

# Positive Aging: The pathway from *languishing* to *flourishing*

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# Themes from your Feedback

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- ▶ **Treatment issues or client themes:**
    - ▶ Alcohol abuse (other kinds of addictions: gambling, pornography, overeating)
    - ▶ Depression and loss of meaning
    - ▶ Loneliness and lack of purpose
    - ▶ Identity loss (loss of formal role)
    - ▶ Difficulty dealing with the vicissitudes of aging
  - ▶ **Treatment strategies**
    - ▶ CBT, DBT (combining behavioral and cognitive interventions)
    - ▶ Behavioral contracting
    - ▶ Spirituality, 12-step,
  - ▶ **Personal concerns**
    - ▶ Dealing with multiple role issues (personal/professional)
    - ▶ Staying engaged and learning (personal renewal)
    - ▶ Issues of aging – caregiving for aging parent
  - ▶ **Noteworthy symposia and/or workshops attended**
    - ▶ Merging philosophy and psychology/science
    - ▶ Neuropsychology – brain-behavior interventions
    - ▶ New models-approaches to therapy
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# Workshop Goals

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- *Learn positive aging skills to engender wellness.*
- *Apply a positive aging assessment strategy.*
- *Practice a positive aging intervention.*
- *Extend a positive aging to age-related loss.*



What are the major mental health issues  
in old age facing your clients?

