



## An Agenda for Positive Aging: Lessons From Ireland

A Review of

*The Evergreen Guide: Helping People to Survive and Thrive in Later Years*

by Declan Lyons (Ed.)

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The data are becoming increasingly familiar but still startle. Consider some examples: Two thirds of all the people in the world who have ever lived to be 65 years old are still alive today. In 2056, those over 65 will outnumber those younger than 18 for the first time in American history (U.S. Census Bureau, 2012). Although the data are overwhelming that the world population is aging rapidly, the mental health workforce lacks training in treating older adults (Karel, Gatz, & Smyer, 2012). *The Evergreen Guide: Helping People to Survive and Thrive in Later Years* is a contribution to that need.

The book, edited by Declan Lyons, is based on a program begun 10 years ago in Dublin, Ireland, that focuses on the treatment of hospitalized mentally ill adults who are 65 years of age or older. The Evergreen Program is a collaborative, multidisciplinary program intended not only to alleviate these patients' symptoms of mental illness but, in addition, to help them develop those skills and attitudes that enhance successful discharge from the hospital and optimal adjustment to the challenges and opportunities associated with aging. This book falls in the tradition of a growing literature focusing on "successful" or "positive" aging. Positive aging has been defined as "a state of mind about growing old through actions or strategies that persist despite disease or infirmity while fostering well-being and happiness" (Revell, 2006, para. 3). Numerous researchers have promoted this concept (e.g., Gergen & Gergen, 2010; Jeste & Palmer, 2013).

*The Evergreen Guide* offers a program of psychoeducational approaches to issues pertinent to aging individuals that is timely and should be of interest to a broad audience. The one element of the program that seems to stem from its inception in an inpatient setting devoted to treating acute mental illness is its commitment to group-based therapy "as the best therapeutic vehicle for the delivery of the key learning and content of the programme" (p. 2).

## Structure and Highlights

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Each chapter of the book is designed as a stand-alone, group-based educational module covering a topic related to aging that can be delivered over six weeks in a clinical setting. Each week's topic is clearly designed, beginning with a set of Reflective Questions for the group and ending with a review of Key Learning Points. Each of the 14 chapters is written by a different member of the treatment team, including psychiatrists, an occupational therapist, a clinical neuropsychologist, a nurse manager, a social worker, and a pharmacist. A few of the chapter titles are "Practical Considerations When Running a Group for Older Adults," "Attitudes Towards Age-Stereotyping of Older People," "Losses in Later Life: Practical Steps for Coping," and "Promoting a Wellness Lifestyle: An Occupational Approach to Enhancing Health and Well-Being in Later Life."

The goal of this book, to provide a "holistic, practical and applicable" (p. 182) approach to the challenges of aging, is clearly achieved in each chapter. A positive, realistic tone is maintained throughout the book, and the message is clear: Aging is not a disease; rather, it is a potentially vibrant life stage with its own unique challenges and opportunities. Two chapters address common physical illnesses and common mental health problems associated with aging, respectively. The coverage is both informative and hopeful.

The chapter on age stereotyping by Lyons is a cogent reminder for readers that ageism "may be thought of as an 'equal opportunity offender'" (p. 15) that can rival racism and sexism in its deleterious effects on older individuals in many countries. For me, one of my many personal experiences of age stereotyping is in selecting a birthday card for a friend 60 years old or older. The available selection is dominated by "humorous" cards that feature the array of disabilities that are commonly associated with aging. Clearly, there is little dignity in becoming old. An interesting perspective promoted in this chapter is that older people—when health permits—can represent the best examples of successful aging by maintaining an active and vibrant lifestyle. This book notes the inspirational value of numerous role models of successful aging; for example, Michelangelo working on the Sistine Chapel at age 89 or Frank Lloyd Wright designing the Guggenheim Museum at 90.

In portraying ageism and an emphasis on youth and beauty as primarily a Western phenomenon, Lyons contrasts this with attitudes he attributes to Chinese culture. He refers to "wrinkles [on] a Chinese grandmother's face" (p. 17) as a positive sign of high status. This overly romanticized foray into cultural comparison, however, ignores the fact that cosmetic surgery in China is a \$2.5-billion-a-year industry that is growing at the rate of 20 percent annually (Watts, 2004). The cult of youth and beauty is more insidious and widespread than what this chapter conveys.

One of the best chapters in the book is by Clare Hennigan titled "Promoting a Wellness Lifestyle." She offers many suggestions for helping seniors maintain an active and engaged way of life. Although the ingredients promoted as composing such a lifestyle are not surprising—social connection, meaningful pursuits, and self-expression, to name a few—this chapter details numerous specifics for how to remain engaged. One such activity is caring for others. I am familiar with an excellent example of this model of seniors caring for seniors in the United States, a national movement known as the Village to Village Network. In Berkeley, California, for example, an organization called Ashby Village was formed in 2010 with the goal of allowing seniors to live independently in their own homes. The organization

charges a nominal annual fee and provides many supportive services, including senior members volunteering to assist each other.

## Strengths and Weaknesses

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The strengths of *The Evergreen Guide* are its clarity and the applicability of the psychoeducational modules. Its glaring weakness is its lack of any coverage of older adults' sexuality. The sex life of people over 65 seems to be the last taboo of geropsychiatry. A valuable treatment of senior sexuality can be found in Bradford and Meston (2007). Other weaknesses are the many repetitions of similar themes across chapters and instances of clichéd writing (e.g., "not only adding years to life, but adding life to years"; p. 72). Despite these drawbacks, this book should be useful as a supplement in a geropsychology course or as a hands-on guide for mental health professionals working with those 65 and older in treatment settings or senior communities.

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