a small enterprise. Voluntary work is also popular, both for altruistic reasons and for structuring time—though both the volunteer and the not-for-profit organisation need guidance to help make this commitment satisfying for all.

So older age, for the majority, does not involve increasing invisibility, followed by bleak years in institutional care. In fact, final residence in a nursing home involves only a small, albeit visible, number of the oldest old; the vast majority of older people are hale, though variably affected by the vicissitudes of age. A North American national nursing home survey reported that two out of three people who turned 65 in 1990 will either never spend any time in a nursing home, or will spend less than three months in one.[4] Presently, of those aged 65–84 in Australia, 94 per cent live in the community, and of those aged 85 and older, 74 per cent still continue to live independently with varying degrees of assistance.[5]

While there will be a marked increase in older people—by 2050, the population aged 65 years and over is projected to be at least double its present size—the vast majority of people under 80 years of age are predicted to continue to live in their own dwellings with spouse or family. This option is less costly; nursing home and hostel care are expensive alternatives to being supported at home, and innovative strategies are being trialled to maintain even the frailer aged in their family home. People aged 80 and over are the group most likely to require nursing home or hostel accommodation or other forms of support.

ATTITUDES TO AGEING—THE INFLUENCE OF THE BIRTH COHORT

> The first forty years of life give us the text; the next thirty supply the commentary on it.
>
> Arthur Schopenhauer

What we feel about growing older is influenced by the broader expectations and attitudes inherent in each birth generation. Those now in their eighth decade—the golden oldies—have shown remarkable resilience, surviving the Great Depression, two world wars and local

upheavals, together with limited opportunities and education. Their acceptance and endurance were forged in a time when people were less 'psychologically minded' and more stoic. Fewer opportunities to relocate meant tighter communities, less freedom and a greater sense of duty. The life of one 81-year-old woman, celebrated by her adopted daughter in the following passage, illustrates some of the features of this generation. It is a generation that is less likely to recognise depressive illness and doubtful about psychiatric treatment.

A mother, my mother

I Her hallmark has always been loyalty and selflessness. A life beginning in 1929, a world war, the Depression and a time where women were not encouraged to reach their potential academically; her legacy is one of sheer human kindness and unswerving devotion to others.

She left school prematurely due to bad eyesight and was required as a carer for her younger siblings to enable her parents to work. Her employment options were limited; however, later she was given the opportunity to work as a nursing assistant; she was well suited to this and pleasure filled her life.

She married an Italian immigrant and moved to the outskirts of the city, to a bushy area that was slowly becoming urbanised. Her days were spent helping her husband, a builder, complete their home. While labouring hard and long hours to help, she was injured in some way from the strain and was later unable to have her own children, a great sadness to her—perhaps her first creeping sadness.

But good fortune came to her in 1957 when she was able to adopt a son and shortly thereafter a daughter. They were the delight of her life . . . although there was still sadness within and a sense of low self-worth. However, she was