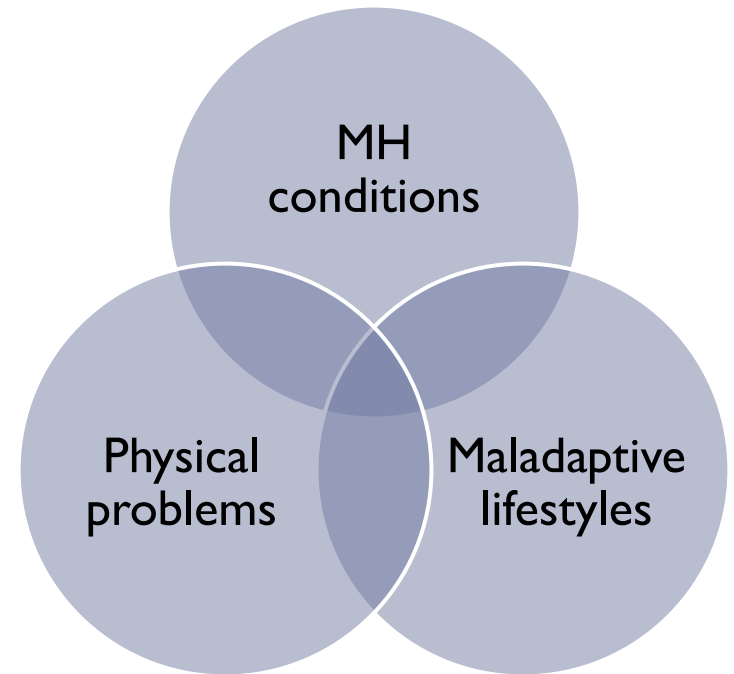
## **Traditional View**

**Psychiatric Conditions**  
**Physical Problems**  
**Maladaptive Behaviors**

# The Problem Triad

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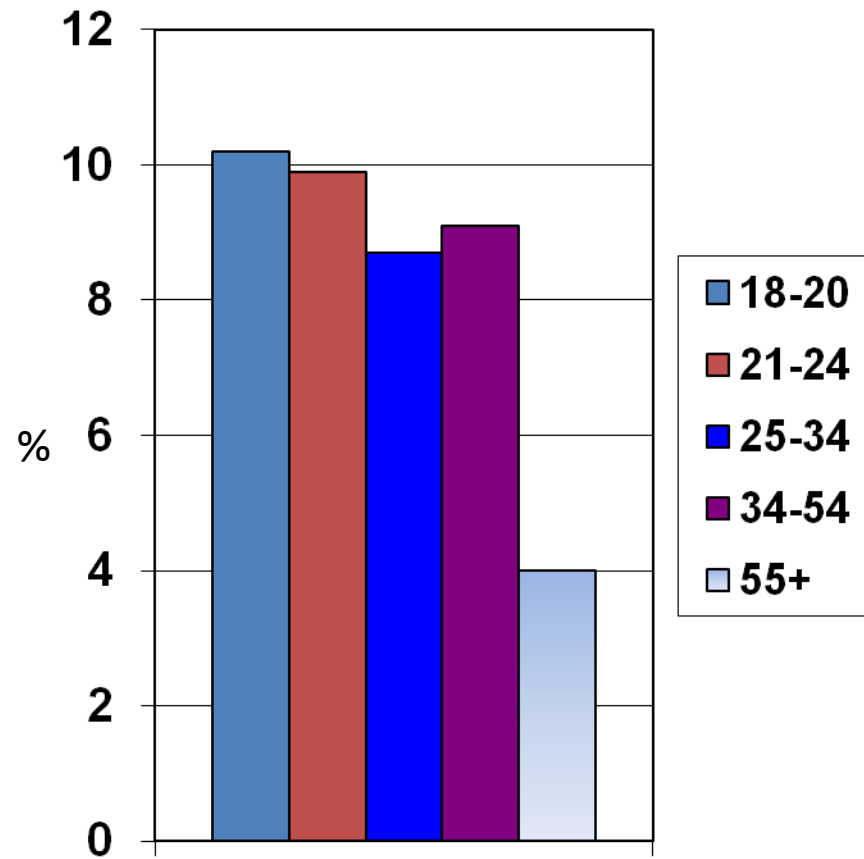
- Sources of mental health conditions
  - Sadness
  - Fear
  - Loneliness
  - Loss of meaning
- Physical problems
  - Chronic pain
  - Progressive disease
  - Cognitive decline
  - Adaptive living impairment
- Maladaptive lifestyles
  - Inactivity
  - Problem indulgences (*alcohol*)
  - Problem behaviors (*pornography*)



# Older Adults Underreport Depression *(a consequence of persistent sadness)*

▶ Self-Reported endorsement of feeling “depressed” by age grouping

- ▶ Low mood
- ▶ Lack of energy
- ▶ Hopelessness
- ▶ Lack of ability to experience pleasure
- ▶ Troubles concentrating



# What does depression look like?

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## Frank's story

Frank is a 74-year-old widower. In the past he was quite active, volunteering at the community center, playing golf with buddies at least once a week, and enjoying frequent “get togethers” with his grown children and his grandkids. But since his wife Ruth passed away two years ago, he’s lost all interest in getting out.

To his friends and family, Frank seems like a different person. He’s not the lively man they knew, always cracking jokes, telling stories, or starting a new project. He doesn’t find pleasure in doing things. Now he seems to walk and talk in slow-motion and he reports feeling “tired” all of the time. Frank has also started to forget things. Sometimes he is not sure what day it is. He’s afraid to go outside because he thinks he could get lost even in his neighborhood. He avoids phone calls and visitors. Even more concerning is his rapidly deteriorating health. Frank’s diabetes used to be under control, but not anymore. Making matters worse, Frank often skips meals or forgets to take his insulin. Frank doesn’t dress well anymore and he has started to develop a foul personal odor.

Frank’s daughter thinks that if Frank could “remarry” he would return to his old self, but she’s not sure how to approach Frank about the new “wife” idea because she also thinks that Frank might also have Alzheimer’s disease.

