



## VAN FORUM NOTES

November 8, 2005  
“Loss but Not Lost”

“Depression affects seniors at a rate 37% higher than the general population; it is under-diagnosed and under-treated in older adults, but it is not an inevitable part of aging.”  
- Mary Claire Wahlberg, Senior Program Coordinator, Hamm Clinic

**INTRODUCTION.** Jan Hively, senior advisor, VAN, welcomed the participants to the November VAN forum held at the Lenox Community Center in St. Louis Park, Minn. She introduced the speaker, Mary Claire Wahlberg, LicSW (licensed social worker), who has been a clinician, supervisor, consultant and educator at Hamm Psychiatric Clinic in St. Paul since 1968. Mary Claire managed a satellite clinic in Anoka for 16 years and was the clinic’s education and training director until her retirement. Since 2000, she has been researching the mental health needs of seniors. Upon her retirement in 2002, she returned to work 12 hours a week as the senior services liaison, continuing to develop treatment and education presentations around the mental health needs of seniors.

Mary Claire posed the question of the day: “what is the current loss that you are dealing with most?” Mary Claire told the group that she is dealing with leaving a 40-year marriage as well as the loss of hearing experienced by her son.

Participants responded with:

- Has a 99 year old mother in London who continues to stay in her house even though she can’t hear or see or move out of her chair/bed.
- Has lost lots of women, best friend died this Spring, many people younger than he has passed away.
- Becoming more of a nurse than a friend to a friend whose health is declining.
- Lost my grandmother who had dementia.
- Loss of my son-in-law, 51, last December.
- Aunt who recently moved to Arizona was my last living aunt/uncle.
- Want to avoid loss of mental facilities.
- Retired within last year – loss of work, adjusting.
- Friends are turning another year older – I’m losing my youth.
- Left husband of forty years, he died soon after, friend moved away, no longer working, I recently lost my way to the doctor and felt anxious, fearful. I was depressed.
- Lost a dear friend last winter and dealing with loss of my free time and finances – went back to graduate school in September.
- Loss of our oldest daughter’s health.
- Lost proximity to children.

- Losing some of my vitality, supporting my husband as he deals with significant health problems.
- Arthritis in my feet, have got to keep moving as best as I can, don't tell me you can't die from arthritis.
- Three funerals in last two weeks – losing many friends.
- Lost friends with move to Minnesota.
- Two kids now in college – now an empty nester and also dealing with in-laws' deteriorating health.
- Best friend from high school is now suffering severe memory loss and doesn't remember me.
- Good children and grandchildren but missing husband/playmate.
- Loss of mother-in-law's health and father-in-law's depression as caregiver.
- Old image of parents as their health declines.
- Losses with every moment – but also great rewards.
- Empty nester six weeks ago – am feeling lost.
- Suffering loss of son who died two years ago; loss of daughter who has diabetes, MS, and bipolar disorder; loss of granddaughter who also has MS.
- Dealt with loss of husband four years ago, chose to lose employment, law of gravity.
- Life is becoming a lot more public – losing safety, privacy.
- Loss of my super husband of 44 years – I miss my playmate.
- Husband has been traveling much more to Europe.
- Dealing with the health losses that occur day-to-day as I age.
- 10 years ago father died, lost close friends, losses of others who have lost others.
- Lost husband 10 years ago and a number of friends – once or twice a week I see familiar faces in the obituaries – but I enjoy each day as it comes.
- Grandchildren live on both coasts – used to do a lot of traveling – harder to do this – not a big desire to travel – miss the closeness of children and grandchildren.
- Lost both parents not very long ago – I was a caregivers for seven years – who am I now?
- Lost identity of being an Indian in India – lost American identity – now become an Indian American – now a gain on both sides – live as an extended family.
- Lost both parents, aunts, uncles – now same process starting for my wife.
- Student since graduating from high school – just completed comprehensive exams for Ph.D – now don't know what I'm going to do.
- Losing the image of my mother as our roles are reversed and I'm taking care of her.
- Experiencing future loss – 94 year old mother with liver cancer – waiting.
- Deal with losses of elderly every day through work, work at resource center which tries to hook them up with resources to continue living independently.
- Lost parents some time ago – daughter is turning 30 – miss having three generations together.
- Favorite sister killed on Nov. 5, father died on Nov. 8 – pain is not acute but I am mindful.
- Intrigued by how losses shape one's life – losing parents/in-laws – raising child without grandparents – courage of how people deal with their losses.
- Lost my faith that our presidents will be trustworthy. My dad died in May, my 90-year-old mother has Alzheimer's.
- Lost two grandparents in past year and got married recently – husband won't get to know them.

