

Health and the Older Woman

Marnie Abbott



Santé et vieillesse chez la femme

Comment garder sa santé tout en vieillissant: propos d'une femme travaillant avec des personnes âgées.

As I enter my sixty-fifth year, it seems fortuitous that I should have been invited to write an article on health and the older woman. My experiences in recent years as a gerontologist, both teaching and working in the field, have given me an optimistic outlook on my own future. But are all older women as fortunate? Let's examine some of the factors which contribute to our state of health as we grow old.

First, we must define what we mean by 'health'. According to the book *Normal Aging II*, 'good health implies the absence of debilitating illness which significantly interferes with personal and social functioning, not necessarily the absence of morbid conditions.' Thus, most of us are healthy most of the time. But we do face a greater probability of becoming ill than those who are younger: elderly persons account for approximately thirty-five per cent of all patient days in general and allied hospitals. Naturally, as we age, there is a steady decline in our functional capacities, due partly to aging, partly to pathology, and partly to disuse. This does tend to make us more vulnerable to environmental stress and, consequently, to illness.

Although we females live longer than males, we are subject to the same diseases — cancer, strokes, coronary heart disease. And, in the realm of psychiatric illness, both sexes all too frequently endure the agonies of depression. But there are differences in susceptibility. Women suffer more frequently from various neuroses, men from alcohol-related diseases like Korsakov's psychosis. Osteoporosis, the disease of too little bone, is more common in women, osteoarthritis of the hips, in men. Both sexes have 'plumbing' troubles, commonly caused by prostate gland problems in males and by infection of the urethra and bladder in females. What can we do to ward off these problems and what barriers are we likely to encounter in doing so?

Prescriptions for a long and healthy life vary, but they usually include a combination of the following: first, choose a good set of parents; second, maintain an active role in society; third, avoid overeating; fourth, avoid smoking (the *moderate* use of alcohol is alright); fifth, maintain relatively good physical function; and sixth, focus on the positive rather than negative aspects of yourself. Obviously, you might as well scratch number one. But don't be disheartened if your genetic inheri-

tance leaves something to be desired. If you follow the other rules, you may well have the last laugh on researchers as you outlive their projections.

Maintaining an active role in society as we age seems to be easier for women than for men. For the most part, the present generation of young-old (sixty-five to seventy-five) and old-old (seventy-five and over) women find satisfaction in the traditional role of homemaker. This has been found to be true both for women who have worked outside the home and those who have not. Many older women are more welcome in their children's homes than their husbands because of this. Other traditional roles as volunteers in church and social organizations also remain open: the younger women of today are scarcely beating down the doors to replace older volunteers. Women suffer the same role losses as men — the loss of spouse, siblings, or friends — but they make new friends much more easily. Having just one close confidante in one's life can make the difference between good and ill health.

New roles can open up, too. An excellent example is the role of student, as educational institutions reach out to us to compensate for their declining enrolments. This can be an exciting challenge if we refuse to settle for the 'pabulum' courses which oftentimes are offered to senior citizens. As one elderly speaker at a conference on gerontology put it: 'Don't keep giving us talks on the joy of sex. We know what that is. We want to experience the joy of learning. Many of us have never had the opportunity to experience it.' Most of the financial barriers have been lowered, but for many who have had minimal formal education the ways in which our programmes are offered constitute formidable barriers. Fortunately, the need for innovative approaches and teaching methods is being recognized; the University of British Columbia has been outstanding in this regard. The freedom to choose one's roles is one of the bonuses of old age: society no longer has expectations of us and we are free to be. Whether we are positive or negative is up to us.

Avoidance of overeating, like avoidance of smoking, is related to good physical function. As we grow older, our caloric requirements decrease but our protein needs are high. To eat well requires a conscious effort and may run counter to lifelong habits and cultural patterns. If we want to be well, we must make that effort. Luckily, it is very 'in' to be health-food conscious these days and information on nutrition is easily available. A word about alcohol: its use may be good or bad. Wine was called 'the nurse of old age' by the great Roman physician, Galen. As a sedative, soporific, painkiller, socializer, or appe-

tizer, it is useful. But a person's tolerance declines with age, so alcohol should be taken with great moderation. A good rule is never to drink alone: all too many widows and retired professional women fall into that trap.

Exercise is important both for the improvement and maintenance of good physical function and, like health food, is witnessing a surge of popularity at present. If you want to take up jazz dancing or jogging or swimming for the first time, go ahead and enjoy yourself. Being less inhibited is normal in our later years, and society quite likes us when we are eccentric. Preventive health care, however, is one area in which we may have sex-related difficulties. The male doctors whom we consult all too often write off our concerns because 'you women are all alike.' Insist on a thorough examination and consultations, if necessary. We are more fragile in old age but illness can still be prevented and treated.

The last prescription is to be positive both about one's life and one's self. Women have an advantage here because most of us feel accepted for what we are, whereas men feel accepted on the basis of their work role. We also adapt better than men to the inevitable changes in the rhythm of our lives. If suicide is used as an indicator, our greatest problems arise between the ages of forty-six and fifty-five; men's problems peak later, between sixty-six and seventy-one. Wrinkles and grey hair are insignificant to the healthy older woman. We do like to look nice, though, and here society makes it difficult for us. The

needle trade seems to forget that we exist; it is no easy job to fit our older figures into the youthful designs in the stores. Most of us are in the low-income group and cannot afford our own couturier, the salvation of the more affluent.

Positivism is highly individual and can be illustrated best by citing a few examples. My eighty-nine-year-old aunt used to sit patiently on her exercycle, pedalling away her arthritic stiffness. When I asked her if she found it boring, she replied with a smile, 'Oh no, dear. Every day I watch that little spider outside my window weaving his web. Nature is so wonderful.' Then there was my eighty-year-old uncle, to whom I suggested that tarring his roof was dangerous as 'he wasn't getting any younger.' He shot back at me: 'Yes, I know. And I also know that I'm not getting any older any faster than anyone else.' The late Madame Sarah Fischer declined admission to the old age home to which she had applied in her younger years. She chose to ignore the many physical problems with which she was beset in order to work on her personal papers, the record of her long and important musical career. Psychologist Erik Erikson has termed this last developmental phase of our lives 'ego integrity versus despair.' Regrettably, the geriatric units of our mental hospitals are bulging with those who have fallen prey to the latter.

When I retire next year, I know that there are many exciting possibilities open to me. I have my share of aches and pains and they are not likely to disappear; but, when there are so many pluses to look forward to, why be defeated by the minuses?

The Widows

The widows sat upon a large
maple porch
in a middling Ontario town
in the middle of an August summer.

The poplars made a rough brooch design
on the polished beams

and I couldn't tell them apart
from the straw and the ashes
and the humid repose
that swung gaily on the verandah
swing, with a glint
of all knowing in its eye.

They didn't seem to notice either,
plaiting their hair and gnashing
their teeth on home-made
apple butter,

for the deceased had simply gone in peace,
in God's way, like the passing of a season
or the coming of the hay; the
coming of young men round
to court and become husbands;
the passing of virginity
to wedlock and children,
sowing death all the while
in sweet repose,
swinging gainly on the
verandah swing.

Simmie Moore