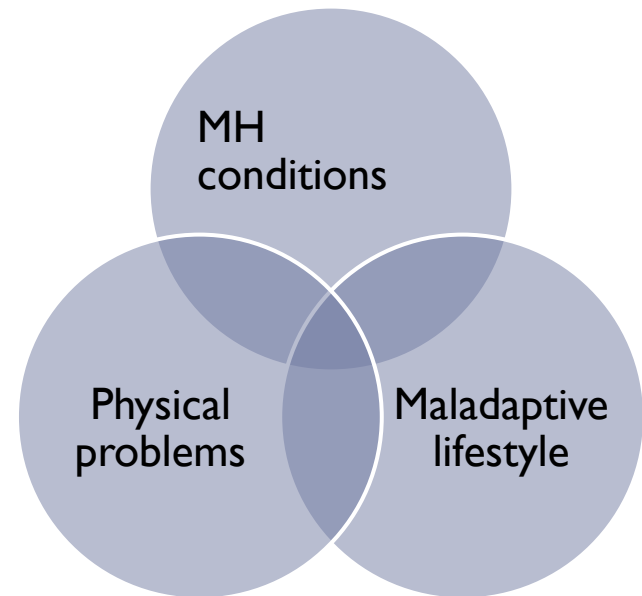
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# Why is it difficult to treat depression in Frank?

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- Identifying Depression is challenging in an older clientele
  - Is it grief?
  - Is it dementia?
  - Is it physical illness?
  - Is it “help seeking” behavior?
- What are your perceptions about Frank?



# Alcohol Abuse

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- Underestimated in older persons
- Risk factors include
  - poverty, unemployment, discrimination, and sub-standard housing
- Older persons are at high risk
  - for combining prescription medicines with alcohol
- Alcohol intoxication
  - magnifies acute cognitive problems in older persons
- Chronic cognitive problems get worse with alcohol
- Alcohol causes sleep problems
- Late-onset versus Early onset alcohol abuse are different issues.



# DSM-IV-TR

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## ▶ Criteria for Substance Abuse

- ▶ A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more)...within a 12-month period:
  - ▶ (1) Recurrent substance use resulting in a failure to fulfill major role obligations at **work, school, or home** (e.g., repeated **absences** or **poor work performance** related to substance use; **substance-related absences, suspensions, or expulsions from school; neglect of children** or household)
  - ▶ (2) Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or **operating a machine** when impaired by substance use)
  - ▶ (3) Recurrent substance-related legal problems (e.g., **arrests** for substance-related **disorderly conduct**)
  - ▶ (4) **Recurrent social or interpersonal problems caused or exacerbated by the effects of the substance** (e.g., arguments with spouse about consequences of intoxication, **physical fights**)