- Lost husband 2.5 years ago and still dealing with that.

### **Hamm Clinic's Senior Program**

- The clinic became interested in loss and depression and other mental health issues of seniors when Mary Claire began to visibly show signs of pain and disability from the arthritis in her hips. Mary Claire's co-workers saw firsthand the impact of her loss of mobility and impact of the pain she was experiencing on her mental health. They decided that this area needed more attention.
- In 2002, Mary Claire came out of retirement to work 12 hours a week running the Senior Program at the clinic.
- Hamm Clinic started to develop briefs on mental health issue. The first three are on seniors and mental health issues.

### **What does loss mean for seniors?**

- Seniors go through a series of losses at the same time – unlike other age groups.
- We are non-empathic about what it means to be a senior because we were not talking about it. We need to begin to see the universality of losses connected with aging. We shouldn't feel isolated. We haven't educated family, caregivers, or medical professionals on loss and the impact on seniors' sense of well-being.
- Aging is a process and not a disease. Accepting loss is a process in our lives and not an illness. Seniors are already hardy survivors of hardships. They have a huge capacity to deal with losses.
- Dr. Valient has studied the same group of men since the 1940s. They are now in their 70s. Dr. Valient has identified one indicator that has led to successful aging for these men: successful family relationships with partners and/or children.
- A *Wall Street Journal* article from the June 24, 2005 issue identifies one indicator of healthy aging – stress. A person's level of stress affects all components of aging.
- Significant losses stir up other losses and their impact. Dealing with a loss should take about a year for the general population. As a result, seniors are told to "just snap out of it." But seniors really feel that it takes about two or three years. If it takes longer than that, then other resources may be necessary.

### **What are the losses associated with aging?**

- Loss of health: the body is not as sturdy; a person's eyes, hearing, brain, joints, memory, teeth, skin, gravity are all affected and all are normal losses. Half of all people in their 70s will have chronic conditions, 60% of people in their eighties will have Alzheimer's disease or some other form of dementia. Catastrophic illnesses, such as cancer, can also affect seniors and they could be dealing with several of these concurrently. It becomes especially hard if they have to endure daily pain.
- Loss of working person role: loss of identity of being highly regarded and highly effective, loss of status and feeling important. Mary Claire felt that she had successfully planned for her retirement, learned two things:
  - After three months she was depressed and bored. It's difficult to have to figure out something to do every day – very different from work.
  - Going back as a consultant is not the same – you have to go back and redefine yourself again.

Going to lunch isn't the same anymore – meeting with friends for lunch is hard because you are no longer in the stories.

- Loss of financial security: people are living longer and will need more income, will have more medical needs and increased disability. People generally can't live the same lifestyle as before retirement. A significant number of people can no longer afford traveling, let alone paying for their health care. This is a universal fear especially if one grew up in the 1940s and '50s.
- Loss of function: seniors experience changes related to their ability to play sports, work, care for themselves and live alone. And some may find themselves moving out of their own home and becoming dependent on their children. Seniors hate this, it's horrifying.
- Death: loss of loved ones, friends, and most especially a partner have a significant impact on the well-being of seniors. It is always wise to have friends of all ages – not just our age and older or else they will all be lost.
- Driving: this is the loss that seniors hate the most, the loss of independence related to driving.

Imagine how much emotional and physical energy it takes to deal with these losses at the same time. In fact seniors do find alternative activities and connections as we lose others. People in their 70s are immensely creative in what they do – a lot of times they do things that are much more different than what they had been doing in their career. Everyone should start doing something very different before retirement – for example, one who has been a mathematician might learn Spanish. The World War II generation of seniors are still doing the most volunteering.