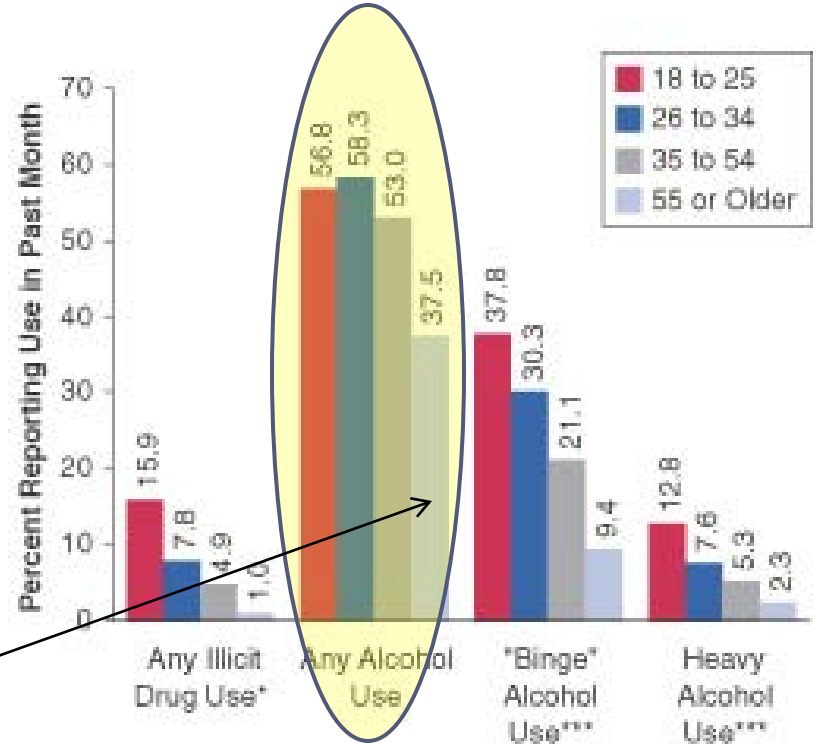


## % of adults 55+ adults reporting use in past month

	Race/Ethnicity			Gender	
	Whites	Blacks	Hispanics	Males	Females
Any Illicit Drug*	1.2 [0.26]	0.5 [0.33]	0.2 [0.21]	1.3 [0.38]	0.8 [0.25]
Any Alcohol Use	40.4 [1.06]	20.1 [2.56]	28.5 [3.74]	46.5 [1.46]	30.0 [1.20]
"Binge" Alcohol Use***	8.9 [0.59]	11.3 [2.09]	10.9 [2.39]	14.5 [0.97]	5.2 [0.59]
Heavy Alcohol Use***	2.4 [0.30]	2.2 [0.82]	3.4 [1.48]	4.0 [0.51]	0.9 [0.23]

Note: Standard errors are given in brackets.

## % of adults 18+ reporting substance use in past month



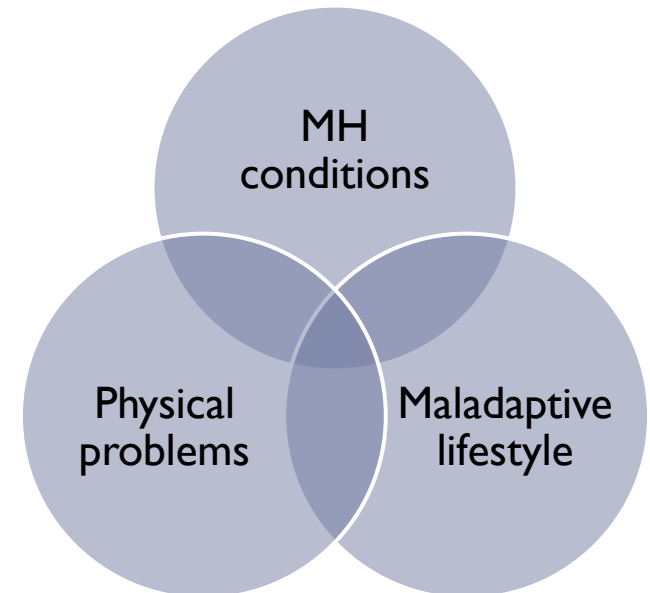
*This is where the hidden older alcohol abuser resides*



# Common views of why our older clients abuse alcohol:

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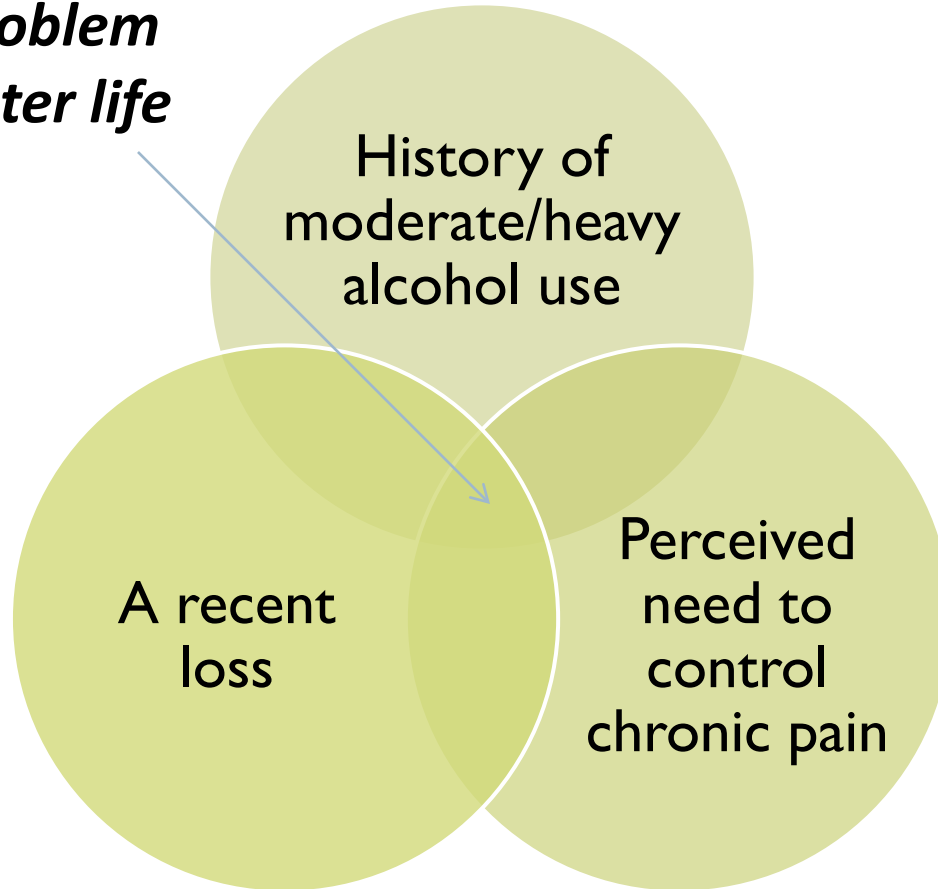
- ❖ **Tension reduction hypothesis:**
  - ❖ Alcohol is used to manage tension due to limited social skills
- ❖ **Disease hypothesis:**
  - ❖ The craving for alcohol can be as strong as the need for food or water.
- ❖ **Self-awareness hypothesis:**
  - ❖ Dampens self-awareness for negative issues. Buffers sadness
- ❖ **Pain Management**
  - ❖ Relieves pain, hastens sleep



# Problems Don't Occur in Isolation

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***An alcohol problem emerges in later life***



# Current Treatment for Alcohol Abuse

## Motivational Interviewing

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- ▶ Express empathy
  - ▶ share with clients understanding of the client perspective.
- ▶ Develop discrepancy
  - ▶ appreciate the value of change by exploring the discrepancy between what the client wants versus how the current situation.
- ▶ Appreciate resistance
  - ▶ accept client reluctance to change as a natural defense.
- ▶ Support self-efficacy
  - ▶ explicitly embrace client autonomy even when the client is not motivated to change.

- **Goal of motivational Interviewing**

- Establish rapport
- Develop a rationale for change
- Establish a commitment for change
- Engage that commitment
- Put in place a follow-up plan to ensure that change is lasting