### **Assessment of depression**

- Depression can be seen as a way of dealing with losses.
- Depression in the elderly is very common and often undiagnosed – one in four individuals may have it at any given time.
- Too many people think “they are just getting old.” This is wrong.
- When a senior tells their doctor that they are feeling fatigued, tired and can't sleep, the doctor often says “well, of course you have reason to be tired you have all of these things going on!”
- But most symptoms are diagnosable and treatable – even fatigue.
- Doctors don't know how to diagnose seniors for depression and seniors will not self-identify.
- Five indicators of depression:
  - Sleep disturbance;
  - Low self-esteem;
  - Loss of pleasure – withdrawing, not wanting to go out;
  - Appetite change – either gain or loss; and
  - Irritability – this is a primary indicator for depression. Even though a lot of times the reaction to this characteristics is “of course you're crabby everything hurts.”
- People who are experiencing two or more of these they may be mildly depressed. Those who are experiencing four or more they are probably severely depressed.

## **Treatment of depression**

- We must train doctors to assess seniors for depression. But, the older generations will not admit they are depressed because they see it as a sign of weakness. World War II veterans were shown to be having serious flashbacks about what happened and what they did – but they could not face that they are depressed about it.
- We can't skirt the issue. We need to talk about depression – we need to say the word – and we need to be more sensitive about it and the changes that we can look for that will help ensure correct assessments.
- The highest rate of suicide is for men over the age of 65. Many have gone to the doctor the month before they died but were not identified as being depressed and so they were not treated.
- Depression is treatable – if you acknowledge that you are depressed to yourself and your doctor. Seniors benefit from three sessions of talk therapy – they focus on the problem quickly and how they need help. They are more willing to bring in family members and try new things.
- It doesn't always take a professional providing formal one-on-one therapy to an individual for them to deal effectively with their depression. One can be a part of a small group and find that just talking about these things is also effective. We need to find more places to have these discussions and speak from the heart. If we become more aware of losses we can talk with each other, family members and friends.
- Interns are as effective at establishing connections and providing therapy as senior clinicians. Need to help them to be more empathic to what seniors deal with.
- An example of generational differences: A woman came to Mary Claire with her adult son and daughter. She did not have a good relationship with her daughter who did not want to be there. Older woman said that she just wishes she could talk with her adult children and they not feel burdened down. They are a generation of “fixers” not listeners. Every time she found another symptom the son found another doctor. Soon her son started feeling powerless and he withdrew from his mother. The older woman felt rejected. She imagined out loud a situation in which her son just listened to her and didn't try to fix everything. The son finally got it and said, “I can do that!” All we want is to be heard, understood and accepted – this is a universal desire. We all want a “holding environment.” One of the things that seniors cannot talk to their children about at all is that they wish they could die.

## **Discussion**

- The arts are a great way to work through depression as is music, creative writing, and support groups.
- The Hamm Clinic recently had major conferences and salons on spirituality, creativity and mental health. The Chamber Orchestra, Minnesota Orchestra and a Gospel singer will discuss the impact of music on spirituality.
- The Minnesota Creative Arts & Aging Network is a statewide network spawned by VAN. They are sponsoring a conference on March 4, 2006. Many examples of programs that engage the creativity of older adults will be shown, including “Art of Aging” panels generated by older adults at gathering places throughout Minnesota. The goal is to foster the creative arts in aging, building on people's assets.

- Diet was noted as an important factor in depression. The body cannot metabolize or uptake vitamins (B12 in particular) as we age.
- Exercise is also another important factor in preventing depression. People are not entitled to sit the rest of their lives after retirement – they must stay more active.
- A participant discussed the beliefs of Hinduism and the stages of life which include the impact of teaching in later years (the goal of aging). Nobody can avoid multiculturalism and it is an important factor in aging. The stages followed Eric Erickson's stages of psychosocial development.

**Join VAN at the next forum:**

December 13, 2005: "Collecting Your Wisdom"

Carrie Bassett, Ph.D., Wisdom Institute

10:00 a.m. – 12:00 p.m.

Roseville Library, Hamline Ave. and County Road B, Roseville