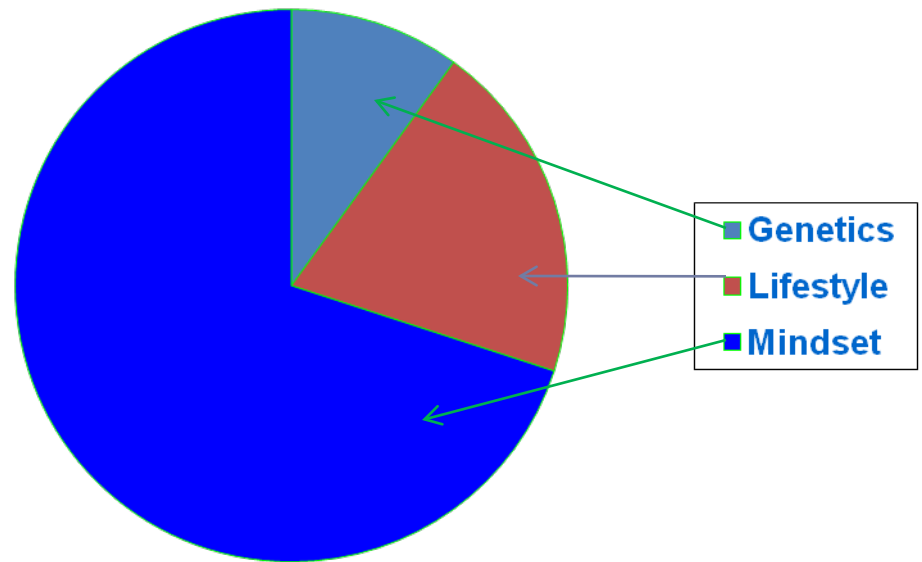


# Positive Aging

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- ▶ **What is it?**
  - ▶ *An affirmative mindset*
  - ▶ *An approach to others*
  - ▶ *An acceptance of self*

Quality of Life



# The Positive Aging Approach

## From *Languishing* to *Flourishing*

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- ▶ **Non-disease assumption for problems**
  - ▶ People can lose their way
  - ▶ People become disconnected
    - ▶ From others
    - ▶ From themselves
      - From sources of personal meaning
- ▶ **Therapists can aid people to find their way by providing:**
  - ▶ a **connection** to engender hope
  - ▶ **ideas** to instill new meaning in change
    - ▶ Change will produce a better life outcomes



# Central to Positive Aging: Reserve Capacity

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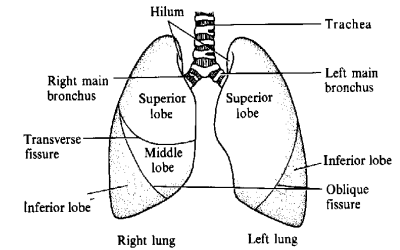
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## ▶ Physiological redundancy

- ▶ 2 lungs
- ▶ 2 kidneys

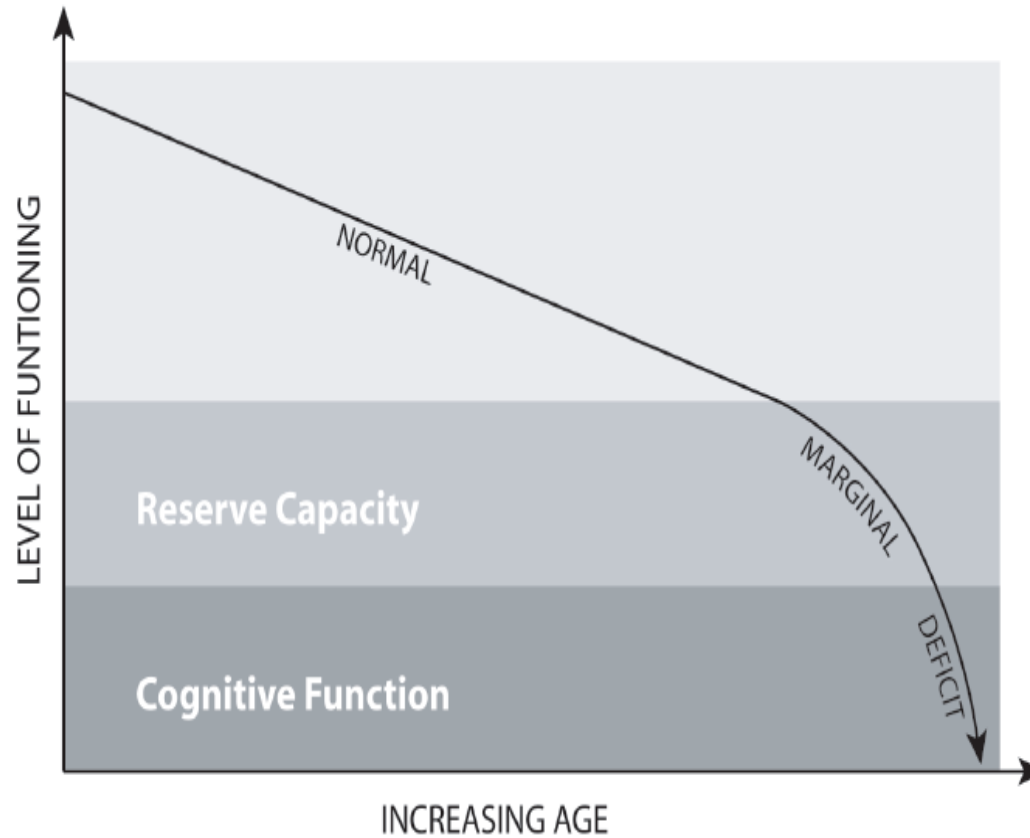
## ▶ Cognitive reserves

- ▶ % of brain matter unused
- ▶ Neuroplasticity



# Reserve Capacity Offsets Cognitive Loss

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# Positive Aging Principles of “Reserve Capacity”

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- ▶ Every person has reserve capacity
- ▶ Accessing reserve capacity mediates loss
- ▶ Skills to access reserve capacity



# What are the Steps to Becoming a Positive Ager?

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## ▶ Step 1:

- ▶ Learn how to mobilize reserve capacity

## ▶ Step 2:

- ▶ Use reserves to discover sources of meaning

## ▶ Step 3:

- ▶ Apply “Positive Aging Strategies” to engage meaning through change
  - ▶ Outcome: Personal renewal (*flourishing*)



# Meaning-Centered Strategies

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from *languishing* to *flourishing*

- ▶ Forgiveness
  - ▶ “*letting go*”
- ▶ Altruism
  - ▶ “*other focus*”
- ▶ Gratitude
  - ▶ “*reframing*”

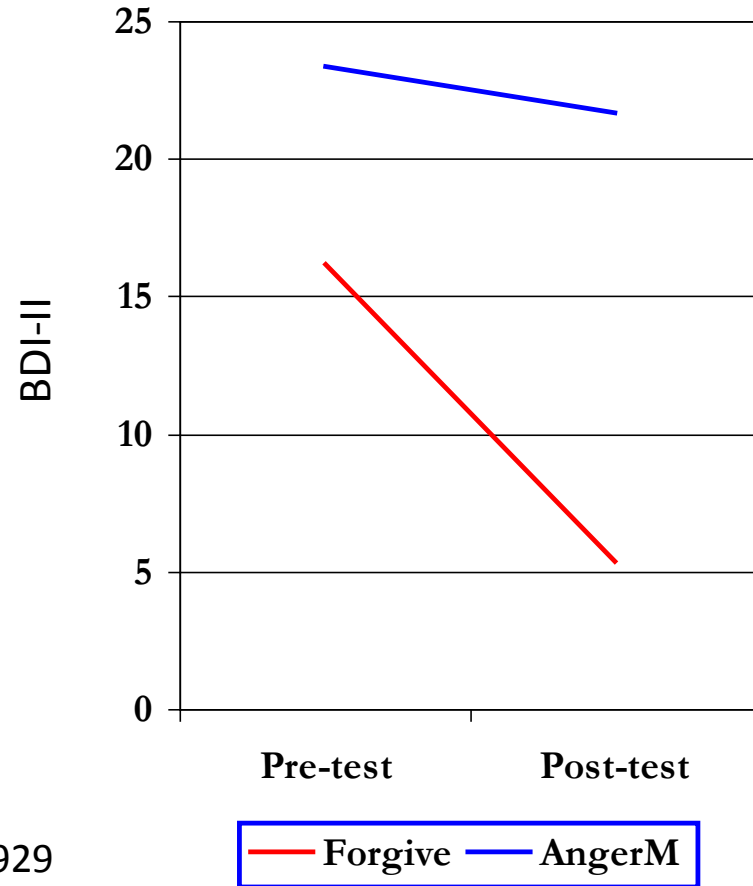


# Forgiveness Science

Women suffering spousal abuse (n = 20) ages 50 and older

5-7 month weekly treatment [AM (n = 10) versus( FT=10)]

- ▶ Define forgiveness
- ▶ Understand anger
- ▶ Examining abuser-inculcated shame
- ▶ *Make a commitment to forgive*
- ▶ Reframing the former abusive partner
- ▶ Exploring compassion
- ▶ Practice goodwill
- ▶ Consider helping others



Gayle Reed & R. Enright (2006). JCCP, 74, 920-929

# A Forgiveness Intervention for Alcohol Abuse

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- ▶ **1. Write exactly how you feel** about your alcohol use what about it is not OK.
- ▶ **2. Make a commitment** to do what you have to do with alcohol use to feel better.
- ▶ **3. Forgiveness does not mean reconciliation.** What you are after is peace.
- ▶ **4. Get perspective on what is happening.** Recognize that your primary distress is coming from your own hurt feelings about alcohol and its effects on your life.
- ▶ **5. At the moment you feel upset with your alcohol use, practice relaxation.**
- ▶ **6. Give up expecting things** from alcohol use.
- ▶ **7. Put your energy into looking for another way to get your positive goals met** than through alcohol.
- ▶ **8. Look for the beauty around you and process it when you are free from alcohol** (even if you are still craving it).
- ▶ **9. Amend your grievance story about you losses due to alcohol and in your life** to remind you of your choice to forgive.

Adapted from *Luskin (2003) Forgive for good.*

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# Gratitude Intervention for Sadness

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- ▶ Pick a person in your life whom you'd like to thank, someone who has meant a lot to you. Write this person a letter.
- ▶ After you've written it, read the letter out loud to a partner.
- ▶ Imagine that you are reading this to the person to whom the letter is addressed.
- ▶ Reading aloud may seem a bit dramatic, but it engages a behavioral component to gratitude which intensifies this otherwise cognitive strategy.
- ▶ *Adapted from Emmons et al. (The Psychology of Gratitude, 2004)*

Based on ideas from *Emmons et al. Psychology of Gratitude (2007)*

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# Altruism:

*Allowing* help from others

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- ▶ **How comfortable would you feel**
  - ▶ Receiving help from a disabled person?
  - ▶ Getting aid to do a task from an adolescent?
  - ▶ Having a child read a book to you?
  - ▶ Getting cheered up for a personal concern by one of your patients who is diagnosed with chronic depression?



# Attending to Help Received

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- ▶ Helping is a two-way street (benefits are two-way)
  - ▶ The “helper” is benefitted from helping
  - ▶ The “helped” is benefitted from helping
    - ▶ The mother *letting* the child help her? Why?
- ▶ What kind of a person receives help?
- ▶ How do you respond when someone assists you?
- ▶ Look for opportunities to express gratitude when someone helps you?
  - ▶ To benefit the helper.
  - ▶ To benefit the helped
    - ▶ When I noticed that someone who helped me it felt....
    - ▶ When I thanked a person for helping me it felt....



# Wrap Up

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- ▶ Traditional interventions
  - ▶ Evidence suggests they work for discrete problems in old age
  - ▶ Narrow in focus and do not promote meaning
- ▶ Positive Aging Interventions highlight meaning
  - ▶ Using reserve capacity to access meaning
  - ▶ Interventions that move a person from *languishing* to *flourishing*
- ▶ Traditional strategies and Positive Aging principles can be combined into a “transformative interventions

***A transformative intervention considers not only the problem, but the person and her/his capacity for engaging meaning to yield personal renewal through change.***

Positive Aging: From *Languishing* to *Flourishing*

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